



CANADA  
Province of Alberta

## Report to the Minister of Justice and Attorney General Public Fatality Inquiry

Fatality Inquiries Act

WHEREAS a Public Inquiry was held at the Court House, 511 – 3<sup>rd</sup> Avenue West  
in the Town of Drumheller, in the Province of Alberta,  
(City, Town or Village) (Name of City, Town, Village)  
on the 6<sup>th</sup> through 14<sup>th</sup> day of June (seven days), 2011, (and by adjournment  
year  
on the 4<sup>th</sup> through 7<sup>th</sup> day of June (four days), 2012),  
year  
before Patrick M. McIlhargey, a Provincial Court Judge,  
into the death of C 3 years  
(Name in Full) (Age)  
of Rosedale, Alberta and the following findings were made:  
(Residence)

**Date and Time of Death:** September 28, 2008

**Place:** Drumheller, Alberta

### Medical Cause of Death:

("cause of death" means the medical cause of death according to the International Statistical Classification of Diseases, Injuries and Causes of Death as last revised by the International Conference assembled for that purpose and published by the World Health Organization – The Fatality Inquiries Act, Section 1(d)).

Carbon Monoxide Poisoning

### Manner of Death:

("manner of death" means the mode or method of death whether natural, homicidal, suicidal, accidental, unclassifiable or undeterminable – The Fatality Inquiries Act, Section 1(h)).

Homicidal

**Circumstances under which Death occurred:**

See attached.

**Recommendations for the prevention of similar deaths:**

See attached.

DATED                     May 30, 2013                    ,

at                     Drumheller                    , Alberta.

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Patrick M. McIlhargey  
A Judge of the Provincial Court of Alberta

**FOREWORD**

In compliance with s. 126.2(1) of The *Child, Youth and Family Enhancement Act*, the parties are referred to as follows:

The infant child, the subject of the Inquiry, “C”.

The mother of the infant child, “M”.

The father of the infant child, “R”.

The grandmother of the infant child, R’s mother “GMS”.

The grandfather of the infant child, R’s father, “GS”.

## INTRODUCTION AND PURPOSE

[1] On Sunday, September 28, 2008, Drumheller, Alberta RCMP Constables Andrew Mark Logan and his partner Brian Glen Machuk were dispatched to the home of R located in Drumheller. Arriving at 10:30 a.m. they found the door to the residence open and members of the Fire Department and EMS already on scene. The parents of R, GMS and GS were also present. Constable Logan was advised of noxious fumes and that a hazardous response team was rehabilitating the residence. On entering the residence Constable Logan noted a bedroom to the right of the front door. In that bedroom he observed R and his three year old son, C, on a bed. Both were deceased.

[2] The following comments are excerpted from the Concluding Summary of Constable Christian Reister of the Calgary Major Crimes Unit (Exhibit #5):

Deceased: C  
R

On September 28, 2008 the Drumheller RCMP received a complaint from GMS and GS. They attended their son, R's residence to take R and his son, C out for breakfast. When they arrived they saw a note taped to the front door of the house. The note stated:

“DO NOT ENTER THIS ROOM TOXIC FUMES HAVE BEEN  
GENERATED. VENTILATE ROOM BEFORE ENTERING. IF  
YOU ARE READING THIS AFTER 3AM SUNDAY SEPT. 28,  
2008 YOU'RE TOO LATE. PROTECT YOURSELF. CAUSE OF  
DEATH: “M”

GMS and GS broke into the house to find three suicide notes taped to the bedroom door. The notes were addressed to the RCMP, Child Welfare (formerly “Children and Youth Services”, now “Human Services” and referred to as Human Services throughout this Report) and Family. GS went into his son's bedroom to find his son and grandson dead, lying on the bed. A warm barbeque was located inside the bedroom, with the door, window and air vents, taped shut. The bedroom door was padlocked from the inside.

Calgary Major Crimes Unit and the Drumheller detachment conducted several interviews with family and friends and determined that M and R had separated and have since been involved in a custody dispute over C. M had recently made application to the courts to enable her to remove C from the province. The RCMP and Human Services had received several complaints from both R and M in relation to the custody of C and an ongoing marital dispute.

At conclusion of this investigation, it was determined that R lit his barbeque and placed it in his bedroom. He sealed the doors, window and air vents, locked the bedroom door from the inside and wrote several suicide notes. In doing so, R took his life and the life of his son, C.

The Medical Examiner conducted the autopsies of C and R and believes that the cause of death was carbon-monoxide poisoning.

[3] In fact the name written on the notice affixed to front door was “M”.

[4] The notice and suicide letters referred to by Constable Reister, which were affixed to the doors, were entered as Exhibit #6, #7 and #8 in the Inquiry. Each suicide note was two pages long and all were identical in content with the exception of the named addressee. The statements contained in the suicide note are at first apologetic and explanatory, ultimately becoming vindictive.

[5] One statement contained in the suicide note, which may be of some relevance to this Inquiry, suggests that R's actions were prompted by the pending relocation of C away from the Province of Alberta.

[6] The suicide notes are not reproduced in this report.

## FATALITY REVIEW BOARD

[7] The manner of C's death was reviewed by the Fatality Review Board and by "Case Summary/Recommendations dated March 17, 2009" (Exhibit #1), the Board recommended that:

"a public fatality inquiry be held for the following reasons. Under section 33(2)(a) of the *Fatality Inquiries Act*, to determine if any action could be taken to prevent this death".

[8] On May 25, 2009, this Inquiry was ordered into the death of C, who died at the hand of his father R (not into the suicide of R). The purpose of the inquiry is set out in s.53 of the *Fatality Inquiries Act*:

s. 53(1) At the conclusion of the public fatality inquiry, the judge shall make a written report to the Minister that shall contain findings as to the following:

- (a) the identity of the deceased;
- (b) the date, time and place of death;
- (c) the circumstances under which the death occurred;
- (d) the cause of death; and
- (e) the manner of death.

(2) A report under subsection (1) may contain recommendations as to the prevention of similar deaths.

(3) The findings of the judge shall not contain any findings of legal responsibility or any conclusion of law.

(4) The report and findings of the judge under subsection (1) and any recommendations under subsection (2) shall not disclose any matters heard or disclosed *in camera*, unless the judge is satisfied that the disclosure is essential in the public interest.

[9] The definition of "homicide" is set out in the *Criminal Code*.

s. 222(1) A person commits homicide when, directly or indirectly, by any means, he causes the death of a human being.

[10] *The Child, Youth and Family Enhancement Act*, provides for a publication ban and exception(s) as follows:

s. 126.2(1) No person shall publish any information serving to identify a child who has come to the Minister's or a director's attention under this Act or any information serving to identify the guardian of the child.

(2) Despite subsection (1),

(a) a director may publish, or consent to the publication of, by any means, the name of a child, information serving to identify the child or the child's guardian and any other information related to the child if, in the opinion of the director, the publication is in the child's best interest or necessary for the proper administration of justice;

## **ISSUES**

[11] Following a pre-inquiry conference held in Drumheller, Alberta, June 7, 2010, the following issues were stated (as per Inquiry Counsel's correspondence, June 23, 2010):

First, a detailed review of the circumstances of the C/R murder/suicide and the events leading up to the incident, including the Divorce Court proceedings taken by the parties, the involvement and actions of the RCMP, Human Services, and any other public agencies involved.

Second, the implementation and effectiveness of the recommendations arising from the Fekete Fatality Inquiry.

Third, new information and strategies that have evolved over the last several years and that are in place in dealing with Family Violence.

## **CONCURRENT INVOLVEMENT**

[12] In the years 2006, 2007 and 2008 R and M were involved in protracted and confrontational custody, divorce and property proceedings. They were represented by legal counsel, both members of the Law Society of Alberta. The murder of C and suicide of R on September 28, 2008, was the culmination of several years of animosity and protracted, prolonged, emotional and highly conflicted custody proceedings between the spouses R and M. The incident occurred at a time when R feared the imminent loss of access to and parenting time with his son, C.

[13] In addition to custody and divorce proceedings, during 2007 to and including September of 2008, both R and M had extensive and concurrent involvement with both the RCMP and with Human Services, whose investigations and actions proceeded independently. The evidence suggests that to a large extent the involvement of the RCMP, and to a lesser degree that of Human Services, at the behest of the parties, whether intentionally or not, was tactical in nature and peripheral to the events of September 28, 2008.

**FEKETE**

[14] The deaths of R and C occurred five years to the day after the Fekete murder/suicide on September 28, 2003. There was nothing in any of the evidence heard at the C Fatality Inquiry to indicate that this was anything other than mere coincidence.

**CIRCUMSTANCES UNDER WHICH DEATH OCCURRED:**

**ISSUE #1:** A detailed review of the circumstances of the C/R murder/suicide and the events leading up to the incident, including the Divorce Court proceedings taken by the parties, the involvement and actions of the RCMP, Human Services, and any other public agencies involved.

[15] Mindful of the provisions of s.53(3) of the *Fatality Inquiries Act*, the following review is not intended to, and should not be interpreted (expressly or by inference) as assigning responsibility or fault to any one person or organization.

**CHRONOLOGY OF RELATIONSHIP**

[16] M and R were married at Calgary, Alberta on the 3<sup>rd</sup> of July, 2004. Following their marriage M took R's surname and was known as M. They separated from each other on the 26<sup>th</sup> of June, 2006. At sometime following their separation M began using her given name of "M" and is sometimes referred to in the Report as M and/or as M.

[17] C, the son of R and M, was born on August 21, 2005 and died at the hand of his father on September 28, 2008. During his three years and five weeks of life he resided with both his father, in the Town of Drumheller, and his mother, in the nearby Town of Morrin, both situate in Alberta.

[18] C's father R was born at Calgary, Alberta on October 11, 1973. As at September 28, 2008, R was self employed and his income as at May of 2007, as disclosed in the Statement of Claim for Divorce and Division of Matrimonial Property was \$95,200.00.

[19] C's mother M was born at Victoria, British Columbia on July 2, 1981. M's employment as disclosed in her affidavit of September 19, 2008, filed in support of a mobility application; "self-employed constructing dinosaur skeletons and as a part-time housekeeper with the Drumheller Hospital, income not specified".

[20] On September 28, 2008, M resided in the Town of Morrin, and R resided in the Town of Drumheller, both situate in the Province of Alberta.

[21] R had one criminal conviction (Exhibit #24) in October of 2002 for CARE AND CONTROL OVER 80. M had no record of criminal convictions.

**EVIDENCE OF GMS**

***Writing on C's Chest, October 24, 2007***

[22] On October 24, 2007, GMS and GS resided in the Town of Carbon, Alberta. In her evidence, GMS stated that her son R had picked up C from M in Drumheller at 3:00 p.m. that day and brought him to their home in Carbon. Usually someone would go with R for the exchange, she could not recall if anyone went with him that day.

[23] She recalled that R arrived with C at about 3:45 p.m. and as was their habit C was to be given a bath and his clothes were washed. GMS alleged that they did this as they considered that he was usually dirty when he was dropped off; that M would send him with black nail polish and marker on his arm.

[24] On this day she stated that as her son was taking C's shirt off she heard him exclaim, "Oh mom, come and look at this", she did and she personally observed the writing on C's chest.

[25] The words "Fuck You R" were written in black marker on C's chest.

[26] Pictures were taken and at dinner that night they (R, GMS and GS) discussed what to do. The police were not called, it was left to R to deal with as he was already involved with Human Services. The next day R made four copies of the photographs. GMS testified that she had thought that one copy was for the RCMP.

***R, Mental Health and Substance Use***

[27] GMS testified that she was very close to her son and that they would discuss everything together. She was aware that he had taken counseling for depression in 2002, which she felt resulted from the fact that at that time he had just ended a relationship (it had ended badly), he had lost his job and had moved back to Alberta. She was aware that he had problems with alcohol which he was trying to deal with, by attending "alcohol programs" and she stated that he would have several years of sobriety, would slip and would try again. She felt that he was dealing with this problem appropriately.

[28] There was no evidence of alcohol consumption by R at the time of or in the period immediately preceding his death and there was no evidence in the Certificate of Medical Examiner or other materials (Exhibits #1, #2, #3 and #4) provided by the Medical Examiner, Dr. Sam Andrews, of the presence of alcohol in his blood at the time of his death.

[29] GMS acknowledged that in 2006 her son had been taken to the hospital on claims by M that he was suicidal. She stated that he never discussed or mentioned suicide to her.

[30] GMS stated that in 2007 her son was frustrated with the "writing on the chest" incident, that he didn't feel that he was getting enough help. She was aware that he was depressed and that he was receiving counseling for depression from Micaela Brietzki and Michael Takkinen. She understood that both considered that he was dealing appropriately with his problem.

[31] GMS discussed divorce court proceedings with her son. He wanted the divorce, he wanted to move forward. He was frustrated that a Request for Divorce, filed March 27, 2008, had been rejected on April 3, 2008, on the basis that the Court required “other information”. He believed that this was financial information that M had failed to provide.

[32] GMS commented that in July of 2008 R was not depressed, he was happy as he had custody of his son for the full month. M had C for the full month of August and R did not see C during that period. In August and early September R was described as looking forward to seeing his son again. GMS testified that learning of M’s application to remove C to Ontario affected him “badly”, that he was concerned that he would never see his son again. He attempted to find a job in Ontario and had contacted his sister in Ontario to see if he could arrange to reside with her.

[33] With respect to the court application of September 25, 2008, she stated that he was hoping he would be successful in opposing the application. He was concerned about visitation in Ontario and at about this time discussed taking off with C and leaving the country. GMS and GS talked him out of that course of action.

***Evening of Saturday, September 27, 2008***

[34] GMS and GS last saw their son and grandson alive on September 27, 2008, the evening before what she described as the “tragedy”. R had come over with C for supper. GMS described a pleasant evening, her son as happy, he was playing with his son, everyone was joking around and laughing.

**MATRIMONIAL PROCEEDINGS**

***Family Law Applications and Orders, Divorce and Property Action and Orders***

[35] In Alberta Court of Queens Bench, action # \_\_\_\_-\_\_\_\_\_, Divorce and Property:

- May 8, 2007, a Statement of Claim for Divorce and Division of Matrimonial Property was filed on behalf of R in the Alberta Court of Queen’s Bench Action # \_\_\_\_-\_\_\_\_\_.

[36] In Alberta Court of Queen’s Bench Action # \_\_\_\_-\_\_\_\_\_:

- May 15, 2007, on application by M in Alberta Court of Queen’s Bench Action # \_\_\_\_-\_\_\_\_\_, an Ex Parte Restraining Order was granted, in favor of the Applicant against the Respondent, R
- May 31, 2007, an Interim Without Prejudice Order was granted and filed.
- No further proceedings were taken in this action

[37] In Alberta Court of Queens Bench, action # \_\_\_\_-\_\_\_\_\_, Divorce and Property Action:

- June 6, 2007, Statement of Defence and Counterclaim
- September 7, 2007, Interim Interim Consent Order providing for custody of and access to C, and providing that the Respondent, M, “shall not relocate her residence outside of the Town of Drumheller, in the Province of Alberta, without further Court Order.



- October 25, 2007, on the application of the Plaintiff, R, an Order was granted for a period of specified access on October 31, 2007.
- December 4, 2007, a Consent Order was granted addressing access by the parties, to the father during the period December 17, 2007 to noon on December 26, 2007, and to the mother for commencing noon of December 26, 2007 to January 3, 2008.

[38] In the Provincial Court of Alberta, Docket # \_\_\_\_\_ W \_\_\_\_\_, Child Youth and Family Enhancement

- December 7, 2007, on application made on behalf of the Director under the *Child, Youth and Family Enhancement Act*, an Order for Supervision was granted in favor of the Director regarding the child C, ordering the supervision by the Director of the child in the child's residence for a period of three (3) months, up to and including March 8, 2008. The terms of that Order included provisions for the supervised transfer of the child from one parent to another for the purposes of access; for the completion of a Supervision Order Plan to address concerns relating to emotional injury, neglect and risk of physical injury; for individual/relationship counseling for the parents to address concerns relating to inadequate parenting, supervision, emotional injury and neglect, and allowing a Child Protection Worker access to the child in either parties' residence, announced or unannounced, at any reasonable time.

[COMMENT: Prior to counseling being ordered there does not appear to have been any psychological or psychiatric assessment of the parents.]

[39] In Alberta Court of Queens Bench, action # \_\_\_\_ - \_\_\_\_\_, Divorce and Property:

- March 27, 2008, Request for Divorce, filed.
- April 3, 2008, Rejected Request for Divorce.
- September 8, 2008, the application of R, filed (and served September 10, 2008) seeking in part, "sole custody of the infant child C".
- September 8, 2009, an Interim Order in favor of R (granted ex parte), which provided in part that the Defendant (M) "shall not remove the child (C) from the Town of Drumheller, Alberta." By its terms the Interim Order was scheduled for review September 25, 2008.
- September 19, 2008, the application of M, filed, seeking an Order directing that the child be permitted to move permanently with the Defendant (Applicant) to Ottawa, and varying the terms of access to the Plaintiff (Respondent) to reflect such move.
- September 25, 2008, an Interim Interim Consent Order was granted, continuing an earlier Consent Order granted September 7, 2007; awarding the Plaintiff (R) specified access during the period September 11, 2008 to October 23, 2008; and confirming the Interim Order of September 8, 2008 with the exception that the infant child be allowed to travel with the Defendant (M) outside the town of Drumheller, but within the Province of Alberta.

[40] Of note, R in his affidavit filed in support of his application of September 8, 2008, alleges in part that he was denied access by M on September 3, 2008 and further alleges threats by M to move herself and the child away from Drumheller. There were no other allegations of misconduct.

[41] In her affidavit filed in support of her application of September 19, 2008, M alleges significant misconduct by R including serious alcohol and drug abuse and including “Stalking, Threatening Behaviour, Including Vandalism”. Of note, in her affidavit, M acknowledges that the parties had filed for Divorce but that it had not yet been granted. Later in her affidavit she refers to her fiancé of the past 8 months who resides in Ottawa.

