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Case Study on Intimate Partner Violence

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Regulators are called upon to assist registrants to identify and intervene appropriately when they encounter intimate partner violence (IPV) in their practice. The November 2025 report of the Domestic Violence Death Review Committee (under the auspices of the Ontario Office of the Chief Coroner) made several recommendations, including the following:

- While education of registrants about IPV has been a recurring recommendation, 16 regulatory Colleges were urged to "develop and distribute comprehensive educational materials on recognizing and responding to risks associated with IPV and access to firearms. Further, these materials should also include the links between aging, declining physical, cognitive, and mental health, access to firearms and IP homicide."

- Several regulatory Colleges were urged to "ensure risk assessment tools are being utilized for all IPV situations within their respective sectors…."

- Some regulatory Colleges were urged to require their registrants to "undertake at least 16 hours of professional development on family violence and coercive control dynamics in family law given the critical nature of these issues in mother and child safety and then four hours on an annual basis thereafter, provided by experts in the field."

Several regulators have already taken at least some action on these recommendations. For example, the Ontario College of Social Workers and Social Service Workers have posted an information update and a reminder to its registrants of their professional obligations related to IPV, including ensuring that "they have the competence to complete intimate partner homicide risk assessments and develop client safety plans." The posting is accompanied by several resources, including training options, a risk assessment tool, and guidance from the Information and

Privacy Commissioner (IPC) on sharing information about clients at risk of harm with and without their consent. The IPC guidance, primarily for health practitioners, is particularly useful, and includes flow charts for decision making and an example scenario. It should be kept in mind that the test for disclosing client information without consent is likely different for other professions, such as lawyers. The test is also different where there are children in need of protection.

The risk assessment tool emphasizes the value of obtaining the "victim's" perceptions: "Results have shown that victims' perceptions of risk can have similar predictive validity for future violence to certain risk assessment tools and that when victims' perceptions of risk are included in risk assessments, the predictive validity of the assessment substantially improves."

The risk assessment tool also mentions the value of interventions with the perpetrator: "An evaluation of the program revealed that perpetrators who participated in the second-responder program were significantly less likely to be arrested for another offense two years after the interventions compared to perpetrators who did not participate in the program. Specifically, the rates of re-arrest and arrest for domestic-violence-related offenses were twice as high for perpetrators who did not participate in the program compared to perpetrators who did participate." This, of course, has implications for regulators advising registrants who are providing services to perpetrators.

The College of Nurses of Ontario (CNO) has also posted a resource page including a list of signs that a client may be experiencing IPV, such as where the client:

- "has unexplained bruises or questionable explanations for injuries
- acts differently when their partner is around (for example, doesn't speak up, doesn't speak for themselves)
- tries to change the subject if they are questioned about their partner's behaviour
- appears to be controlled by their partner and seems reluctant to make decisions by themselves
- withdraws from their friends and family
- is pressured to have their online activity monitored by their partner
- has an uncharacteristic change in risk-taking behaviours (for example, doing drugs, drinking alcohol)
- experiences a drop in school or work performance
- is humiliated or criticized by their partner in front of others
- is frequently contacted by their partner wanting to know where they are and what they are doing
- has poor physical health, cognitive impairment, low income and functional dependence specifically in older adults."

The CNO also provides a link to the Ontario Network of Sexual Assault / Domestic Violence Treatment Centres.

The CNO, along with other health College regulators, will be providing an education session for their registrants on IPV later this month.

A recent, groundbreaking, family law decision highlights the complexity of IPV. In *Mitchell v. Mitchell*, 2026 ONSC 4259 (CanLII), the Court awarded $400,000 in compensatory damages and $25,000 in

punitive damages to the victim using the new tort of IPV. The facts were horrific, involving decades of physical abuse and coercive control perpetrated by the husband on his wife. Even an untrained observer would recognize that any risk assessment would have generated a high score, especially given the threats that were found to have been made, the criminal charges and convictions including failing to comply with a release order, frequent hospital visits of the wife for injuries, financial control, and, not least of all, the husband's gun collection.

Two registered health practitioners gave evidence about the cause and impact of the IPV on the wife. The wife's family physician and naturopathic doctor both gave opinion evidence that the IPV contributed to her mental (e.g., depression, insomnia) and physical (e.g., high cholesterol and blood pressure) conditions.

Notable observations from this proceeding, from a regulatory point of view, include the following:

- While the decision does not recount all the interactions between the registrants and the wife, the registrants appeared to have taken an informed supportive role. The wife accepted some of the registrants' recommendations, but not all (e.g., she declined a referral for therapy). It is not clear whether the registrants considered additional reports to authorities (with or without the wife's consent) given the high risk involved, but they were aware of already existing police involvement.

- Registrants should anticipate the possibility of having to testify about the IPV and should conduct adequate assessments and note taking to support that responsibility.

- The wife advised the naturopathic doctor not to testify, for fear that the husband would harm the naturopathic doctor. Regulators may wish to address the risk to registrants in their resources.

- This proceeding did not involve a registrant who treated the husband. However, as noted above, the professional responsibilities of registrants treating perpetrators in such circumstances warrants encouragement and regulatory guidance.

- The Court discussed the possible litigation abuse by the husband. Many regulators already receive frequent complaints about the role of registrants who testify in family law proceedings. Regulators may wish to plan for such complaints flowing from IPV civil proceedings.

- The new tort of IPV, including through coercive control, provides another option for those experiencing IPV. There may be a role for regulators to explore informing some complainants, who have experienced IPV, of this option.

It is still early days with respect to regulators' providing guidance to registrants who deal with clients experiencing IPV. Learning from this court decision and future proceedings discussing IPV should assist in informing those initiatives.

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