[42] Neither party alleged personal physical violence or assault by the other. There were no allegations of sexual assault.

[43] The above is merely an overview of the Divorce proceedings. In all, in the period May 8, 2007 to September 25, 2008, there were approximately 36 documents filed, including:

- Five separate Notices of Motion, with supporting documents, filed on September 5, 2007; October 18, 2007; October 22, 2007; September 8, 2008 and September 19, 2008, respectively.
- A Notice of Ceasing to Act, December 3, 2007.

[44] The Court of Queen’s Bench heard applications; on October 25, 2007; December 4, 2007; September 9, 2008; and on September 25, 2008. In addition there were adjournments on four other occasions, June 28, 2007; July 12, 2007; August 16, 2007 and September 27, 2007.

### ***Legal Counsel***

[45] Both R and M were represented by experienced legal counsel during the period May of 2007 through September of 2008. During this period M was represented in turn by two different lawyers and R was represented by one lawyer, continuously. All counsel involved were Queen’s Counsel and members of the Law Society of Alberta.

[46] Lawyers in Alberta are bound by The Code of Professional Conduct of the Law Society of Alberta, which in September of 2008, in Chapter 8, Rule 8(c), provided in part:

A lawyer must disclose confidential information when necessary to prevent a crime likely to result in death or bodily harm, and may disclose confidential information when necessary to prevent any other crime.

[47] The commentary (explanatory note) to Rule 8(c) provides:

A lawyer advised of a prospective crime by a client must first assess whether it is reasonable to assume that the client will carry out the expresses intention. In doing so, the lawyer must evaluate factors such as the client’s personal history and the nature and extent of the lawyer/client relationship. If the crime seems reasonably likely to be effected and is likely to result in death or bodily harm, disclosure must be made to the extent necessary to prevent the crime.

[48] As no report was forthcoming from either of the counsel involved, both of whom would have been actively involved with their clients and files in September of 2008, it can be assumed

that they never received any express information of danger to either of the parties or their infant child C, through their own or the actions of the other party.

### **HUMAN SERVICES (HS) – SUSAN NIKISH**

[49] Human Services direct involvement with parties is documented in caseworker Contact Notes during the period August 2, 2007 to February 14, 2008.

[50] In August of 2007 Susan Nikish was employed by Human Services (HS) as a caseworker. Ms. Nikish was a graduate of the University of Regina with a Bachelor of Social Work and a Bachelor of Arts. She had been with Human Services since 2005.

[51] Ms. Nikish was responsible for and dealt with the family commencing August 2, 2007, when the first referral (of a problem or concern involving a child, generally reported on a confidential basis) was received, through to January of 2008. In January she was transferred to another department and the file was transferred to another caseworker, Shawneen McIlrath. Generally at this time once a caseworker was assigned to a file they would see it through to completion.

[52] In her evidence Ms. Nikish described the procedures generally followed by HS on receipt of a “referral”. Initially the caseworker would secure as much information as possible from the referral source to identify the nature of the concern, the identity of the child and the family and to obtain contact information. The worker would seek information to try to assess and identify other risk factors for the child and for the case worker by checking the department’s internal systems for prior dealings with the family, had there been a previous history of violence, use of weapons, were there property concerns such as dogs or the location of the family residence, was it isolated.

[53] The more urgent the concern the more urgent the response. A matter would be considered “high risk” if there were immediate physical risk to the child requiring an emergent response.

[54] If the referral source were a parent then the worker may contact a third party. On occasion, not every occasion, the RCMP would be contacted to see if there was any record of criminal proceedings. The worker would then complete a brief screening report and assess whether to close or continue, and if the latter, to determine the applicable sections of the legislation. Frequently the caseworker would consult with a supervisor.

[55] The role of the supervisor was to provide direction and to be available for consultation. If the decision was made to continue then a more detailed assessment (investigation) would be made.

[56] Ms. Nikish recalled that in 2007 there were approximately 4 or 5 caseworkers in the Drumheller office, it was a small office. None of the caseworkers specialized, caseworkers rotated doing intake days and did intake, casework and investigations as matters came in. Ms. Nikish recalled that at that time she would have been working on approximately 15 files, several of which were “very high risk, and ... quite a number of them in court, which was a very intense involvement...”

**C – Initial Referral - August 2, 2007**

[57] On the first referral received regarding C, August 2, 2007, Ms. Nikish stated that nothing jumped out at her. The concern was that C had been diagnosed as having asthma and serious respiratory problems, that he was residing with his mother where he was exposed to pets and that his mother was not regularly giving him his medications. Further, that he had been taken to the hospital emergency room approximately 4 times in the past 6 or 7 months. (see Exhibit 27, Tab 3, page 361).

[58] Ms. Nikish received the referral at 4:14 p.m. on August 2, 2007. That day she contacted both parents (in fact she recalled that the referral may have been received from one of the parents) and the family's doctor who confirmed that there were breathing problems but no other concerns. Four pages of contact notes were completed. On the formal Screening Report she noted that the parents were separated, were divorcing and essentially shared custody of C. There was no information to indicate risk to the caseworker and no information to indicate domestic violence.

[59] Ms. Nikish consulted with her supervisor on August 3 and the decision was made to refer the matter to an "initial assessment as per section 1(2)(c) of the *Child Youth and Family Enhancement Act (CYFE)*."

[60] The following is a summary of Human Services involvement, August 2, 2007 to October 1, 2007, their record of contact notes, formal reports and assessments:

**Contact Notes**

[61] During the period August 2, 2007 to September 27, 2007, there were some 58 pages of Contact Notes compiled by Ms. Nikish with respect to her dealings on the matter, with numerous collateral contacts, including neighbours, Doctors and supervisors, some involving multiple contacts on the same day.

**Formal Reports**

[62] The following is the list of Formal Reports submitted in this Fatality Inquiry:

- (a) Screening, Report, (Referral Source XX) August 2, 2007:  
Some comments: no CYIM history on any of the family...;  
no information to indicate domestic violence....;  
consultation with supervisor August 3, 2007...;  
being referred to initial assessment as per meeting with supervisor...section 1(2)(c) of the Act
- (b) Investigation Report, August 15, 2007, summarizing activities on the file to date:  
August 7, 2007, Screening completed  
August 9, 2007, Supervisory Consult, Screening Report received for investigation  
August 10, 2007, Consultation with Drumheller Associated Physicians Clinic  
August 13, 2007, Consultation with Drumheller Associated Physicians Clinic,  
consultation with caseworker supervisor  
August 14, 2007, Unannounced home visit to M (mother); phone contact with M  
August 15, 2007, Phone contact with M; Interview with M; Face to face with R;  
Face to face with C

- (c) The Investigation Report of August 15, 2007, was signed off by the Supervisor on August 24, 2007.
- (d) Safety Assessment and Plan, completed August 21, 2007.
- (e) Extended Assessment completed and signed by the caseworker and Supervisor on September 27, 2007.

[63] As part of the process M was required to have C examined by a physician and to have that physician complete a medical report on a form provided by the Department. This was done on August 29, 2007. The doctor, among other things, noted that “C is a very happy, affectionate, well adjusted little boy” and s.5(c) of the report concluded as follows:

5C Assessment Summary

Healthy child; no concerns

Diagnosis: Extrinsic / Viral aggravated asthma under

Prognosis: Good

Care Plan and/or Recommendation (describe follow up plan): Re as before

[64] On September 25, 2007, the doctor provided an addendum to his Care Plan and/or Recommendation, as follows, “It is acceptable to treat only during viral episodes, if however, he coughs and wheezes outside of this, re-evaluation is required.”

[65] An Extended Assessment Report was completed September 27, 2007. The issue addressed in that report, were the parents unwilling or unable to meet the child’s medical needs, in particular, C’s mother.

[66] The caseworker had discussed the matter with M and concluded that she appeared well informed, had the medical report completed as directed and was willing and able to meet the child’s medical needs and would use the required medications as appropriate.

[67] The father’s view was to provide more medication.

[68] Ms. Nikish noted that in her opinion this was a highly conflicted relationship but that there was nothing to indicate the child was in need of intervention. The Extended Assessment concluded, “This writer is recommending closure under - No Need for Intervention Services”.

[69] On October 1, 2007, the file was closed and the parents notified.

[COMMENT: I noted that during her testimony Ms. Nikish seemed to have some difficulty interpreting her own notes. Notes should be such that they can be understood not only by their author but should be clear to other caseworkers who become involved with the file.]

### Writing On The Chest

[70] On October 25, 2007, at 9:30 a.m., prior to proceedings in the Court of Queen’s Bench that same day, R brought photographs of C in to the Human Services office and spoke to Ms. Nikish. The photographs depicted writing in marker on C’s arms and fingernails and in black marker on his chest that read, “Fuck You R”.

[80] He advised that the photos had been taken the previous day when he had picked up C from his mother. The face of the child was not shown in the photographs. R confirmed that it was C. Ms. Nikish asked to see the child and was told that the marker (writing) had been

washed off. In her evidence Ms. Nikish concluded that in hindsight she should have insisted on seeing C in person. (Exhibit 11, Tab H, Section 2)

[81] As was the department's policy Ms. Nikish proceeded with a Screening Assessment, comprised of two pages of contact notes (Exhibit #27, Tab 2, pages 183, 185). On that date as a supervisor was not available Ms. Nikish consulted with a coworker

[82] Some (not all) of Ms. Nikish's comments as set out in her contact notes were as follows;

- (a) consult with a colleague (supervisor out of office)
- (b) reviewing case, concerns, history
- (c) child not in immediate risk
- (d) certainly - parents divorce/custody battle ongoing - poor communication-some seemingly immature/inappropriate behaviors.

[83] A formal Screening report was completed on October 26, 2007 (Exhibit #27, Tab 3, pages 341, 343). Some (not all) of Ms. Nikish's comments as set out in the formal screening report were as follows:

- (a) The markings on C in the pictures were ONLY marker, NOT bruising.
- (b) There continue to be custody/access disputes between the parents and legal proceedings are occurring as a result.
- (c) Reference was made to the prior Investigation/Extended Assessment and - that there appears to be a highly conflictual relationship between the parents, and "that there was difficulty with assessing the accuracy and motivation of the information being collected" and referencing the conclusion reached as a result of the Extended Assessment, being, that C was not deemed to be a child in need of intervention services.

[84] Ms. Nikish recommended closure. Asked why, Ms. Nikish responded that at that time she didn't fully appreciate the risk, that she was, "...really not sure what to do, I didn't know what I didn't know".

[85] A Contact Note made the following day, October 26, 2007, indicates a "Supervisor Consultation" and the recommendation of a case review.

[86] In the evidence heard and exhibits filed there was a suggestion that her supervisor, Tony Andre, did not review and/or sign off on the Screening Report until November 5<sup>th</sup>, 2007 (Exhibit 27, Tab 3, page 339).

[87] This seems inconsistent with the evidence heard and other exhibits, specifically Ms. Nikish's contact note dated October 26, 2007 (Exhibit #27, Tab 2, page 179) which provides:

supervisor consultation, consult with supervisor, Tony Andre, reviewing case and recommendation and Mr. Andre's recommendation (Exhibit #27, Tab 3, page 343) supervisory decision on review - Investigation under s.1(2)(d)(h) of Act.

[88] A further contact note, dated October 30, 2007, details a discussion between Ms. Nikish and M regarding the writing in C's chest, concluding, "advised that an investigation would be taking place", a clear indication that Mr. Andre's review and recommendation occurred well before November 5<sup>th</sup>, 2007. That same contact note also provides that, "M denied writing on C's

chest, advising that she had consulted with her lawyer who had suggested in essence that the photos may be a tactic in the Divorce and Property action. R also denied writing on C's chest."

***Child Services did respond***

[89] The incident of October 25, 2007 resulted in a case review and investigation and an Application For a Temporary Guardianship Order, filed November 22, 2007, with supporting materials, including a Court Brief, Summary of Circumstances, completed November 27, 2007 (Exhibit #27, Section 5), signed by both Tony Andre and Susan Nikish. Paragraph 5 and 7 of the Summary provided as follows:

5. Both parents allege that the child is being taught and is parroting negative and hate messages about the other parent

...

7. Pictures of C with hate messages written on his chest in black marker. Neither parent admits to writing the hate message on C's body and each blames the other.

[90] The Court declined to grant a Temporary Guardianship Order and a Supervision Order was granted December 7, 2007 (See Matrimonial Proceedings, above).

[91] I have not been provided with nor have I accessed a transcript of proceedings in relation to the application in the Provincial Court of Alberta on December 7, 2007, however, a Contact Note made December 7, 2007 (Exhibit 11, Tab H, Section 2) provides:

- Judge Clozza came across as being somewhat angry
- Wondering why child was not apprehended
- Judge did not feel that the child was @ immediate risk
- Denied a TGO
- Granted an SO – March 7/08
- Judge Clozza did not look @ the pictures and did not take them as evidence – verbal was enough for him

[99] Child Services involvement and interaction with the family continued and included:

- A Safety Assessment Plan (containing three sections comprised of a Safety Assessment; Safety Response and Safety Decision), December 7, 2007;
- A Supervision Order Plan, January 8, 2008; and,
- An Information Consolidation, January 31, 2008,

[100] A final Contact Note of February 29, 2008, provided details of the caseworkers meetings with R and M The assessment was positive and contained the following comment:

Transfer of C

C appeared happy, clean, appropriately dressed. He smiled when R picked him up and waved/said goodbye to his mom"

[101] The Case Closure dated April 18, 2008, contained the following comments:

The parents have demonstrated a willingness/ability to interact and co-operate with each other in regards to C. The parents have made arrangements to continue counseling after HSA involvement. Should the file be reopened due to similar concerns it is recommended that a more intrusive approach be taken, the parents are aware of this likelihood.

[102] The only evidence of any follow up or further involvement by Human Services with either R, M or C, during the period February 29, 2008 to September 28, 2008, is a reference at page 17 of the “S – Special Case Review, June 2009” (Exhibit #19), indicating the parties concern over daycare arrangements and advice that they raise their concerns in counseling – the meeting was not documented.

[103] It was never determined who in fact had been responsible for the writing on C’s chest, perhaps this should have been a requirement prior to HS ending their involvement. Had the RCMP been contacted, they may have ferreted out the person responsible and sanctions may have been forthcoming. HS and the other parties who were involved didn’t seem to consider or weren’t aware that this could represent a criminal assault of a child. The *Child Youth and Family Enhancement Act* does not define assault and simple assault does not appear to form one of the criteria for a determination of “in need of intervention”, see Appendix “A”. There was nothing that I was able to find in any of the Contact Notes that I reviewed that would indicate that the issue of whether or not to report the matter to the RCMP was ever discussed.

[104] On October 1, 2008, M met and spoke with a caseworker supervisor and expressed her concerns of the manner in which the matter had been dealt with. This meeting was summarized in a four page Contact Note (Exhibit 11, Tab H -2, Section 2), also referred to in a Special Case Review, June, 2009. In this meeting M stated her concern that her complaints had not taken seriously or been properly addressed by the caseworker, in particular, her assertions that R had a drug and alcohol problem. She offered the following recommendations.

- When one parent states that there are drug and alcohol issues with the other parent a drug/alcohol screen needs to be completed whether there is visual evidence or not.
- Where a parent discloses that they believe the other has mental health issues a mental health assessment should be completed.
- When a parent discloses that they are frequently fearful that the other will physically harm the child there should there should be no access.

[105] Of note, in the Safety Assessment Plan, December 7, 2007, Ms. Nikish had commented that both parents accused the other of alcohol abuse. One the comments recorded in that same Contact Note of October 1, 2008, which may provide some insight on the problems faced by Human Services, was as follows:

M reported that she had told Shawneen that the relationship between her and R had improved when in fact it had not.

[106] The Special Case Review, June, 2009 (Exhibit #19), under the heading “Findings and Recommendations” noted various shortcomings in the procedures and follow up, in particular, with respect to Human Services second involvement;

The custody and access issues took precedence over the child intervention concerns. The focus of the intervention was not the child...the hate message written on the child was first seen as a custody matter, not an intervention concern. The supervisory review was essential in re-establishing that a hate



message on a child needed an intervention focus. This resulted in a file being opened on the child.

[107] The following appears at page 14 of the Special Case Review, under the subtitle RCMP:

Between May 2007, and September 2008, there were approximately 33 calls made to the RCMP regarding the S family. The bulk of these calls were made by M regarding R and were determined to be unsubstantiated, and at times malicious.

After C's death the daycare operator provided a statement to the RCMP. The operator stated that M had dropped off C at the play center with hate messages to R written on his chest.

[108] In all, during the period from August 2, 2007 to February 29, 2008, Human Services workers dealt extensively with the parties and their file, in face to face meetings (some with C present), in telephone meetings and in meetings and assessments involving Case Workers and Supervisors.

***Who knew, not the RCMP***

[109] As at December 7, 2007, the RCMP had not been advised of the photographs or of the alleged incident, however, the evidence makes it clear that the following persons had been advised and were aware of the photographs of October 25, 2007, depicting a hate message written in black marker on C's chest:

- (a) R,
- (b) M,
- (c) GMS and GS,
- (d) Human Services,
- (e) The daycare operator,
- (f) Micaela Brietzke, RPN,
- (g) Legal Counsel for M, and
- (h) A Judge of the Provincial Court of Alberta.

[110] As with my comment regarding legal counsel, the above is not intended to assign fault or responsibility but to emphasize that numerous professional and experienced persons were aware of the photographs and were involved in proceedings and that court proceedings were commenced by Human Services. On the evidence, none of these persons, apparently based on their experience and understanding of the proceedings, considered it necessary to report the incident to the RCMP as a criminal assault.

[111] The manner in which this matter was dealt with cannot be considered in a vacuum. Based on my years of experience in private practice and on the Provincial Court bench, I am confident that this would not have been the only matter being dealt with at the time and that both Human Services and the RCMP would in fact have been addressing numerous files, several of

which, no doubt, would have involved domestic disputes. Susan Nikish in her testimony, previously referred to, was asked to and did comment on the number and type of cases being dealt with at that time.

### ***Procedures***

[112] In her evidence Ms. Nikish was asked about policies in place regarding reporting matters to the police. She stated that the police would be called in situations involving physical or sexual abuse. At the time she did not view the child as being used as a weapon in the fight between the mother and the father, but more as an inappropriate means of communication. This was something beyond her experience, she considered it as indicative of ongoing problems.

### ***Information Sharing***

[113] Asked about relations with the police in 2007, Ms. Nikish stated that she believed that the relationship was strained, that the police would only be called as a last resort, that when HS contacted the RCMP they didn't feel that they were receptive and that they were slow to return calls. By her recollection, calling the police was not discussed. In her own mind, it was not something that occurred to her that she should do.

[114] Ms. Nikish was not familiar with the Fekete murder/suicide (nor by inference) the Fekete Fatality Inquiry Report. One of the recommendations contained in that report was that Human Services lead an initiative to develop a strategic plan to improve communications between community stakeholders providing services to families impacted by family violence, which would include Human Services, Women's Shelters and the RCMP. When asked specifically about this, she indicated that while in Drumheller in 2008 she was not aware of any such strategic plan, commenting further that in rural locations "she often felt like an island unto yourself."

[115] Ms. Nikish did recall one conversation with the RCMP during this period but it was not documented and she was unable to recall the context of the conversation. Up to that time the RCMP had been involved in 10 to 12 investigations involving C's parents. Ms. Nikish was unaware of this and indicated that she would have considered this information to be significant had she been aware of it and that she "would have been interested to know what their involvements were, what there perspectives were...". Clearly this would have had an impact on the conduct of the investigation and may have impacted the ultimate application and its outcome.

[116] The following is excerpted from the Alberta Children and Youth Services Enhancement Policy Manual (Exhibit #29) [rev. October 2005];

#### 1. General Information

##### 1.9 Police Involvement and Offences

###### Roles

Although both the case worker and a police officer might investigate the same case, they have differing mandates, skills, decisions to make and actions to take. The caseworker determines whether the child is in need of intervention and provided intervention services. The police officer attempts to maintain law and order, determine whether the law has been violated and brings alleged offenders to justice. In addition a police officer may make an emergency apprehension order under s.20(12)

### Summary

The *Criminal Code of Canada* indicates specific offences against children. If the caseworker has information indicating that a person has committed one of these offences, then;

- if appropriate, encourage that person to self report to the police
- inform that person about the responsibilities of the caseworker to report
- where appropriate report the alleged offence to the police. Where both the police and the caseworker have a mandate for involvement discuss the co-ordination of a joint investigation.

### Offences

The following are some of the offences against children:

- failure to provide necessities of life
- assault (applying force intentionally or attempting or threatening to apply force)
- assault causing bodily harm
- sexual assault

[117] The definition of “assault” as set out in s. 265 of the Criminal Code (see Appendix “A”) is not reproduced in the Manual. On the definition provided in the manual it may not be apparent to an untrained individual that writing in black marker on a three year old child’s chest may and likely would constitute a criminal assault against that child.

### ***Training and Experience***

[118] The following comments of Ms. Nikish in her evidence on June 4, 2012, four years after C’s death and approximately four and one-half years following her involvement with the family, are germane.

### ***Resources***

[119] With respect to resources, arising from a question regarding R’s and M’s inability or failure to access relationship counseling as recommended in the Supervision Order Plan (to address protection concerns relating to inadequate parenting, supervision, emotional injury and neglect, transcript, page 81), Ms. Nikish stated:

We did do a referral to an agency that we had doing counseling with a number of our families in Drumheller, the agency was coming out from Edmonton, to be honest there were lots of problems...the counselor had been cancelling appointments of not showing up...there were billing concerns with the agency...it was really hard getting counseling services in Drumheller

There was a lack of local resources for counseling...there was no daycare in Drumheller...housing was a huge issue in Drumheller at the time, family support workers were difficult to find.

[120] M and R advised that they had attended one counseling session but had been unable to arrange a second appointment (counselor unavailability).

[121] M and R reported that they had each completed the Parenting After Separation seminar by video. Their attendance together in January of 2008 was confirmed in the evidence of Diane Shearer, BSW, a Senior Manager with Alberta Family Justice Services, who had been with

department for 25 years and was intimately involved in the development and implementation of that program, first offered in 1997 – 1998.

[122] In 2008 in person program sessions were not offered in Drumheller but could be accessed by video link at the Human Services office. In person sessions are now offered twice per month in Drumheller and the 114 page participant's manual, titled Parenting After Separation Program, and 88 page participant's manual, Parenting After Separation for Families In High Conflict, are available on line. The course is now mandatory where proceedings are in the Court of Queen's Bench and are voluntary or by court order for proceedings under the *Family Law Act* (Alberta).

[123] Ms. Nikish indicated further that (Transcript, page 94, line 33):

I think that looking back now, that I was definitely struggling, I was kind of all over the map in what I was doing...when I moved to the next office I had an opportunity to work very closely with a supervisor who was an excellent investigator, and I think I learned a lot...I think at the time I did the best I could...I think that I believed that both parents loved C very much, and I never believed either of them would have harmed him. I think they were inadvertently harming him through their fighting, but I ...I never would have thought physically he would have been at risk with either one of them.

[124] If Ms. Nikish is an example of the caliber of the individuals employed by Human Services as caseworkers, then the public is very well served.

## COUNSELING

[125] **Micaela Brietzke, RPN**, a psychiatric nurse employed by Alberta Health (since 2006) as a Mental Health Liaison Therapist first met with R on October 5, 2007. She completed a Mental Health Assessment (Exhibit #26, Tab2) to address (Presenting Problem):

Complaints of depression. Currently living with parents in Carbon, going through a divorce. On leave from work because of depression & anxiety issues, decreased motivation, poor sleep and appetite, loss of enjoyment in his usual activities. Had limited access to his two year old son.

[126] Ms. Brietzke commented that at this time R was under "quite a few stressors".

[127] In the Assessment of October 5, 2007, Ms. Brietzke addressed issues of Risk Assessment for:

- A. High Risk Behaviors, addressing issues such as Anger Management Concerns, Attempts to Intimidate, History Promiscuous, Homicidal Thoughts, Impulsive Behaviors, etc. and considered that there were "none".
- B. Suicide Risk Behaviors, including factors such as Current Suicidal Thoughts & Plan, History of Suicide Attempts, Family History, History of Violence, Recent Life Stressors, etc. and noted "denied".

[128] The Assessment also addressed what was referred to as a Crisis Triage Rating Scale. The following comments were circled as applicable in each of the following categories:

- A. DANGEROUS – No suicidal/homicidal ideation or behavior. No history of violence/impulsivity.
- B. SUPPORT SYSTEM – Interested family, friends or others able and willing to provide support needed.
- C. ABILITY TO COOPERATE – Actively seeks outpatient treatment. Willing and able to cooperate.

[129] R attended seven further counseling sessions with Ms. Brietzke, (including sessions at which Michael Takkinen was present), the last being January 15, 2008. On that date she concluded that he was doing well, court proceedings were over, which was a main stressor, he had planned to move out of his parent's home and start working again, that he was doing "really positive things".

[130] Ms. Brietzke testified that by law she is required to report (to Human Services or the RCMP) concerns of possible harm to a child or others or of a possible suicide.

[131] R had shown her pictures of the writing on C's chest. She knew that R was involved with Child Services and that they were aware of the photographs.

[132] On March 31, 2008, the file was closed with the following comment: "The client has improved significantly since he started therapy". Overall Ms. Brietzke considered that R was motivated to move forward and stated that on closing the file she had no concerns of suicide or self-harm.

[133] **Michael John Takkinen**, holds a Master of Arts in Christian Counseling from Providence Theological Seminary. At the time he appeared before this Inquiry, in June of 2012, he was employed by Shalom Counseling, a non-profit counseling centre for family, individual and couples counseling. Mr. Takkinen described Christian Counseling being faith and personal counseling, similar to the counseling done by Ms. Brietzke, but also addressing religious aspects.

[134] He began his studies in 2005 and in 2007/2008 as part of those studies he was tasked with seeking referrals for face to face counseling opportunities.

[135] In October of 2007 R was referred by Micaela Brietzke to Michael Takkinen. Their first meeting was on October 23, 2007 and involved Ms. Brietzke. At that meeting Mr. Takkinen's assessment of R was that he seemed anxious but enthusiastic, he wanted help. Following that, they met a further ten times, weekly, every Tuesday night, during the period October 30, 2007 to February 6, 2008 with a break over Christmas. Each session lasted approximately one and one-half hours.

[136] Mr. Takkinen understood that R wished to address what he considered to be extreme stress in his life due to his marriage and his dealings with his estranged wife. Other stressors included his employment, his living circumstances and significant debt. These affected his mood and physically he was having difficulty eating, sleeping, functioning. He also had issues with guilt and regret, driven by loss of family and loss of marriage.

[137] At their second meeting Mr. Takkinen administered an assessment using the Becks Depressions Inventory, a recognized research bases assessment tool which indicated that R was severely depressed but at low risk for suicide.

[138] R advised of the writing on C at their meeting October 30, 2007. Mr. Takkinen was not aware or see pictures of what was written, he did not consider the writing in terms of child abuse but dealt with the matter in terms of its effect on his client. Following the session it would have been discussed with his supervisor and no further actions was taken.

[139] In the last sessions Mr. Takkinen considered that R was moving forward, his mood was elevated, he was expressing joy and hope, he was making plans. He considered that he was “in a much better place than he had been” and was able to continue and maintain.

[140] When asked specifically by Inquiry Counsel if at any time during his dealings with R he had concerns or fears that he might harm somebody or that he may harm himself, Mr. Takkinen responded “no”.

[141] I considered Mr. Takkinen to be well trained and his evidence thoughtful.

[142] **Garth Fitch, BSW, MSc**, Registered Social Worker was on contract to Kneehill County to provide mediation and counseling services. Counseling objectives would vary depending on the reason a couple had been referred, either to work on a marriage or parenting after separation, to develop effective communication.

[143] R and M were referred April 30, 2008, by Yvonne Wilson and Micaela Brietzke. Victim Services of the RCMP and Human Services were also noted as interested parties. The referral provided in part:

Separated and finalizing divorce...both willing to work together and support their son...want to move forward separation has been a very tough process... Peak events resulted in HSA being involved, hate message on 3 year old son's chest with a marker 6 mths ago...were ordered to take Parenting After Separation a second time...want to pursue further counseling.

[144] Their first intake appointment took place on May 13, 2008.

[145] In his testimony he described R and M as very good students, they seemed to learn quickly, however this seems to be contradicted by his contact notes of his four sessions with them, May 13, 2008; June 5, 2008; June 10, 2008 and June 26, 2008 (Exhibit 11, Tab G, #2).

[146] In his testimony he described the couple at their first meeting May 13, 2008, as being a little flat, which he didn't feel was unusual as they both seemed to want to proceed to have things worked out.

[147] With respect to the meeting of June 5, 2007, he commented that what they were saying was not consistent with what they were doing, he was not sure that they were listening to each other and at the end of the meeting he was hopeful that they might get things together.

[148] Their next meeting was scheduled for June 26, 2007, but prior to that date M contacted him on June 9, 2008 and requested a meeting alone with him, which took place on June 10, 2008, in Red Deer. Her concern pertained to risk. At the meeting she advised that the only reason had attended the earlier meetings was that:

she was safer if R believed that she was trying to work things out, but that she felt that she should tell me that she was only trying to appease R.

[149] At the June 10<sup>th</sup> meeting she also advised that she believed that R was watching her and indicated that her tires and her neighbor's tires had been slashed. She felt that the police

would not do anything. Mr. Fitch was asked for his assessment of her at that time, he indicated that he felt she was sincere.

[150] On June 26, 2007 both parties attended, neither was being co-operative and they terminated counseling services. On being examined by M he did recall a lot of antagonism between the parties, an “almost” fight over custody and indicated that he did accept that she was quite afraid.

[151] Asked if he had the impression that R was irrational, Mr. Fitch responded advising that he assumed people to be rational unless he observes contrary indications, in essence then, that he had observed nothing that would lead him to conclude that R was irrational.

[152] Asked about C he testified that there was nothing to lead him to conclude that C was in any danger.

### **RCMP INVOLVEMENT**

[153] Both Inspector Grosul and Sgt. Beth Campbell, the head of K Division’s Violence in Relationships Program, attended the full inquiry.

[154] Beginning in April of 2007 the Drumheller Detachment of the RCMP received and attended in response to numerous complaints and allegations in relation to and made by both R and M one against the other. The police attended, and Incident Reports were prepared and filed by the RCMP in relation to 33 separate occurrences, two of which were in Fort McMurray in 2006. In 23 of these M was designated as complainant and in 6 of these R was designated as complainant.

[155] Seventeen different officers dealt with complaints received from or matters concerning R and M, being Constables C. Nelson, M. Molyneux, P. Woodfine, M. Logan, M. Brett, B. Holliday, G. Peters, K. Smith, B. Jordan, T. Goski, S. Morgan, B. Machuk, A. Grainger, A. Zenko, J. Perkins, P. Laughman and C. Hoysradt.

[156] In order to give some sense of the nature and gravity of the issues dealt with by the RCMP I have attached Appendix “C” providing a brief summary of the contents each of the Occurrence Reports filed.

#### ***Staff Sergeant Arthur A. Hopkins***

[157] At the time that Staff Sergeant Hopkins assumed his role at the Drumheller detachment in November 14, 2007 he had been a member of the RCMP for 28 years. During this period he had experience at several levels, as a constable in general duty policing, in Criminal Intelligence, and as a detachment commander at a Corporal level, at a Sergeant level and at a Staff Sergeant level. His role in Drumheller was as an administrative officer with two operations officers to look after the day to day complaints and the manner in which they were dealt with.

[158] Staff Sergeant is the highest NCO (Non Commissioned Officer) rank in the RCMP, being in order, Corporal, Sergeant and Staff Sergeant).

[159] Prior to S/Sgt. Hopkins arrival in November of 2007 Corporal Perkins had been the acting-in-charge, replacing the previous Staff Sergeant who had left in April.

[160] On his arrival he was not aware of or immediately made aware of the Detachment's involvement with the S family, stating:

that wouldn't necessarily come to my attention ... unless it was extreme violence or something that would bring it to my attention ... sometime in the New Year, I recall hearing some things about, but nothing I ... I can't tell you when I heard. That would have been dealt with on the operational side, not on my side.

### ***Domestic Violence Policies***

[161] There were several levels of policies in the RCMP dealing with Domestic Violence, at the National, Divisional, District and Detachment levels. The specific policy in place in 2007/2008, is reproduced at Tab 2 of Exhibit 12. It is titled "Operational Manual, Violence in Relationships", (OM 2.4) with five sections as follows: General; Member; Supervisor; Commander; Division.

[162] In order to provide some sense of the number of policies and forms in place dealing with domestic and related violence, I have reproduced the Index for Exhibit 12 as "Appendix "G".

[163] Staff Sergeant Hopkins indicated that as part of the K-Division Operations Manual, OM 2.4 was intended to provide guidance in addition to National Policy, which is very broad. With respect, on occasion I found the Staff Sergeant's testimony to be general and non-specific, for example, KOM 2.4, at Tab 2, paragraph 4 of section 2.4.1, provides in part:

4. Violence in relationships or related abuse will be investigated immediately upon complaint or upon learning of it. It should be investigated with the mindset that a prosecution is made possible even without the victim's presence in court. Evidence gathering should include:

1. Statements taken from the victim and witnesses ...

[164] When Staff Sergeant Hopkins was asked specifically about the implementation of this policy guideline at the Drumheller Detachment after his arrival in November of 2007, he replied that;

Well, the policy is supposed to be implemented...national Policy implemented nationally. Divisional policy would then...should have been acted upon within the division, and so virtually, persons investigating or members investigating violence in relationships would be required or should be taking statements from persons.

[165] Staff Sergeant Hopkins was referred to paragraph 8 of the particular section which provided that if a complaint involved children then Alberta Intervention Services should be contacted. Asked specifically about the implementation of this policy when he arrived in November of 2007, he stated:

Well, what can I say...and bring me back on task if I get too far off...upon me coming; there is a wide variety of things for me to do...

[166] The officer's responses seem to indicate that domestic violence in relationships was not given high priority at that time. He mentioned that in 2005 the RCMP had introduced a new system for reporting all complaints, PROS (Police Reporting Operational System). The old system PIRS (Police Information Retrieval System) had been limited in terms of the information that could be recorded, 200 to 228 characters, and the new system allowed more information to be recorded electronically, less paper, and that information could be accessed nationally.



[167] The years 2007 to 2008 were a period of transition in Drumheller, with a new commander and new information systems being introduced.

[168] Although the intent on introducing PROS was ultimately to reduce the members workload and provide greater access to information, Staff Sergeant Hopkins considered that the implementation of this new system had its difficulties and that it initially increased each member's workload by about 90 percent (in this respect he seemed to be referring to the members administrative workload in recording complaints). It was very time consuming and he felt that in an effort to save time members resorted to summarizing complaints, providing a brief synopsis rather than completing a detailed investigative report. Initially the new system resulted in less communication rather than more.

[169] In November of 2007 Drumheller detachment was the most junior detachment in Alberta, with members at the constable rank having an average on 1.8 years of experience. As a result of the delay involved in filing and reviewing reports electronically, direction from senior to junior members would be given verbally as opposed in writing on the file. This would (could) result in diminished understanding of directions.

[170] At the inquiry S/Sgt. Hopkins was asked to address a specific Occurrence Report, which sets out in part:

Occurrence: 2007-354396 Break and Enter – Business 348(1) CC (FIP)  
@2007/04/07,11:13  
Date/Time between 2007/04/07 - 11:00 and 11:30  
Clearance Status: Cir other: Complainant declines to lay charges

[171] He indicated that the Occurrence Summary would be initiated by dispatch who on receiving a complaint would categorize the complaint, as to type of crime, criminal, traffic, provincial, etc, and determine the level of importance on a scale of 1 to 4. At the detachment the Corporal receiving the complaint from dispatch would assign it based on the level of urgency.

[177] In the Occurrence report specifically referred to the reference to "(FIP)" means "Firearm Interested Person" and the report seems to have been received at "11:15", midway through the occurrence described as being from "11:00 to 11:30".

[178] In the follow up review conducted by the RCMP it was noted (Exhibit 10, Tab D, page 14), with reference to R that "Each time R was checked he was flagged Firearms Interest Police (FIP)". This resulted from the Occurrence Reports from Fort McMurray alluding to the possibility of suicide issues, which would trigger a response or entry from the Firearms Registry.

[179] There was no evidence of firearms in either Fort McMurray or in any of the incidents reported in Drumheller.

[180] In the Occurrence Report referred to there is no further reference to a firearm or any further investigation in that regard and in the Summary which is set out at the conclusion of the report, there is no reference to any follow up with the individual described as Bxxxx Bxxxx (name excluded). The Summary provided as follows:

Anonymous witness contacted property renter S and said that Bxxxx Bxxxx tried to break into the property. S calls the RCMP. The witness does not want to give a statement and nothing appears to be damaged or missing. Informed S that without cooperation from the only witness file will be concluded.

[181] With respect, I was present for S/Sgt. Hopkins testimony and have reviewed a transcript of that testimony and I had significant difficulty understanding his description of the information shown in the report (which may be an example of the difficulties he was describing regarding the implementation of the new system) and in the procedures followed investigating individual complaints. The administrative duties of the general constable in recording and filing their reports seemed overly complicated. Ultimately the individual member would/should append a general report to the summary which is electronically sent to and reviewed by a superior. There is no indication in the Occurrence Report reviewed that in fact occurred.

[182] In 2006 - 2008 the general duty member would report to and consult with their NCO (which in Drumheller was a Corporal or senior constable). If the NCO had concerns he/she would consult with the Detachment Commander, and in turn the Detachment Commander could refer and discuss the matter with the District Supervisor. Today, general duty members in Drumheller also have access to a District Domestic Violence Coordinator by telephone, and some detachments, have a Domestic Violence Coordinator on duty in the detachment.

### ***Family and Domestic Violence Training***

[183] In 2005 the Division enacted a policy that all members within the RCMP receive Family and Domestic Violence training, it was mandatory and active members at that time attended a course. Members joining after these training sessions had been offered received a Relationship in Violence binder containing two CDs and various scenarios for their review. They would also address domestic violence as part of their recruit field training.

### ***Training is ongoing***

[184] KOM 2.4 (Tab 2 of Exhibit 12) in 2006 comprised four pages of instructions and guidelines, it was replaced in 2010, and now contains 11 pages of material. As well the FVIR Check Sheet and Guide have also been updated (Tabs 14, 15 and 20 of Exhibit 12).

[185] In the 2006 guidelines “domestic violence” was broadly defined and members were directed, “if children are involved” to “contact Alberta Intervention Services, previously referred to as Human Services”.

[186] In 2010 this guideline was expanded and mandated that a member “Contact Alberta Children and Youth Services in every case where children have been exposed to or witnessed domestic violence”.

[187] In 2007/2008 in the Drumheller detachment the FVIR forms and policies were not being followed or completed regularly but at the time of the Inquiry were mandatory. In fact, S/Sgt. Hopkins commented that he did not see the Family Violence Investigation Report (FVIR) J3631(2006/12), Tab 16, Exhibit 12, until January of 2009.

[188] S/Sgt. Hopkins commented that the new guidelines have been interpreted and are applied strictly and are implemented in any domestic related occurrence involving domestic strife or the potential for domestic strife within a residence. If there is a child who resides in the residence, whether present in the residence at the time or not, “there is a faxed letter that goes to Human Services, on every occurrence”.

### ***Most of S/Sgt. Hopkin’s evidence in chief addressed changes implemented since September of 2008***

[189] The R/C murder/suicide resulted in an immediate and extensive review by the RCMP, commenced in October/November of 2008 (Exhibits 9 and 10) and recommendations to the detachment in June of 2009, Appendix "I". (Reproduced copy of correspondence, Inspector John Cantafio, Southern Alberta District, Operations Officer, To, S/Sgt. Art Hopkins, Drumheller Detachment, dated 2009-05-06).

[190] It was not apparent from the testimony of S/Sgt. Hopkins that he ever received or reviewed requests for assistance from either of his NCOs or from any of the general duty members regarding their dealings with the S family. Up until September of 2008, in the ordinary course, Staff Sergeants were not tasked with reviewing domestic violence complaints. They now are.

### ***Officer's Dealings***

[191] **Constable Mark Andrew Logan** became a member of the RCMP in February of 2005 and was one of the first responders to the home of R on September 28, 2008.

[192] Prior to September 28<sup>th</sup> he dealt with several incidents involving R and M specifically as detailed in the following occurrence reports:

May 28, 2007, 07-516068, (Appendix C, #7)

June 17, 2007, 07-670475, (Appendix C, #9) ...M, who is known to the police and involved in problematic separation with ex-husband. Both parties have a history of constantly reporting any and all matters for information file (Emphasis added)

September 6, 2007, 07-1070980, (Appendix C, #22)

June 3, 2008, 08-623837, (Appendix C, #29) Complaint received from Jan Kreuger, involving a threatening note, believed to be from R, Reporting for info only, and on June 6, 2008, problems with gas line, did not want suspects contacted, just to have the matter on file. (Emphasis added)

[193] In general the officer testified that in 2007/2008 he was not aware of the FVIR form and that had he been he would have discussed the matter with his Staff Sergeant. He advised that in January of 2009 he was provided with a wallet sized card setting out the FVIR guidelines.

[194] Officer Logan noted that at the time of this incident there was no master file or computer file of the cumulative incidents, he was aware of C and that he was the subject of a custody dispute but no reports were ever received from HS. Asked if he would have dealt with the matter differently now, he stated that he would, due to different training and an expanded understanding of what constitutes domestic violence and in particular an expanded definition of ultimate partner violence.

[195] On Constable Logan's evidence the emphasis at this time seemed to be on prosecution and convictions of more violent offences.

[196] **Corporal Gregory John Peters**, a member of the RCMP for 27 years and posted to the Drumheller detachment for over 7 years, was involved in investigating two incidents and the murder/suicide.

July 4, 2007, 07-754812, (Appendix C, #10) M complained that her husband had come on the property to leave a business card; she did not want him charged, but warned not to trespass.

[197] Following this report Corporal Peters spoke to the R who made no admissions. The officer did not search to see if there was a Court Order in place and was not aware that in fact a restraining order was in place. He was not aware that the complainant had just moved and that the complainant's concern was that the alleged placement of the business card arrived within 12 hours of the move.

[198] Although he referred to custody issues in his report he could not recall being aware that there was a child. As to why no charges were laid, he stated in essence that people often call just to vent, they don't want to proceed but merely wish the matter noted to be accessed later by their lawyers.

September 4, 2007, 07-1062527, (Appendix C, #21) reported by M as a residential break in, that while at a store near her home she had seen R drive by. On returning home she believed someone (her husband) had gone through her personal record and removed a health assessment for her son. The doors were locked but the windows were open.

[199] Corporal Peters indicated that he saw C on September 6, 2007, and that he appeared healthy and happy. He had no concerns about the child and no report was made to HS.

[200] A General Report prepared by the corporal, dated 2007/09/06 at 08:05 hours, and appended to Occurrence Report 07-1062527, provides:

07 SEP 05 – WRITER ATTENDED RESIDENCE. THE COM AND THE SOC ARE GOING THROUGH WHAT APPEARS TO BE A VERY BITTER SPLIT AND APPEAR TO BE IN CONSTANT CONFLICT AND CONSTANT CONTACT WITH POLICE. THE COM TOLD THE WRITER THAT SHE IS INTENDING TO PROLONG THIS BREAK UP AS LONG AS POSSIBLE IN ORDER TO CATCH THE SOC IN SOME WRONG DOING OF SOME KIND AND MAKE HIS LIFE MISERABLE. THIS CAUSED THE WRITER TO BE SOMEWHAT SUSPECT OF THE NATURE OF THE COM HERE AND IF THE COM ACTUALLY SUSPECTED THE SOC OR WAS JUST TRYING TO CONTRIVE A COMPLAINT HERE TO MAKE HIS LIFE MORE DIFFICULT AND IN EFFECT WAS FALSELY REPORTING AN INCIDENT TO POLICE. HER MOTIVATION IS SOMEWHAT SUSPECT. HOWEVER WITH A LACK OF HARD EVIDENCE TO THE CONTRARY WRITER CONDUCTED HIMSELF ACCORDINGLY AND INVESTIGATED SAME AS IF IT WAS A REAL BREAK AND ENTER. NOTHING SUITABLE FOUND FOR EXAM BY IDENT AS TO THE STRUCTURE AND WINDOW BUT A LETTER THAT THE COM CLAIMS THE SUS MUST HAVE TOUCHED WAS SEIZED FOR PRINTING.

CPL BRUNELLE OF CALGARY IDENT CONTACTED AND WILL ATTEND HERE MOST LIKELY ON THE 6TH TO CHECK OUT SAME. THE COM IS AWARE OF THE ACTION TAKEN AND TO BE TAKEN TO DATE AND IS SATISFIED AT THIS TIME. SUI

[201] The following words are noted: "...the COM told the writer that she is intending to prolong this break up as long as possible in order to catch the SOC in some wrong doing of some kind and make his life miserable..." It is clear from this that the parties enjoyed very little credibility with the authorities. Corporal Peters noted that FVIR was not used prior to September of 2008 and came into use following the internal review of the incident.

[202] **Constable Christopher Brian Nelson** became a member of the RCMP in December of 2005. His first posting was to the Town of Drumheller. His experiences and involvement with R and M during the period April of 2007 through November of 2007 were similar to those of his colleagues.

April 7, 2007, 07-354396, (Appendix C, #3) M, alleged break and enter, involved individual BB. R, no involvement.

May 24, 2007, 07-558024, (Appendix C, #6) Constable Nelson was not lead investigator and had no recollection of this incident, summarized in the Occurrence Report as: allegation of breach of court order, conclusion, found both parties had breached order.

September 3, 2007, 07-1057604, (Appendix C, #20) M, complaint received that husband in possession of explicit videos (made while the couple were married and cohabiting) and had threatened to post them on the internet. Two video found in son's diaper bag when child returned by ex-mother in law, with a note, "Coming soon to a website near you". The complainant stated that a copy of the sex video is now missing from her apartment.

[203] This complaint was discussed by Constable Nelson with his supervisor and in a face to face meeting with the Crown. The advice received was that the conduct was not criminal in nature and should be dealt with in civil court. No charges were laid.

[204] In September of 2007 Constable Nelson was aware that there had been other complaints, but not how many. In fact there had been numerous recent complaints as follows; August 16, 2007, R; August 16, 2007, M; August 15, 2007, M; August 13, 2007 @ 15: 46 hours, M; August 13, 2007, @ 19:15 hours, M; August 1, 2007, M And there were numerous complaints that followed; September 4, 2007, M; September 6, 2007, M; September 8, 2007, M, and; September 18, 2007, R.

October 25, 2007, 07-1291047, (Appendix C, #25) M alleging harassment by R, she believed that he telephoned and using voice changer called her a "bitch". On being interviewed M acknowledged that she had been under a lot of stress and may be jumping to conclusions.

[205] On October 29, 2007, following the complaint of October 25, 2007, a KGB statement (video taped and under oath) was obtained by Constable Nelson from M In the internal investigation that was conducted by the RCMP immediately following the events of September 28, 2007, each occurrence report was reviewed and assessed. The following comments (Exhibit 9, Tab C, #4, 07-1057604) were made regarding the complaint of September 3, 2007, and the KGB statement that was obtained:

...On September 6, R was interviewed by Constable Nelson and a warned statement was obtained. ....R denied the allegations and stated that M had threatened to use the sex video to humiliate him in the community...that both had copies ....and agreed to destroy them...they met at her house and he destroyed his copy but she had told him that she had lost her copy and didn't get it destroyed...

On this same file is a KGB video...this interview centered around a video found on M's computer that she brought to the police showing her being videoed in her own home....she believed she was being videoed in her own home...this video was not on file...in the end the investigator and M viewed the video together and it showed that M was mistaken and the video footage was actually inadvertently taken by M while she was trying to video a suspicious person in the back yard... (Emphasis added)

[206] A further Occurrence Report filed by Constable Nelson provided as follows

November 11, 2007, 07-1365490 (Appendix C, #27) M, 911 complaint – caller picking up son at Co-op, blocked in by husband. M contacted and indicated that she may have over reacted.

[207] Constable Nelson was asked if at this time R and M were considered as being “pains in the neck”. In response, he indicated “no, the general feeling was that the parties were having a difficult time”.

[208] During the period November 11, 2007 to September 8, 2008, no further complaints were received from either M or R Occurrence Reports were filed with respect to motor vehicle traffic matters on April 1, 2008, 08-623837 (#28) and on July 1, 2008, 08-801440 (#31) as well as (possibly) related complaints as follows:

By Jan Frederick Krueger, June 3, 2008, 08-623837, (Appendix C, #29) of a threatening note left on his motor vehicle, “reporting for our info only”, and a few days later on June 6, 2008, of problems with his gas tank, “just to have the matter on file”.

By James William Pringle, June 13, 2008, 08-676558, (Appendix C, #30) a complaint of vandalism to a pizza kiosk near the hoodoos, believed by M to have been done by her husband, R The report indicated that the member involved, Smith, J. had spoken to R who denied involvement and commented that he thought he and his ex-spouse had been getting along fairly well.

[209] On September 8, 2008, R contacted the detachment, 08-1102670, (Appendix C, #32) to advise of service of an *ex parte* Queen’s Bench Order prohibiting removal of the child from the Town of Drumheller, order to be reviewed September 25, 2008. R was concerned that M had already moved.

[210] Prior to the murder/suicide, one final entry, September 10, 2008, \_\_\_ - \_\_\_\_\_, (Appendix C, #33) titled, Assistance to General Public, record of Queen’s Bench Order received from Clerk.

#### ***Several other constables testified***

[211] **Constable Brian Glen Maychuk**, had been a member of the RCMP since May of 2006. His first posting was to Drumheller. He dealt with complaints received from M August 1<sup>st</sup> and August 13<sup>th</sup>, 2007. At that time he was not familiar with either DVAT or ARTAMI.

[212] **Constable Candace Susan Hoysradt**, a member of the RCMP since 2004, dealt with service of a Queens’ Bench Order in September of 2008. On September 8<sup>th</sup>, 2008 she contacted M by telephone. On September 9, 2008, M attended the detachment with C and accepted service. C was present, she had no concerns for the safety of the child. Asked if she was aware of the dispute between the parties and about the general feeling around the detachment, she advised that they were not the only couple getting a divorce or making those types of allegations, trying to bolster their position in Family Court.

[213] **Corporal Bruce Franklyn Holliday**, a member of the RCMP from July of 2004, was posted to Drumheller July 19, 2004 to November 16, 2007. Corporal Holliday dealt with M on June 10, 2007, 07-640042, (Appendix C, #8) in relation to an alleged breach of a Restraining Order. No record of the Order could be found on CPIC (subsequently it was determined that the

Order had not been entered on CPIC) and in any event the strict terms of the Order (not to go within 100 meters of the residence) had apparently been relaxed by agreement between counsel for the parties to facilitate exchanges of custody by dropping the infant child at the home of M's neighbor. He again dealt with the S family on September 8, 2007, 07-1079124 (Appendix C, # 23) on a complaint by M that her gas tank door had been tampered with...when he finally reached M she advised that she had been mistaken.

[214] **Constable Kirk Ronald Roy Smith**, graduated and became a member of the RCMP in September of 2006 and was posted to Drumheller on October 1, 2006, where he remained until May of 2010. Constable Smith dealt with complaints received from M on July 17, 2007, 07-828777, ( Appendix C, #11) of mischief, car keyed, sugar in gas tank, blamed husband, husband contacted, had been with parents at relevant time. On August 16, 2007, 07-968875, (Appendix C, #17), the officer again dealt with M in relation to a complaint of threats.

### ***Occurrence Reports – R***

[215] The following Occurrence Reports, not referred to above, were generated from complaints received from R:

May 19, 2007, 07-549258, (Appendix C, #5), court documents stolen from car, cash and iPod not taken, suspects ex-wife, no evidence to support this.

August 16, 2007, 07-970066, (Appendix C, # 18) report that ex-wife going camping with son for two weeks, father supposed to have custody this weekend, mother says her lawyer will contact complainant with details.

September 17, 2007, 07-112303, (Appendix C, #24) report of car stolen from Nutters (24) report of car stolen from Nutters parking lot, entered on CPIC, complainant called back one hour later, he had been driven home the night before by a friend who had dropped him off and driven home in complainants vehicle. (File unrelated to domestic issues)

### **WHEATLAND SHELTER**

[216] **Karen Lee Peace**, provided general information into the workings of the Wheatland Shelter, formally, the Community Crisis Society operating as the Wheatland Shelter, a non-profit residential crisis shelter, located in Strathmore, Alberta. The shelter also provided services to Drumheller.

[217] The shelter is for women in need and its mandate is safety. At this time counseling, including crisis and financial counseling, are available. Although familiar with FVIR, the screening tool relied on is referred to as SARA (Spousal Assault Risk Assessment). A score of 8 indicates a person at risk. Children often accompany their mothers. If it is determined that a child is at risk the child will be reported to Human Services. Although not frequent, the shelter is available to men. Caseworkers may but generally do not hear both sides, their role is not investigatory.

[218] **Lisa Klemmensen, BSc., BSW**, was an outreach worker at the Wheatland Shelter for a period of approximately ten months in 2007 / 2008 and since August of 2008, she has worked with the Province of Alberta, Minister of Child Services. In 2008 the mandate was to provide outreach support services, supportive and children's counseling, education counseling in domestic violence, safety planning, referrals and documenting each case. Counseling did not

include psychological or therapeutic, these would be referred out. The Wheatland Shelter was not responsible for nor did it provide counseling. Ms. Klemmensen, apart from her academic studies, had no practical experience prior to starting at the Wheatland Shelter.

[219] Ms. Klemmensen first dealt with M on April 24, 2008 and her last contact was by telephone on August 11, 2008. At their first meeting M was asked to and did complete a Danger Assessment. Relevant to these proceedings, M answered “no” to the following questions, summarized as follows:

Has the physical violence increased over the last year?  
Does he own a gun?  
Has he ever used a weapon against you or threatened to use a lethal weapon?  
Does he threaten to kill you?  
Has he avoided being arrested for domestic violence?  
Does he ever try to choke you?  
Have you ever been beaten by him when you were pregnant?  
Does he threaten to harm your children?  
Do you believe he is capable of killing you?

[220] M's concerns were primarily with respect to psychological and emotional abuse of herself and family members, verbal abuse, damage to property and stalking. Initially scored as a 7, it was recorded as an 8 (out of 20 questions) as it was indicated that R had access to a gun.

[221] Ms. Klemmensen estimated that she had sessions with M on six occasions, in fact it appears from the materials filed (Exhibit 18, Tab C) that she dealt with her on approximately 9 occasions. Their last face to face meeting was a short meeting on July 17, 2008, and a final telephone call on August 11, 2008. She indicated that she was afraid for M and in hindsight should have done more, called the police.

[222] In her opinion, the most dangerous periods in a relationship were at the time of separation and at the time when one or the other of the parties was moving away. Ms. Klemmensen, in her final Outreach Contact note of August 11, 2008, recorded that:

“...M ...indicated that she sent notice to R yesterday that they (she and C) are going (moving to Ontario)...right now she and C are hiding out...with her best friend in Castlegar....by terms of their agreement, she had to tell R where she was going...she told him Creston...which is close enough...”

She plans to come back to Drumheller only to paint the big dinosaur and pack up her stuff...she doesn't plan on staying in her house...and is thinking she will ditch her car in Calgary and take the bus so nobody knows she is there.

...M states that she plans to leave Alberta September 21<sup>st</sup>.

[223] Ms. Klemmensen never spoke to or dealt with R. She testified that if she had considered that the child was in danger she would have called HS but she did not see evidence of physical, verbal or other abuse of the child.

[224] Ms. Klemmensen left the Wheatland Shelter for another position in August of 2008 and the file was closed.



**M**

[225] M was the last to give evidence at the Inquiry. She had been present throughout and had heard the testimony of all of the other witnesses.

[226] M, born July 2, 1981, met R in April of 2002. They were married in Calgary in 2004 and separated in June of 2006. C was born August 21, 2005. The pregnancy had not been planned and was unexpected.

[227] R moved to Fort McMurray in January of 2005 and M followed two months later. This was not a separation; she had remained in Calgary to wrap things up before moving. Things didn't go well in Fort McMurray.

***Parties Separation***

[228] In M's words there was constant fighting, almost daily. M stated that she had tried to leave on two occasions but had returned each time. In late June of 2007, there was an incident which occurred when the two were out for dinner at a pizza restaurant, driving home the couple became involved in a heated argument, there was yelling and screaming, C, in the back seat, was crying. M drove, when they got home R got out and M locked the door. She stated that:

I was supposed to go in...as he got out I was just afraid...I was afraid all the time...I think I had a bit of a panic attack and I couldn't get out of the car...I locked my door....he had a pizza box in his hand, and he was trying to fold up the box but he couldn't....and he ended up throwing the box all over the place and then he ended up throwing the pizza at me...when I saw him throw the pizza I decided it was time to go.

[229] On leaving she went to a friend's home and then got a hotel room for the night. The next day she decided to leave, went home, packed up and drove south out of Fort McMurray. It was June 27, 2007.

[230] M explained that she had taken money from their account to pay for a hotel. As she was leaving Fort McMurray she called R to tell him she was going, he didn't answer, she left a message. R then contacted her and told her that if she didn't return the money he would contact the RCMP. Following this she stated that she contacted the RCMP on her cellular telephone as she was driving south out of Fort McMurray to explain the situation in the event that R did call them.

[231] The internal investigation conducted by the RCMP with respect to Occurrence Summary 06-735955, (Appendix C, #1), noted that a member was dispatched within 4 minutes of receipt of the call. A member did speak with R and he had agreed that the best route was to speak to a lawyer and deal with the separation and custody issues. The PROS Field Assessment Screening Tool (FAST) was utilized by the officer who spoke with R. The conclusion reached in the review was that the FAST form had not been completed properly, and that had it been, and as a 10 month old baby had been exposed to family violence, the matter should have been reported to HS.

[232] In the review it was noted that the original CAD event commentary states that there was ongoing domestic abuse in the relationship. Apart from continual arguments and the yelling and screaming, no other violence occurring prior to the separation was detailed by M.

***Suicide Concerns, July 6, 2006, Ft. McMurray, Alberta***

[233] Occurrence Report 06-7843326, July 6, 2006, (Appendix C, #2), provides:

Com adv separated husband, R, is suicidal, says he wants to die. Mbrs attd. R very emotional, came voluntarily to the hospital to speak w/ crisis nurse.

[234] M's evidence with respect to this report was that she had been at R's parent's home in Carbon, having dinner, texting back and forth when R had sent her a message saying he wanted to die, he wanted her to come home. He was distraught. She called a friend of R's to go and check on him, the friend became angry and refused, so she called the RCMP.

[235] R had never mentioned suicide, or words indicating that he was considering suicide, before. The call to the RCMP was generated, not as a result at an actual attempt, but as a result of a text. M did not telephone R to talk to him personally.

[236] M saw a counselor in Drumheller in July of 2006. Asked what the counselor recommended, she stated:

One thing that stands out in common...in memory is she kept saying I was making a mountain out of a molehill, and I felt that she wasn't looking at the big picture. She looked at things in isolation, and she didn't understand the greater warning signs that I was seeing.

[237] Asked what those warning signs were, she responded:

I don't think I can give you specific examples this far...with so much time in between.

[238] In the fall of 2006 M moved to Calgary to continue her education. Through the fall of 2006 and early 2007 she described her relationship with R, that "she never knew what to expect, when she saw him she was very fearful". Sometimes he was sweet and charming, other times "he was so angry he terrified me".

[239] She described an incident which occurred when she was living in Morin, she had her first house and R was visiting. This was in the fall of 2006. R was visiting and the subject of her having another boyfriend came up, he became angry and told her that if he ever found another man in her house, "he would just kill him, he would kill him. And that was one of the first instances that, like, I really, really experienced fear".

[240] M continued her counseling into the spring of 2007. The counselor's notes indicate she was confused about whether to reconcile or divorce.

[241] On May15, 2006, M applied for and was granted a Restraining Order in Court of Queen's Bench Action # \_\_\_\_-\_\_\_\_. Asked to describe the grounds for this Order she indicated that R had come into her shop. She was working alone. Although he denied it she believed that he had been smoking pot. She could not recall what he wanted but he put himself between her and the exit. She stated she just remembered being scared. She stated that she told him that she was uncomfortable and wanted him to leave..."he refused...she insisted...and this went on for several minutes...and I realized I was trapped...and he was a really big man and I couldn't leave and leave him there...I don't remember how that incident came to a closure.."

[242] She also stated that she had been seeing stalking behaviour at this time, he had been driving by her workplace all the time.

[243] There was no indication that she had tried to leave and been prevented. The “stalking behaviour was not reported to the police”.

[244] On May 8, 2007, R had commenced proceeding in Court of Queen’s Bench for a divorce and division of matrimonial property. There was nothing to indicate whether M was or was not aware of these proceedings at the time of her application for a restraining order.

### ***Dealings with the RCMP***

[245] M dealt with the RCMP on several occasions throughout 2007. Asked to describe her dealings and how she was treated, she stated:

I felt bullied. I felt they didn’t listen to me. They interrupted me, they talked over me. They would ask me questions that I would try to answer. And then they would get mad....I feel that they did not ask appropriate questions. They jumped to conclusions. I felt their methods of interrogation and questioning were inappropriate for the circumstance”.

[246] Asked to give an example of the conduct she was referring to, M described in detail her understanding of the word “confabulation”. Later in her evidence she referred to this in somewhat simpler terms as:

“It’s trying to keep things straight, trying to remember exactly how it happened from snapshot memories.”

[247] From her response it was clear that M thought processes and reasoning are extremely complex, to the point of confusion. I noted that it was often difficult to follow her line of thought and the conclusions that she reached.

[248] Asked about the incident of October 25, 2007, involving the writing on C’s chest and when did she first learn of it, she testified that it was the police who told her;

I have memory of standing...I think it’s in the bull pen, and I don’t know why I was there. There were three officers. We were dealing with a separate issue. And someone said did you do this? ...They described the incident. It was a long time before I saw the photos.

[249] On her evidence it appears that this occurred at the time she attended the RCMP detachment and provided a KGB statement to Constable Nelson, on October 29, 2007.

[250] On the evidence of all of the other parties the incident was never reported to the RCMP. Other evidence suggests that M was first contacted by HS with respect to the writing on C’s chest on October 30, 2007.

[251] If her evidence of the treatment she received is accurate, then her apparent confusion seemed to cause the officers who dealt with her to disbelieve her and become angry with her as the answers she gave were not apparently in accordance with the typical explanations of a person considered to be truthful.

### ***Other concerns***

[252] Other concerns expressed by M; she was not always made aware to the outcome of investigations, and she was not sure who she should be dealing with.

[253] M seemed to have difficulty with anyone who disagreed with her, her lawyer, in the fall of 2007, as he would not apply for an extension of the Restraining Order (had already been extended once May 31, 2007). She also believed that he had signed a Consent Order on her behalf without her instructions or knowledge and accordingly she terminated his services.

[254] She was upset with Human Services. Ms. Nikish had contacted her in August of 2007 over concerns raised by R that asthma medication which had been recommended for C was not being properly administered. Asked how she felt about HS involvement, she indicated that, “she was upset by it. She felt it was malicious. C didn’t have asthma, he had a reactive upper respiratory condition”. The medication was very expensive and she suspected that R was wasting “blowing off the puffers” on weekends that he had C, as the puffers felt lighter when they were returned with C.

[255] On hearing M’s evidence I had the sense that she considered that it was her against the world and that with the exception of Mr. Kreuger, Wayne Marshall and Ms. Klemmensen, she didn’t believe there was anyone she could trust.

[256] I had a great deal of difficulty in assessing and following M’s testimony. For example, she was asked about her counseling with Ms. Klemmensen, did she feel that she made progress with Ms. Klemmensen? Her response:

There wasn’t really progress to make. Like I explained to her, I’m leaving a trail. I kept journal. I crated audio tapes. I actually created one audio tape of a conversation with the police, and I have everything stored in my laptop, and I gave her the passwords. I told her, if I disappear, look for my laptop.

### ***Additional Evidence***

[257] Following her testimony on June 7, 2012, and the adjournment of the Inquiry pending submissions from the parties and the final report, M, on June 18, 2012, emailed a statement setting out matters that she had forgotten to mention in her testimony. After reviewing the *Fatality Inquiries Act* and discussions with counsel I agreed to accept her statement, comprising 8 pages, including the cover page, and titled “Things I Forgot to Mention”, into evidence. This document highlights the difficulties experienced by me with M’s testimony. It consists of unsupported allegations based apparently on speculation and appears to be based on the belief that the Inquiry was in fact a trial held to determine fault and assign responsibility. It seems to ramble randomly through a series of unrelated events and highlights M’s fear of authorities, Human Services, the RCMP and even her own counsel and opposing legal counsel.

[258] I did not find her testimony or the subsequent writings provided by her to be credible or to be particularly relevant. They seemed to be the product of a very troubled mind. This in my mind highlights recommendation #6 as set out in the Fekete Fatality Inquiry Report, Appendix “L” as follows:

6. Police officers should not treat chronic complaints made by a recipient of domestic violence, such as those made by Balgica Fekete regarding death threats, as a nuisance and therefore unworthy of belief and thus not conducting further investigation, which could result in arrest and laying of charges.

[259] On June 14, 2008, (Occurrence Report 08-676558) the RCMP received a complaint of damage (vandalism) to property as follows:

Capones pizza has a concession kiosk at the hoodoos. Last night it was vandalized...spoke to M who believes it was her ex-husband but has no proof and is continually making reports about him that seem to be faulty (Emphasis added)

[260] The following observations were noted in the internal review that followed, Domestic Violence File Review Drumheller Detachment, October 31, 2008, Exhibit 10, Tab D, 08-676558 (in part only):

Since R and M are documented as Involved Persons on this file and given their domestic violence history this file should have been viewed and investigated from a domestic violence perspective and the basic domestic violence investigational checks should have been conducted, such as history review, FVIR completed, CFRO checked, HSA involvement, VSU offered.

### ***September of 2008, Court Proceedings***

[261] On the ex-parte application of R on September 8, 2008, an Order was granted by the Court of Queen's Bench which prohibited the Defendant M from removing C from the Town of Drumheller.

[262] In response, on September 19, 2008, M filed an application for an Order, claiming *inter alia*:

An Order directing that the Child of the Marriage, namely, C, be permitted to move permanently with the Defendant to Ottawa.

[263] On September 25, 2008, the Court of Queen's Bench granted an Interim Interim Consent Order, which continued the Interim Consent Order of Madam Justice Phillips of September 7, 2007 and provided for specified access of the infant child to the Plaintiff between the dates of September 11, 2008, and October 23, 2008, in part as follows, in subparagraph (c) and (d):

(c) On the following weekends commencing on Fridays at 3:00 p.m. and terminating on Sundays at 7:00 p.m. being September 12-14; 26-28 AND October 10-12, 2008, unless otherwise mutually agreed upon in writing by both the Plaintiff and Defendant; and

(d) that the Defendant and Plaintiff shall meet at the Drumheller RCMP Detachment public parking lot located at 75 Riverside Drive East, Drumheller, Alberta, and the said parking lot is located across the street from the Drumheller Associated Physicians building.

[264] Although not stated in the Order, it appears that the exchange of the infant child was to take place in the RCMP detachment parking lot.

[265] The only evidence of the exchange custody on September 26, 2008, was that of M, who testified as follows (Transcript of June 7, 2012, page 161-162):

Q. (referring to the Order of September 25, 2008) ....Do you remember this order being put in place?

A. Okay. Yes. I remember this. We were back in Drumheller and I refused visitation. I...I just didn't go. And my lawyer, I remember having a phone call with her. She was screaming at me on the phone telling me that I had to go, and I screamed back saying, no, I'm afraid to die, I don't think we are going to make it through these next few weeks if we go to these custody transfers. And she talked over me and told me that I could either go to these meeting or discharge her as my lawyer, and I could fight this on my own. I could not fight this on my own and I knew that. And I couldn't stay. So I handed C over because I thought it was the only way --- I kept my eye on the long term goal.

[266] Asked by the Court:

Q. You kept your eye on the long term goal, and the long term goal was to wait six months...

A.No.

Q ...and leave with C?

A. Because that six months had elapsed, and we were supposed to be moving away very, very shortly. Like within a couple of days to a couple of weeks.

[267] It was not clear whether M's statement that she was "afraid to die" referred to a fear of harm at the hand of R or to anxiety caused by a further delay in her plans.

[268] In her evidence M acknowledged that throughout their relationship, there was no physical contact, that R never hit her.

**ISSUE #2: The implementation and effectiveness of the recommendations arising from the Fekete Fatality Inquiry.**

[269] The recommendations of the Fekete Fatality Inquiry Report, dated September 1, 2005, are detailed in Appendix L attached hereto.

[270] The Inquiry heard three witnesses from Human Services; Susan Nikish, caseworker; Tony Andre, Supervisor; and Sharon Long, Senior Manager of the Program Policy Practice Analysis & Coordination Unit at Alberta Human Services. All were asked about the Fekete Fatality Inquiry and none had read the Report and Recommendations, dated September 1, 2005, and were only vaguely familiar with the matter, as in had heard the name but not much more.

[271] A memorandum titled "RCMP Responses Regarding the Fekete Recommendations" dated May 30, 2012, and prepared by Sgt. Beth Campbell, Relationship Violence Program Manager, "K" Division, was referred to in the evidence of Inspector R Allan Grosul on June 6<sup>th</sup> and 7<sup>th</sup>, 2012 and entered at Tab 9 of Exhibit 26. A copy is attached as Appendix "M". In her memo Sgt. Campbell addresses in detail the responses of the RCMP to the Fekete recommendations.

[272] At a glance the stated issue implies that this Inquiry will serve as an external audit of RCMP policies and procedures following the Fekete Inquiry Report. That is simply not the case. That task would be insurmountable for an Inquiry of this nature to undertake and as is evident from the presence and testimony of RCMP R Allan Grosul the RCMP has been and continues to be highly motivated and proactive in the area of Violence in Relationships (VIR). Both Inspector Grosul and Sgt. Campbell were present throughout the Inquiry and attended daily. It was clear

from the evidence of Inspector Grosul that the RCMP view their obligations and response to family violence to be a continually evolving process.

[273] On reviewing the Fekete Inquiry Report and the RCMP response compiled by Sgt. Campbell, four recommendations appear particularly relevant to the issues arising in the Drumheller Detachment's dealings with the S family. These are; recommendation #6, regarding chronic complaints; recommendation #7, with respect to members dealings with witnesses, and; recommendations #13 and #16, with respect to the availability and review of files by a Domestic Violence Investigator and the referral of matters for review and direction to the Crown Prosecutors office.

[274] The actions of the RCMP in Drumheller in 2007/2008 cannot and should not be considered in a vacuum. As mentioned previously, this was not the only matter being dealt with by the RCMP or Human Services in Drumheller in area during this period. There were no allegations of physical or sexual abuse and none of the persons who testified perceived or were concerned with the safety of C. In 2006 FVIR (the Family Violence Investigation Report) did not exist nor were similar forms available in 2007/2008.

[275] During this Inquiry there was significant focus on the "writing on the chest incident" and a suggestion that this may have been a turning point. That fact was not consistent with the evidence heard. While Human Services should have considered that the writing on C's chest might be a criminal assault and reported it to the RCMP, there was no evidence of how the RCMP would have responded (having regard to the resources and information available to the RCMP at that time, the apparent gravity of the incident and the fact that Human Services was involved and actively dealing with the matter).

### **Fekete / S – Similarities**

[276] On reviewing the Fekete Fatality Inquiry Report, I noted that there were, as referred to by Mr. Boyd and Ms. Fernando in their submissions on behalf of the Attorney General of Canada, "marked differences between the two cases". There were, however, significant similarities:

- (a) both perpetrators were male (Josef Fekete was 45 years old, R was 30 years old)
- (b) both were involved in protracted divorce proceedings, with the issues of custody and access being highly conflictual and hotly contested
- (c) both were the non-custodial parents with rights to access only
- (d) both (one aggressive and violent and the other, passive and non-violent) were obsessed with losing access
- (e) in both cases, there were imminent proceedings in Court which might eliminate or severely restrict access to their child
- (f) by their actions and comments, it appears that both considered the situation hopeless.
- (g) In each case the perpetrators spouse had moved on so to speak, Blagica Fekete had a boyfriend and M stated that she had a fiancé and had commenced

proceeding to remove the child from Alberta and relocate in the Province of Ontario.

**ISSUE #3: New information and strategies that have evolved over the last several years and that are in place dealing with Family Violence.**

[277] On the evidence heard by me, I have to say that in the last decade in Alberta the response by the government and government agencies, the police and community agencies, has been significant and sustained. As with the RCMP, the evolution in Alberta of programs and services to address victims and families involved in domestic violence is ongoing.

***Alberta Human Services, follow up to incident of September 28, 2008***

[278] Sharon Rose-Anne Long, Senior Manager of the Program Policy Practice Analysis & Coordination Unit at Alberta Human Services appeared at the Inquiry and provided information with respect to Alberta Human Services and their response to the S murder/suicide, in the form a Special Case Review (Exhibit #19) undertaken by the department and completed in June of 2009.

[279] Ms. Long enjoys a significant degree of experience and expertise in the area of social services and Human Services. She has been with Alberta Human Services since 1981 and over the years had held positions as a caseworker, six years; as a supervisor, four years; Human Services specialist, four years; assistant manager, manager, senior manager, interim CEO and for the past several years, the position of senior manager and acting director.

[280] At the time of the C Special Case Review she held the position of senior manager of the process review unit, being the unit responsible for facilitating special case reviews. Her role in the C/R review was “oversight for the process”.

[281] Ms. Long provided an explanation of the mandate and procedures followed, in essence, a quality assurance process, the purpose being to review what had occurred and to glean whatever could be learned from a tragic incident.

[282] The parameters of the review are contained in Appendix “A” to the review which provides particulars of the individuals conducting the review and their assigned positions as Chair (1 person), Members (7) and Review Team (2).

[283] The purpose of the review is stated as:

- (a) Review the chronology of CFYS involvement;
- (b) Examine the practices undertaken to ensure the best interests of the child;
- (c) Examine best practices in working with custody issues;
- (d) Identify practices that would improve services and if appropriate, develop recommendations to reduce the likelihood of similar incidents;
- (e) Refer any human resource issues, should they become apparent, to the CEO of the HSA; and
- (e) Inform the Minister of the findings and any recommendations of the review.



[284] The scope of the review was stated as follows:

- (a) The determination and assessment of risk to C;
- (b) The decisions making, early intervention and other relevant processes;
- (c) The appropriateness and effectiveness of service and supports provided to C;
- (d) Caseworker practice, case planning, consultation and monitoring of interventions;  
and
- (e) The child intervention standards, child intervention and regional policies and any other procedural obligations.

[285] The following comments were made at page 10 of the review regarding transfers of C that occurred at the Human Services offices during the period of the Supervision Order:

There were no risks to C identified; the parents were interacting and communicating appropriately, and the caseworker noted that C's appearance met community standards.

[286] However at page 18 of the review:

The custody and access issues took precedence over the child intervention concerns. The focus of the intervention was not on the child.

The hate message written on the child was at first seen as a custody matter, not an intervention concern. The supervisory review was essential in re-establishing that a hate message on a child needed an intervention focus. This resulted in a file being opened on the child.

[287] But it did not result in the matter being reported to the RCMP.

[288] Asked about the existence of any initiatives to encourage the flow of information between the RCMP and the Department, Ms. Long responded that she was not aware of any such initiatives *per se* "other than the expectation and the practice of working collaboratively, particularly in small towns".

[289] That review included a detailed assessment of the department's involvement with the S family, identifying problem areas and included recommendations for:

- (a) The circulation of the findings and recommendations of the Special Case Review with Human Services;
- (b) The revision of certain policies, specifically Enhancement Policy, section 3.1 (the role of Human Services in custody disputes), to clarify assessment expectations with respect to custody disputes; and,
- (c) That the Ministry ensure that intervention and training includes best practices in working with families experiencing conflictual relationships.

[290] In fact following the review and recommendations, Ms. Long and a member of the review team attended the Drumheller office to review the report with staff and share the findings of the board.

[291] One concern that was emphasized by Ms. Long, and which seemed to be a common theme throughout, was the lack of cooperation and communication between Human Services and the RCMP in Drumheller in 2007/2008 and what appeared to be a lack of understanding of the roles and responsibilities of each of the agencies.

***Law Society of Alberta - Legal Counsel***

[292] As referenced previously both R and M were at all relevant times represented by legal counsel. As nothing untoward was reported, it can be assumed that neither counsel at any time perceived danger to persons or property.

[293] Effective November 2011, a new Code of Conduct has been enacted and in section 2.03(3) provides:

*Future Harm/Public Safety Exception*

A lawyer may disclose confidential information, but must not disclose more information than is required, when the lawyer believes on reasonable and probable grounds that an identifiable person or group is in imminent danger of death or serious bodily harm, and disclosure is necessary to prevent the death or harm.

[294] The commentary (explanatory note) to Rule 2.03(3) is set out in Appendix “D”.

[295] The above amendment and commentary should significantly expand the circumstances and the lawyers understanding of the circumstances in which disclosure may and should occur.

***Integrated Threat and Risk Assessment Centre (ITRAC)***

[296] Excerpted from the testimony of Valerie Joan Campbell, Director, Integrated Threat and Risk Assessment Centre (ITRAC), June 10, 2011, and materials entered as Exhibits #22 and #23.

[297] Ms. Campbell's career path provides an excellent example of the evolving response of government and protection agencies to the issues of domestic violence.

[298] From 2000 to 2004 Ms. Campbell was a crown prosecutor, with Alberta Justice and the Attorney General, Edmonton General Prosecutions. She was part of a unit specializing in domestic violence prosecutions and in this capacity she developed training and strategies for all front line police officers and prosecutors in the areas of domestic violence and stalking.

[299] From 2004 to 2007 she was Coordinator, Family Violence Initiatives, Crown Prosecutor, Alberta Justice and Attorney General. Responsible for developing provincial domestic violence policy in 2004 she authored a handbook, Domestic Violence Handbook for Police and Crown Prosecutors in Alberta.

[300] In 2006 Ms. Campbell became involved in the Alberta Relationship Threat Assessment and Management Initiative (ARTAMI), now ITRAC (Integrated Threat and Risk Assessment Centre), she became Director in 2007.

[301] Ms. Campbell explained that ITRAC, which is a provincial agency, evolved in part as a result of several high profile domestic violence cases which brought the attention of the government to issues of domestic violence (the Fekete murder/suicide in 2003 and the Cole Harder murder/suicide in December of 2002 in Camrose). One area identified as particularly problematic involved lack of information sharing and communication between primary stakeholders, Human Services, police agencies and Crown Prosecutors, hence ARTAMI, now ITRAC.

[302] On request ITRAC provides risk assessments to their primary stakeholders, they do not provide information or services to the general public, women's shelters or other community agencies, as the information they access is highly sensitive.

[303] On receiving a request ITRAC accesses, *inter alia*, all police reports and records, for both the suspect the complainant. They have a system protocol with Children's Services and will access those records, they will access probation records, Provincial and Federal Corrections materials and psychological assessments. This information and all other information gathered is reviewed by trained threat assessors and is consolidated into a comprehensive chronological report with recommendations. The report does not contain details of the materials reviewed but recommendations of how to address a particular matter, what to expect, etc.

[304] In assessing risk, three primary risk assessment tools are used:

- (a) SARA – Special Assault Risk Assessment;
- (b) SAM – Stalking Assessment Manual; and
- (c) HCR-20 – Historical Clinical Risk Factors.

[305] Another assessment tool, FVIR – Family Violence Investigative Report, was developed in 2007 and became mandatory for police officers in November, 2009.

[306] ITRAC cooperates and has protocols with various agencies and their members, the RCMP (Domestic Violence Coordinators), the Calgary Police Service (Domestic Conflict Unit) and the Edmonton Police (Domestic Offender Crime Section), to name a few. Other domestic violence units are in place in Alberta in Lethbridge, Medicine Hat, Grande Prairie, Fort McMurray, Red Deer and Airdrie. ITRAC will also accept requests from police agencies in smaller centers, for example Drumheller.

[307] As an example of the information and publications made available through ITRAC, two exhibits were filed as part of Ms. Campbell's testimony:

Exhibit #22, containing the following documents;

- Domestic Violence Guideline
- Domestic Guideline for Police Services in Alberta
- Domestic Violence for Police Services and Crown Prosecutors in Alberta
- ITRAC Communication Package
- Domestic Violence and Risk Assessment – Alberta Provincial Court Judges Education Seminar, and

Exhibit #23, containing the following documents:

- ITRAC – Communication Package
- ITRAC – Business Case
- ITRAC – Services (Case Conferencing; Advice Report and case Management Suggestions)
- ITRAC – Case Management Plan
- Criminal Harassment Handbook
- Fatality Inquiry Report – Fekete

### ***Calgary Specialized Domestic Violence First Appearance and Trial Court***

[308] Excerpted from “Evaluation of the Calgary Specialized Domestic Violence Trial Court and Monitoring the First Appearance Court: Executive Summary” (Exhibit 18, Tab D, Item #1).

“The serious nature of intimate partner violence and the harm to women and their children has been acknowledged in numerous documents... The costs to society for charging abusive partners and providing treatment in the hope of stopping domestic violence are substantial...

The criminal justice system is an institution that deals with a high number of cases of domestic assaults yearly. While there is no separate domestic violence offence; abusers are subject to a variety of charges, from common assault to uttering threats to murder... the dynamics and the intimate relationship between the accused and the victims in domestic violence cases, has severely challenged the criminal justice response that typically deals with crimes committed by strangers.

Beginning with the development of the court in Winnipeg in 1991, specialized domestic violence courts have become increasingly available across Canada with the goal of more effectively addressing the criminal justice response to domestic violence....

Calgary's model developed in early 2000 with input of key players from not only the criminal justice institutions such as police services, the Crown Prosecutor offices, probation, Legal Aid and the defence bar, but also community agencies that offer batter

intervention programs and support, shelter and advocacy for victims. The model was innovative, with the initial emphasis on a specialized domestic violence docket court with the aim of speeding up the process for those charges with domestic abuse offences to both allow low risk offenders to take responsibility for their actions and speed their entry into treatment.

The Court has demonstrated success with respect to speeding up the justice system and referring low risk offenders to treatment with low recidivism rates.

Following these early success, the justice community developed a specialized domestic violence trial court that opened in March of 2005 to more adequately address high risk, repeat offenders. The two specialized courts work in concert, yet address different needs. With low risk cases more quickly addressed in the specialized docket court, the Crown Prosecutor's office has more capacity to deal with the often more complex cases that proceed to trial."

### ***Homefront***

[309] Excerpted from the testimony of Kevin McNichol, Executive Director of Homefront, and the "Core Funding; Submission for Approval, Fiscal 2010/2011, Alberta Children & Youth Services" (Exhibit 18, Tab D, Item #7).

[310] Homefront is an active and integral participant in the Calgary Specialized Domestic Violence Court. Homefront began in 2000 as a federally funded demonstration project and became an independent non-profit agency in 2004. Homefront collaborated with other agencies in the establishment of the Specialized Domestic Violence Court in 2000 (a docket court), expanding in 2005 to include trials.

[311] As stated in the submission referred to above, at page 8:

Homefront, Children & Youth Services, Calgary Region 3 (HSA) and the Calgary Police Service (CPS) share in the long term vision of creating an Alberta where children and families are free from domestic violence and bullying. Each partner is committed to strengthening our society and recognizes the importance and benefits of early intervention in domestic conflict situations.

[312] The agency focuses on victims of domestic violence providing;

- (a) A coordinated response and Specialized Domestic Violence Court Program, and
- (b) Extensive initial and follow up victim service programs.

[313] Also stated in the above submission, at page 3:

"In addition to the coordination of criminal justice and community systems...Homefront is positioned to deliver ...four wrap around direct victim support services:

- 1) Early Intervention and Outreach Program (EIOP): addressing the needs of individuals and families before the violence escalates and by necessity, their situations enter the justice system.
- 2) Specialized Domestic Violence Court Program: ensuring victim safety and education about their legal rights; holding offenders more accountable through

timely, accurate, expanded information provided to the court and, where appropriate, fast tracking offenders into specialized domestic violence treatment programs.

3) Partner Support Program (PSP): providing education and support designed to keep victims and their children....safe...

4) Domestic Conflict Response Team (DCRT).”

[314] Homefront works in conjunction with and facilitates information sharing amongst numerous agencies, the Calgary Police Service (CPS), Alberta Justice (Crown Prosecutors), Alberta Children and Youth Services (Calgary and Area Human Services), Calgary Counseling Centre, Community Corrections (Probation), YWCA Sherriff King Home, Calgary Legal Aid Society and Local Area Shelter Network, to name but a few.

[315] The Specialized Domestic Violence Court Program, described as a major component of the coordinated, collaborative community justice response to domestic violence, involves all of the above agencies and includes a Homefront Caseworker.

[316] On each day the Court sits a Domestic Violence Response Team (DVRT), consisting of a Homefront caseworker together with representatives from each of Human Services (probation), the CPS, and the Crown Prosecutor’s Office, is present in the court. The DVRT remain in the courtroom at all times when the court is in session and monitors the proceedings. This team is available to and provides immediate information and assistance to not only the Crown prosecutor but Defence counsel, in particular in dealing with issues of release and resolution.

[317] Homefront’s point of contact with a victim or family involved in domestic violence comes by way of referral from the Calgary Police Service. The CPS will provide contact information and Homefront, on the understanding that theirs is a follow-up and necessary service as part of the police response, will contact the victim within the first 24 to 72 hours, explain what they do and ask the victim if they wish to participate in their services. Their involvement proceeds from there.

[318] The effectiveness of these interventions has been evaluated through independent studies. In particular a (second) four year evaluation conducted in 2008 by RESOLVE, a research group lead by Dr. Leslie Tutty, determined that from 2000 there had been a 50% reduction in re-offence rates and a 100% increase in the likelihood of victims appearing at trial.

[319] Mr. McNichol in his submissions attributed the success of Homefront to the passion and involvement of members of the community and in particular, and integral to success, the active involvement on the board of representatives from the office of the Chief of Police, the Chief Crown Prosecutor and Chief Probation officer.

## **RECOMMENDATIONS**

### **Parties Submissions**

[320] Following the evidentiary portion of the Inquiry I requested and received written submissions on behalf of Alberta Human Services (Human Services), the Attorney General for

Canada (the RCMP), GMS and GS, and M. I thank the parties for their patience as I now understand that this is not common practice. I have reviewed each of the submissions.

### Submissions Regarding Recommendations

[321] Human Services explained that it “does not take the position of making any recommendations to the Inquiry” in a review of this nature.

[322] Although the Attorney General for Canada made no recommendations their position in that regard is worthy of note:

.....fatality inquiry recommendations should not be issued in a vacuum. This inquiry is not a full scale review of all actions of the police and other public agencies such as Human Services regardless of how they relate to C’s death. If this court finds that certain steps could or should have been taken, that have not been taken already, and those steps would have prevented C’s death, then the court may issue a recommendation to address that issue. However, if the matter has already been addressed, or if the matter would not have prevented C’s death, then no recommendation should result.

[323] GMS and GS made no recommendations.

[324] The submissions of M were undated, unsigned and comprised some 29 (unnumbered) pages with 65 recommendations. M referred to the Inquiry as a trial and her submissions seem to be a treatise on issues of domestic partner violence from the perspective, subjective and introspective, of a victim of significant violence, in this case psychological on the murder/suicide of her child and his father. Her submissions emphasize the aspect of the “male perpetrator” and she addresses a broad spectrum of issues, many of which were peripheral to the stated purpose of Inquiry. That being said, some of her recommendations, of a general nature, bear repeating:

- (a) Long term solutions are needed to address the issues of domestic violence.
- (b) In rural communities additional emphasis needs to be placed on providing support to women through outreach services.
- (c) More extensive use of psychological evaluations.
- (d) PAS (Parenting After Separation) should be mandatory, and the High Conflict Parenting After Separation course should be mandatory after a second court involvement.
- (e) Proceedings with respect to non-criminal family matters should be dealt with in a forum other than a courtroom. Courts can be very intimidating which may prevent a full and candid account and disclosure from participants.
- (f) Increased funding for victims of domestic violence/including accommodations and more legal aid supports for women in rural communities.
- (g) The establishment of a Domestic Violence Death Review Committee, (Appendix “J” Alberta Council of Women’s Shelters, The Need for a Domestic Violence Death Review Committee in Alberta).

[COMMENT: With respect to this last recommendation: Part 2 of Bill 25, the “*Children First Act*”, tabled in the Alberta Legislature May 7, 2013 and given second reading May 8, 2013, provides specifically for a “Family Violence Death Review Committee”]

### **The Fatality Review Board**

[325] In the Case Summary and Recommendations, (supra, paragraph [7]) the Fatality Review Board directed that an Inquiry be held “to determine if any action could have been taken to prevent this death”.

[326] I would answer that question as follows: This tragic circumstance involved two young adult members of our community who were under significant and prolonged stress due to a marriage break up, divorce and custody proceedings. Each reacted differently to that stress. Based on the testimony I heard and the exhibits which I reviewed the extreme actions of R were not (and probably could not have been) anticipated. Had the legal proceedings been less stressful and/or had the measures taken by the authorities been more effective in reducing the stressful environment then the outcome may well have been different.

### **RECOMMENDATIONS FOR THE PREVENTION OF SIMILAR DEATHS:**

[327] I make no specific recommendations in this matter and I state that I agree with the position taken by Mr. Boyd on behalf of the Attorney General for Canada, as set out above. The issues raised in this Inquiry were numerous and complex and I believe have been or are being addressed.

All of which is respectfully submitted, this 30<sup>th</sup> day of May, 2013.

---

Patrick M. McIlhargey  
Provincial Court Judge  
Provincial Court of Alberta



**APPEARANCES**

Alberta Justice and Attorney General  
Inquiry Counsel: Christopher D. Holmes,  
Inquiry Co-counsel: Jean Marc Dube,

GMS and GS

M

Department of Justice Canada (RCMP)  
Counsel: Kerry E.S. Boyd,  
Co-counsel: Kanchana Fernando,

Alberta Human Services:  
Counsel: Cherisse Killick-Dzenick, Reynolds Mirth Richards and Farmer, LLP

**WITNESSES HEARD AND EXHIBITS FILED**

See Appendices “E” and “F” annexed.

Inquiry Report - May 30, 2013

## APPENDIX “A”

### Child Youth and Family Enhancement Act, RSA, Chapter C-12

#### Interpretation

s. 1(2) For the purposes of this Act, a child is in need of intervention if there are reasonable and probable grounds to believe that the survival, security or development of the child is endangered because of any of the following:

- (a) the child has been abandoned or lost;
- (b) the guardian of the child is dead and the child has no other guardian;
- (c) the child is neglected by the guardian;
- (d) the child has been or there is substantial risk that the child will be physically injured or sexually abused by the guardian of the child;
- (e) the guardian of the child is unable or unwilling to protect the child from physical injury or sexual abuse;
- (f) the child has been emotionally injured by the guardian of the child;
- (g) the guardian of the child is unable or unwilling to protect the child from emotional injury;
- (h) the guardian of the child has subjected the child to or is unable or unwilling to protect the child from cruel and unusual treatment or punishment.
- (i) repealed 2003 c16 s3.

s. (2.1) For the purposes of subsection (2)(c), a child is neglected if the guardian

- (a) is unable or unwilling to provide the child with the necessities of life,
- (b) is unable or unwilling to obtain for the child, or to permit the child to receive, essential medical, surgical or other remedial treatment that is necessary for the health or well-being of the child, or
- (c) is unable or unwilling to provide the child with adequate care or supervision.

(3) For the purposes of this Act,

- (a) a child is emotionally injured
  - (i) if there is impairment of the child's mental or emotional functioning or development, and
  - (ii) if there are reasonable and probable grounds to believe that the emotional injury is the result of
    - (A) rejection,
    - (A.1) emotional, social, cognitive or physiological neglect,
    - (B) deprivation of affection or cognitive stimulation,
    - (C) exposure to domestic violence or severe domestic disharmony,
    - (D) inappropriate criticism, threats, humiliation, accusations or expectations of or toward the child,

## APPENDIX “A” Continued

(E) the mental or emotional condition of the guardian of the child or of anyone living in the same residence as the child,

(F) chronic alcohol or drug abuse by the guardian or by anyone living in the same residence as the child

(b) a child is physically injured if there is substantial and observable injury to any part of the child’s body as a result of the non-accidental application of force or an agent to the child’s body that is evidenced by a laceration, a contusion, an abrasion, a scar, a fracture or other bony injury, a dislocation, a sprain, hemorrhaging, the rupture of viscus, a burn, a scald, frostbite, the loss or alteration of consciousness or physiological functioning or the loss of hair or teeth,

(c) a child is sexually abused if the child is inappropriately exposed or subjected to sexual contact, activity or behaviour including prostitution related activities.

### **Criminal Code of Canada**

s. 265 (1) A person commits an assault when

(a) without the consent of another person, he applies force intentionally to that other person, directly or indirectly;

(b) he attempts or threatens, by an act or a gesture, to apply force to another person, if he has, or causes that other person to believe on reasonable grounds that he has, present ability to effect his purpose; or

(c) while openly wearing or carrying a weapon or an imitation thereof, he accosts or impedes another person or begs.

(2) This section applies to all forms of assault, including sexual assault, sexual assault with a weapon, threats to a third party or causing bodily harm and aggravated sexual assault.

# APPENDIX “B”

## Family Justice Services Safety Screen

**Government of Alberta**   
Justice and Attorney General

**Appendix C**

**Family Justice Services Safety Screen**

**This form is PRIVATE and CONFIDENTIAL. The information you provide on this form will only be available to employees of Family Justice Services. It is not a court form and will not be filed with the court.**

The personal information collected on this form will be used for the purpose of providing services, assessing needs, and referring to services. This collection of personal information is in compliance with section 33(c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of personal information please contact the local Family Justice Services Manager by telephone at 310-0000 (toll-free) and ask for the nearest Family Justice Services office, or write to: Family Justice Services, c/o Alberta Justice, Court Services, 5th Floor, 9833 - 109 Street, Edmonton, AB T5K 2E8.

**Please answer the following questions by marking the box that applies with an X. Feel free to add your own comments or examples after each question.**

<b>1. How often have you used the courts to deal with your separation/divorce issues?</b>	Never	One time	2-3 times	4 or more times
Comments or examples:				
<b>2. How well do you and the other parent/party talk to each other about the children?</b>	Very well	Sometimes okay	Poorly	Very poorly
Comments or examples:				
<b>3. When you and the other parent/party can't agree on something, what is the usual outcome of the situation?</b>	We generally work it out together	One person gives in	One person makes the decision	We usually don't work it out
Comments or examples:				
<b>4. How did you decide the amount of time the children will spend with each of you after separation?</b>	We decided together	We decided with a counsellor, lawyer, or mediator	I made the decision alone or my partner did	The judge made the decision
Comments or examples:				
<b>5. How often are your children exposed to your conflict?</b>	Not at all	1 or 2 times a month	1 or 2 times a week	Always, constantly
Comments or examples:				

Assessment tool was developed by the Justice Services Branch, Ministry of Attorney General, Province of British Columbia

1

(06/2010)



# APPENDIX “B” Continued

Government of Alberta

Appendix C

Family Justice Services Safety Screen

Justice and Attorney General

<b>6. What type of influence do you think the other parent/ party has on the children's lives?</b>	Positive	Mostly positive	Mostly negative	Negative
Comments or examples:				
<b>7. Do you expect you will have problems in working out your joint finances?</b>	No problems expected	Minor problems expected	Moderate problems expected	Major problems expected
Comments or examples:				
<b>8. Are you having difficulty coping with day-to-day activities/responsibilities?</b>	No	1 or 2 times a month	1 or 2 times a week	Yes, ongoing difficulty coping day-to-day
Comments or examples:				
<b>9. Do you or the other parent/party engage in drug or alcohol use that interferes with the ability to parent?</b>	No use / interference	Minor interference with parenting	Moderate interference with parenting	Major interference with parenting
Comments or examples:				
<b>10. Do you or the other parent/party have any mental health issues that interfere with the ability to parent?</b>	No mental health issues/ interference	Minor interference with parenting	Moderate interference with parenting	Major interference with parenting
Comments or examples:				
<b>11. Do you feel you have people to support you through hard times?</b>	Always	Most of the time	Sometimes	No
Comments or examples:				
<b>12. Has there been any pushing, shoving, grabbing, slapping or arm twisting between you and the other parent/party?</b>	Never	1 or 2 times	3 - 5 times	More than 5 times

Assessment tool was developed by the Justice Services Branch, Ministry of Attorney General, Province of British Columbia

2

(06/2010)



# APPENDIX “B” Continued

**Government of Alberta**   
Justice and Attorney General

**Appendix C**

**Family Justice Services Safety Screen**

Comments or examples:				
<b>13. Has there been any kicking, punching, biting, throwing things between you and the other parent/party?</b>	Never	1 or 2 times	3 – 5 times	More than 5 times
Comments or examples:				
<b>14. Has there been any coercion, threatening to harm, or stalking between you and the other parent/party?</b>	Never	1 or 2 times	3 – 5 times	More than 5 times
Comments or examples:				
<b>15. Has there been any choking, burning, or using guns or knives between you and the other parent/party?</b>	Never	1 or 2 times	3 – 5 times	More than 5 times
Comments or examples:				
<b>16. Has there been any forced or unwanted sexual behaviour between you and the other parent/party?</b>	Never	1 or 2 times	3 – 5 times	More than 5 times
Comments or examples:				
<b>17. Has the other parent/party been abusive towards you in any other way?</b>	Never	1 or 2 times	3 – 5 times	More than 5 times
Comments or examples:				
<b>18. Have you been abusive towards the other parent/party in any other way?</b>	Never	1 or 2 times	3 – 5 times	More than 5 times
Comments or examples:				
<b>19. Have you ever received medical help for injuries caused by the other parent/party?</b>	Never	1 or 2 times	3 – 5 times	More than 5 times

Assessment tool was developed by the Justice Services Branch, Ministry of Attorney General, Province of British Columbia

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(06/2010)



# APPENDIX “B” Continued

**Government of Alberta**   
Justice and Attorney General

Appendix C

**Family Justice Services Safety Screen**

Comments or examples:				
<b>20. Do you have concerns for your safety at this time?</b>	Never	Sometimes	Often	Always
Comments or examples:				
<b>21. Do you have concerns about the safety of the children?</b>	No concerns	Some concerns	Strong concerns	Child protection agencies are involved
Comments or examples:				
<b>22. Do you have concerns about the children's adjustment to the separation?</b>	No concerns	Some concerns	Strong concerns	Risk of harm to self or others
Comments or examples:				

Additional Comments:

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## APPENDIX “C”

### FATALITY INQUIRY, C

#### RCMP OCCURRENCE REPORTS (Exhibit #9, Tab C-4)

#### INDEX

#### FORT McMURRAY

**1. 2006784326 Mental Health Act  
Reported, June 6, 2006, 21:56 hours**

Complainant: M

Emotionally Disturbed Person: R, suicidal

Complaint: Mental Health – suicidal

Comment: R very emotional, came voluntarily to hospital to speak with crisis nurse

Clearance Status: complete, non-criminal

**2. 2006735955 Family Relations Act  
Reported, June 27, 2006, 13:15**

Complainant: M

Suspect: R

Complaint: Family Relations Act, verbal argument

Clearance Status: Cir other: Departmental Discretion

#### DRUMHELLER

**3. 2007354396 - Break and enter - business 348(1) CC (FIP)  
Reported, April 7, 2007, 11:13**

Complainant: M

Subject of Complaint: Bxxxx Bxxxx (unrelated).

Complaint: Anonymous witness contacted M and stated that Bxxxx Bxxx tried to break into property

Time and Date: as above

Clearance Status: Cir: Other: Complainant Declines to lay charges

Dispatched Officer: **NELSON, C.**

**4. 20074333342 - Index Checks, non-criminal**

Complainant: N/A - Complaint: N/A

Date: April 18, 2007

**5. 2007549258 - Theft under or equal to \$5,000 from a motor vehicle s.334(b) CC  
Reported, May 22, 2007, 15:25**

Complainant: R

Subject of Complaint: M

Complaint: Court documents stolen from car, cash and iPod not taken

Date: May 19, 2007 – 20:00 to May 22, 2007 – 15:00

Clearance Status: Complete – unsolved

Dispatched Officer; **MORGAN, S.**



## APPENDIX “C” Continued

### 6. 2007558024 - Disobeying order of court 127(1) CC

Reported, May 24, 2007, 15:58

Complainant: M

Subject of Complaint: R

Complaint: Disobeying order of court 127(1) CC

Date and Time: as above, 13:00 to 16:00

COMMENT: After statement it was found that both had breached the Restraining Order. No charges

Clearance Status: Cir. Other: Departmental Discretion

Dispatched Officers: **MOLYNEUX, M. / NELSON, C. / WOODFINE, P.**

[WRITER'S COMMENT: The file created by the RCMP with respect to this incident comprised some 29 pages including a copy of the Order, Application and supporting documents]

### 7. 2007576068 - Mischief equal to or under \$5000 – Damage to property s. 430(4) CC

Reported, May 28, 2007, 15:58

Complainant: M

Subject of Complaint: Damaged automobile, property of John L. M.

Complaint: Boulder thrown through rear window of motor vehicle

Date and Time: As above

COMMENT: Reported **for info only**...Member spoke to complainant, confirmed no suspects, no leads, witnesses or evidence. Complainant happy with file information due to ongoing divorce issues with husband.

Clearance Status: complete - unsolved

Dispatched Officers: **LOGAN, M / BRETT, M.**

### 8. 2007640042 Family Relations Act Other Activities

Reported, June 10, 2007, 19:49

Complainant: M

Subject of Complaint: R

Complaint: Family Relations Act – breach of restraining order – alleged – R.G.S dropped child off and walked child to neighbours' door – R.G.S not to be within 100 meters of complainant

Date and Time: As above, 19:40

Comment: Clearance Status: Cir. Other; Departmental discretion

Dispatched Officers: **HOLLIDAY, B.**

[WRITER'S COMMENT: On June 26, 2007, C would have been less than two years old.]

### 9. 2007670475 Mischief equal to or under \$5000 – Damage to property s.430(4) CC

Reported, June 17, 2007, 12:48

Complainant: M

Subject of Complaint: front door handle broken, suspected attempted break and enter, occurred several days earlier, she didn't consider it important at the time then after discussion with family **decided to get it on the record**. Stated in occurrence report: "...M, who is known to police and involved in problematic separation with her ex husband. Both parties have history of constantly reporting any and all matters for information files."

Date and Time: June 14, 2007, 12:00 – 19:30

Clearance Status; Complete - unsolved

Dispatched Officer(s): **LOGAN, M.**

## APPENDIX “C” Continued

### 10. 2007758412 Family Relations Act – Other Activities

Reported, July 4, 2007, 15:48

Complainant: M

Subject of Complaint: R

Complaint: Family Relations Act – husband came on property – wants him told he is not welcome – trespassing

Date and Time: As above, 9:00 – 15:30

Clearance Status: Complainant Declines to lay charges

Dispatched Officer(s): **PETERS, G.**

### 11. 2007828777 Mischief equal to or under \$5000 – Damage to property, S. 430(4) CC

Reported, July 19, 2007, 12:20

Complainant: M

Complaint: Motor vehicle vandalized, side keyed, alleged sugar in gas tank

Date and Time: July 18, 2007 – 16:15 to July 19, 2007 – 07:30

Clearance Status: complete – unsolved

Dispatched Officer(s): **SMITH, K. / JORDAN, B. / MOLYNEUX, M**

[WRITERS COMMENT: Summary of incident contained the following remarks:

The complainant began stating that she knew the damage had been the result of her ex-husband, who has been harassing her “daily”. When asked to explain, she began talking about incidents which occurred two years ago. There is an ongoing history with the complainant and her husband and they are currently engaged in a divorce with child custody issues...member called husband and determined that he had been with his parents all evening and with a trainee from 0645 hrs to 1500 hrs...]

### 12. 2007849234 Mischief equal or under \$5000 - Damage to or obstruct enjoyment of property 430(4) CC.

Reported, July 23, 2007

Complainant: M

Subject of Complaint: Vehicle vandalized overnight after breaking down and parked on side of highway

Date and time: July 22, 2007 – 19:00 to July 23, 2007 – 10:00

As set out in summary: “...her ex-husband was in town dropping off her son with his father during the evening...no tangible evidence or witnesses regarding this event”

Clearance Status: Complete – unsolved

Dispatched Officer(s): **GOSKI, T.**

### 13. 2007897888 Uttering Threats- s. 264.1(1)(a) CC

Reported, August 1, 2007, 18:59

Complainant: M

Subject of Complaint: R

Complaint and Summary: Alleged that ex-husband placed a computer generated photo of her naked inside her bedroom inside the babies diaper bag. No proof photo taken inside bedroom as photo only showing her face...no evidence that photo taken from the bedroom window

Time of Complaint: 18:59

Date: between 2007/07/30 – 00:00 to 2007/08/01 – 00:00

Clearance Status: Complete – unsolved

Dispatched Officer(s): **Morgan, S / Machuk, B. / Jordan, B.**

## APPENDIX “C” Continued

### 14. 2007955506 Criminal harassment 264 CC (FIP)

Reported, August 13, 2007, 15:46

Complainant: M

Subject of Complaint: R

Complaint: Complainant “report that ex-husband is following her around Drumheller in his vehicle...Member spoke to R and warned him about following his ex-wife...both parties have been calling police over the past few weeks trying to get one another in to trouble”

Date and Time: Between August 13, 2007 – 15:00 and August 13, 2007 – 15:5

Clearance Status: Cir. Other: complainant declines to lay charges

Dispatched Officer(s): **MACHUK, B.**

### 15. 2007956199 Suspicious person/vehicle/property,

Reported, August 13, 2007, 19:15

Complainant: M

Subject of Complaint: R

Complaint: M “called to report that her estranged husband R is currently in the Carbon Bar drinking alcohol and may drive home after. States she has a private investigator right now video taping him. Also stated that he has a suspended licence. Police checked and licence not suspended.....M has had many complaints against R and this is an ongoing matter with their separation. Patrol made, sub not located.”

Clearance Status: Complete – unsolved

Dispatched Officer(s): **WOODFINE, P.**

### 16. 2007966427 Trespass Act – Provincial/Territorial – other activities,

Reported, August 15, 2007, 22:19

Complainant: M

Subject of Complaint: Unknown person

Complaint: M “advised she saw someone dressed in black carrying a Safeway bag in her yard....Members attended residence, no sign of anyone present...”

Date and Time: August 15, 2007 – 22:19 and August 15, 2007 – 22:56

Clearance Status: Complete - unsolved

Dispatched Officer(s): **SMITH, J. / GOSKI, T.**

### 17. 2007968875 Uttering threats against a person 264.1 (1)(a) CC,

Reported, August 16, 2007, 12:27

Complainant: M

Subject of Complaint: Unknown person

Complaint: M “reported via cellphone to 911 that as she was driving past Morin....she received a garbled call from an unknown number and the male voice stated “you almost got shot”...M is the complainant in numerous unfounded files and is currently embattled in a divorce...she states – is this enough for me to take my son and run and hide in the City?...It should be noted that prior to the conclusion of this file, M’s ex-husband had called twice to complain about her leaving with the child and not advising him.”

Date and Time: As above

Clearance Status: Complete - unsolved

Dispatched Officer(s): **SMITH, K.**

## APPENDIX “C” Continued

### **18. 2007970066 Assistance to General Public**

**Reported, August 16, 2007, 16:22**

Complainant: R

Subject of Complaint: M

Complaint: “Report that complainant’s ex-wife is going camping with their son in two weeks. It is supposed to be complainant’s weekend to have the child....

Date and Time: As above

Clearance Status: Complete – solved (non criminal)

Dispatched Officer(s): **GRAINGER, A.**

### **20. 20071057604 Criminal Harassment 264 CC (FIP)**

**Reported, September 3, 2007, 18:57**

Complainant: M

Subject of Complaint: R

Complaint: Complainant suspected that ex-husband R.D.S. was in possession of explicit photos taken while the couple was married, female M found them in diaper bag when child returned by ex-mother in law, note with them threatening to post them on the internet...Member contacted crown.....advised matter not criminal in nature

Date and Time: As above

Clearance Status: Unfounded

Dispatched Officer(s): **NELSON, C.**

### **21. 20071062527, Break and Enter – Residence 348(1) CC (FIP)**

**Reported, September 4, 2007, 19:28**

Complainant: M

Subject of Complaint: R

Complaint: “saw ex-husband R drive by when M at corner store came back to residence health assessment for son missing from residence...doors locked but window left open...MEMBER ATTENDED, PAPER SIEZED FOR FINGERPRINTING, NOTHING SUITABLE FOR EXAM ON OUTSIDE OF BUILDING....IDENT CONTACTED AND WILL EXAMINE LETTER, NO REPLY FORM IDETN AS OF SEPTEMBER 19, CONST. HOLLOWAY EXAMIINED SAME OCTOBER 09 AND FOUND NO PRINTS...COM ADVISED NOV 1

Date and Time: As above, 18:29 to 18:30

Clearance Status: Complete - unsolved

Dispatched Officer(s): PETERS, G.

[WRITERS COMMENT: Memos to the file indicate that telephone calls were placed to the complainant on October 14, 15, 17, 22, 24, 30 and 31<sup>st</sup>, but the complainant did not answer. Messages were left, no calls were returned. The complainant was called again on November 1<sup>st</sup> and advised as above.]

### **22. 20071070980 Other Moving Traffic Violations - Provincial/Territorial**

**Reported, September 6, 2007, 16:19**

Complainant: M

Subject of Complaint: R

Complaint: “Report that ex-husband R 33 yrs followed caller into town tailgating, making shooting motions with fingers as he passed caller.supect then almost hit a child on bicycle who was on crosswalk....member aware of numerous ongoing complaints by estranged wife M against R, and apparent use of police in their ongoing custody and other issues...asked delayed calling us...said stopped to speak to boy....went to school to have him complete a witness statement...met with her lawyer and gave him the statement...could not provide boys name and

## APPENDIX “C” Continued

parents info...spoke to R...denied...said has left his lawyers shortly after 4 pm and went straight home...mother confirmed this...(lawyer) also contacted ... advised that this was true to the best of his recollection. M never contacted members back with statement; no evidence...

Date and Time: As above at 16:00

Clearance Status: Unfounded

Dispatched Officer(s): **LOGAN, M.**

[WRITERS COMMENT: Apparently a bogus complaint preceded by numerous apparently unfounded allegations...WHY WERE FURTHER STEPS NOT TAKEN AT THIS TIME TO ADDRESS THE MISUSE OF POLLICE RESOURCES. SEE IN PARTICULAR #23 AND # 24]

### **23. 20071079124, Mischief equal to or under \$5,000 - Damage to or obstruct enjoyment of property 430(4) CC,**

**Reported, September 8, 2007, 12:09**

Complainant: M

Subject of Complaint: Persons unknown

Complaint: “glued door to gas tank shut on car. no suspects or witnesses last filled on Wednesday night. Unknown when it occurred. // 3 messages left requesting call back//SPOKE TO M, M ADVISED THAT SHE WAS MISTAKEN, AND THAT HER GAS DOOR HAD NOT BEEN TAMPERED WITH...”

Date and Time: As above

Clearance Status: Unfounded

### **24. 20071123203 Theft of motor vehicle under or equal \$5,000 334(b) CC**

**Reported, September 18, 2007, 12:14**

Complainant: R

Subject of complaint: Persons unknown

Complaint: “Caller reporting his vehicle stolen from the Nutters parking lot.....Caller called back within an hour to advise that he had spoken to a friend he was drinking with the night prior and found out he had driven the victim home with his vehicle and taken it to his house. No theft”

Date: September 17, 2007 – 18:00 to September 18, 2007 – 00:00

Clearance Status: Unfounded

Dispatched Officer(s): **ZENKO, A.**

### **25. 20071291047 Indecent phone calls 372(2) CC**

**Reported, September 25, 2007, 18:12**

Complainant: M

Subject of Complaint: R

Complaint: “report received from M of harassment by husband R, she believes he called using a voice changer and called her a bitch...Member had M come into the office and to speak about this occurrence and many others, M indicated in a KGB statement that she is under a lot of stress and may be jumping to conclusions...”

Date and Time: As above

Clearance Status: Unfounded

Dispatched Officer(s): **NELSON, c.**

## APPENDIX “C” Continued

### **26. 20071318289 Family Relations Act - Other Activities**

**Reported, October 31, 2007, 19:18**

Complainant: M

Complaint: Father 20 minutes late returning child from trick or treating . Ultimately child dropped off 40 minutes late.

Date and Time: As above

Clearance Status: Complete – solved (non-criminal)

Dispatched Officer: **PERKINS, J.**

### **27. 20071365490 Other Moving Traffic Violations - Provincial/Territorial**

**Reported, November 11, 2007, 19:01**

Complainant: M

Subject of Complaint: R

Complaint: “911 – caller ...pick up son at Co-op from her ex R’s. R had parked his car, in front of her vehicle not letting her go, while on phone R left. Member contacted M and she indicated that she may simply have over reacted...

Date and Time: As above, 19:01 to 19:30

Clearance Status: Unfounded

Dispatched Officer(s): **NELSON, C.**

**WRITERS COMMENT: During the period October 31, 2007 to June 3, 2008, the R and M had virtually no dealings with the RCMP. During the period October 2007 to April 2008, they were significantly involved with HS**

### **28. 2008358696 Written Traffic Offence Warnings - Provincial/Territorial**

**Reported, April 1, 2008, 00:01**

Complainant: N/A

Occurrence: vehicle driver warned, violation tickets for April, Consort

Clearance Status: Non criminal

Dispatched Officer(s): **LAUGHMAN**

### **29. 2008623837 Uttering threats against a person 264.1(1)(a) CC (FIP)**

**Reported, June 3, 2008, 10:49**

Complainant: Jan Frederick Krueger

Subject of Complaint: R

Complaint: Kreuger a received threatening note, which was left at his work place on his truck. Suspect is R. Reporting for info only....On 06/06/08 KREUGER attended detachment D and reported a second incident where he had a problem with his gas line a few days back after the noted incident....he advised he did not want any suspects contacted, just to have the matter on file...

Date and Time: June 2, 2007 – 19:00 to 22:30

Clearance Status: Complete – unsolved

Dispatched Officer(s): **JORDAN, B. / LOGAN, M.**

### **30. 2008676558 Mischief equal to or under \$5,000 - Damage to or obstruct enjoyment of property 430(4) CC**

**Reported, June 14, 2008, 12:41**

Complainant: James William Pringle

Subject of Complaint: R

Complaint: Capones pizza has a concession Kiosk at hoodoos. Last night it was vandalized. Over \$3000 damage. Attended location. Spoke to M (described in the report as an

## APPENDIX “C” Continued

Emotionally Disturbed Person) who believes it was her ex-husband but has no proof linking him to this and continually making reports about him that seem faulty. Spoke to Pringle who had no witnesses or suspects but had red paint on his hands ...the same color that the vandalism reported to have been done with...file concluded, no witnesses or plausible suspects.

Date and Time: June 13, 2007 – 19:00 to June 14, 2007 – 13:00

Clearance Status: Complete - unsolved

Dispatched Officer(s): **SMITH, J.**

### **31. 2008801440 Other Non-Moving Traffic - Provincial/Territorial**

**Reported, July 1, 2008, 00:01**

Subject of Complaint: M, Traffic

[WRITERS COMMENT: The following occurrences in the month of September 2008, immediately preceding the murder/suicide]

### **32. 20081100462 Family Relations Act - Other Activities**

**Reported, September 8, 2008, 17:19**

Complainant: R

Subject of Complaint: M

Complaint: Service of QB order, R contacted Detachment and advised that he had an Ex parte QB order against ex-wife...prohibits ex wife from removing the child from the town of Drumheller...wife planning to move out of Drumheller...concerned she may have already left...member contacted M by telephone, stated she was in Edmonton visiting a friend ... would attend detachment next day to be served...M attended documents served

Date and Time:

Clearance Status: Complete – solved non criminal

Dispatched Officer(s): **HOYSRADT, C.**

### **33. 20081102670 Assistance to General Public**

**Reported, September 8, 2008**

Record of Ex parte Interim QB Order, copy attached, including particulars of individuals involved, R, M, and subject of Order, C, contact information, vehicle descriptions, etc.

\*\*\*\*\*

**Following September 28, 2008, there were two additional occurrence reports filed:**

**#20081207598 Disturbing the peace 175(1) CC, reported on October 1, 2008, 18:08,** involving a verbal confrontation between M and a friend of R who had provided affidavit in ongoing custody battle, and

**#20081211759 (recorded as mischief) s.430(4) CC, reported on October 2, 2008, 14:26,** R's lawyer reported that on attending his office this a.m. he found numerous photos of deceased child taped and his mother taped to outside door...



## APPENDIX “D”

### Future Harm / Public Safety Exception

**2.03 (3) A lawyer may disclose confidential information, but must not disclose more information than is required, when the lawyer believes on reasonable grounds that an identifiable person or group is in imminent danger of death or serious bodily harm, and disclosure is necessary to prevent the death or harm.**

#### Commentary

Confidentiality and loyalty are fundamental to the relationship between a lawyer and a client because legal advice cannot be given and justice cannot be done unless clients have a large measure of freedom to discuss their affairs with their lawyers. In some very exceptional situations identified in this rule, disclosure without the client's permission might be warranted because the lawyer is satisfied that truly serious harm of the types identified is imminent and cannot otherwise be prevented. These situations will be extremely rare.

Serious psychological harm may constitute serious bodily harm if it substantially interferes with the health or well-being of the individual.

In assessing whether disclosure of confidential information is justified to prevent substantial harm, a lawyer should consider a number of factors, including:

- (a) the seriousness of the potential injury to others if the prospective harm occurs;
- (b) the likelihood that it will occur and its imminence;
- (c) the apparent absence of any other feasible way to prevent the potential injury; and
- (d) the circumstances under which the lawyer acquired the information of the client's intent or prospective course of action.

How and when disclosure should be made under this rule will depend upon the circumstances. A lawyer who believes that disclosure may be warranted should contact the Society for ethical advice. When practicable and permitted, a judicial order may be sought for disclosure.

If confidential information is disclosed under Rule 2.03(3), the lawyer should prepare a written note as soon as possible, which should include:

- (a) the date and time of the communication in which the disclosure is made;
- (b) the grounds in support of the lawyer's decision to communicate the information, including the harm intended to be prevented, the identity of the person who prompted communication of the information as well as the identity of the person or group of persons exposed to the harm; and
- (c) the content of the communication, the method of communication used and the identity of the person to whom the communication was made.

## APPENDIX “E”

### Witness List - 2011

June 6, 2011,

- 1) Constable M. Logan (RCMP)
- 2) Corporal G. J. Peters (RCMP)
- 3) Constable C. Nelson (RCMP)

June 7, 2011

- 4) Constable B. G. Maychuk (RCMP)
- 5) Marjorie Anne Chapman, in winter of 2007, neighbor of M and C in Morin, Alberta.
- 6) Constable C.S. Hoysradt (RCMP)
- 7) S/Sgt. A.A. Hopkins (RCMP) also testified June 13, 2011

June 8, 2011

- 8) Dianne Shearer, Parenting After Separation, Family Justice Services
- 9) Kerra Daem, personal friend, R
- 10) Elizabeth May Zacarchuk, caregiver
- 11) Jim Pringle, Capones Pizza and Kiosk rented to M
- 12) Karen Lee Peace, Wheatland Shelter, Strathmore, Alberta

June 9, 2011

Submissions heard re: Human Services, privilege

June 10, 2011

- 13) Judy Nelson, Big Country Victim Services
- 14) Kevin McNichol, Executive Director, Homefront
- 15) Valerie Joan Campbell, ITRAC

June 13, 2011

- 16) Lisa Klemmensen, Wheatland Shelter
- 17) Corp. B. F. Holliday (RCMP)

June 14, 2011

- 18) Garth L. Fitch, BSW, MSc, RSW, counselor
- 19) Constable K. Smith (RCMP)

### Witness List – 2012

June 4, 2012

- 20) Susan Nikish, BSW, caseworker, Alberta Human Services

June 5, 2012

- 21) Tony Andre, casework supervisor, Alberta Human Services
- 22) Sharon Rose-Anne Long, Ministry of Human Services
- 23) Michaela J. Brietzke, psychological nurse and mental health liaison therapist
- 24) Wayne Marshall, friend of M
- 25) Mike Takkinen, Shalom Counseling (continued on June 6, 2012)

## APPENDIX “E” Continued

June 6, 2012

- 26) Jan Kreuger, friend of M
- 27) GMS, mother of R, grandmother of C
- 28) Inspector R Allen Grosul (RCMP) (continued June 7, 2012)

June 7, 2012

- 29) M spouse of R, mother of C

## APPENDIX “F”

### EXHIBITS

Commencing June 6, 2011

Exh. #1 - Alberta Justice, Fatality Review Board, Case Summary/Recommendations – dated March 17, 2009

Exh. #2 - Alberta Justice, Office of the Chief Medical Examiner, Certificate of Medical Examiner – dated February 10, 2009

Exh. #3 - Alberta Justice, Office of the Chief Medical Examiner, Confidential Autopsy Report – dated February 6, 2009

Exh. #4 - Alberta Justice, Office of the Chief Medical Examiner, Medical Certificate of Death – dated February 6, 2009

Exh. #5 - Cst. Christian Reister, Calgary MCU, Concluding Summary

Exh. #6 - 1 page, photocopy of note affixed to the bedroom door where deceased found

Exh. #7 - 1 page, photocopy of further note, attached at door

Exh. #8 - 2 page suicide letter, addressed “To my family”, attached to door

Exh. #10 – RCMP Binder Volume 1B - specific reviews of each occurrence report – 32 tabs

Exh. #11 – Binder - 25 Tabs, Fatality Inquiry Documents, including court documents in Action No. \_\_\_\_-\_\_\_\_, in Action No. \_\_\_\_-\_\_\_\_, Medical and Counseling Records and Alberta Human Services Documents.

Exh. #12 - RCMP Policy Binder – 26 Tabs

Exh. #13 – RCMP Major Crimes Unit, Binder Volume 1 of 2

Exh. #14 – RCMP Major Crimes Unit, Binder Volume 2 of 2

Exh. #15 - Binder – Family Justice Services Manuals and Materials, including Parenting After Separation, 15 Tabs

Exh. #16 - Screening Checklist, Family Court Counselors and Mediators

Exh. #17 – Alberta Family Justice Services Safety Screen

Exh. #18 – Fatality Inquiry Documents, including materials provided by M, Big Country Victim Service File, Wheatland Shelter File, Homefront Material and correspondence with the Law Society of Alberta.

Exh. #19 - Alberta Family Justice Services, Special Case Review, C

Exh. #20 – Alberta Children and Youth Services – Screening Aid for Family Violence (SAFV)

Exh. #21 – Correspondence, Law Society of Alberta, Confidential Correspondence, Howard Kushner to Christopher Holmes, April 28, 2011

Exh. #22 – Valerie Campbell Materials

Exh. #23 – ITRAC Materials

Exh. #24 - Criminal Record of R, (one page) FPS 658721E

Exh. #25 - Disc file # SWAV0059.WAV File-2 copies of disc from previous Exhibit of Cst. J. Smith

Commencing June 4, 2012

## APPENDIX “F” Continued

Exh. #26 – Binder, Additional Documents, including Mental Health Assessment and Treatment Reports for R; Progress Notes for R; Ambulance Patient Care Records; Drumheller Mental Health Records for M, etc.

Exh. #27 - Black Child Youth and Family Services file, six sections containing, Information Synopsis, Contact Notes and Records, Case Progress Information, External Assessments, Legal Records and Financial Documents

Exh. #28 - RCMP Policy Supplement (16 pages)

Exh. #29 - K Division contextual time line 2006 (3 pages)

Exh. #30 - Alberta Children and Youth Services Enhancement Policy Manual (22 pages)

Exh. #31 - Copy of correspondence dated June 1, 2012, from Grant M. Driedger – 3 pages

Exh. #32- Drumheller procedure record print (\_\_\_\_\_ & \_\_\_\_\_) – 5 pages

## APPENDIX “G”

### RCMP POLICY S Family Inquiry

1. OM 2.4 – Violence in Relationships (2005)
2. KOM 2.4 – Violence in Relationships (2006)
3. KOM 2.4 – Violence in Relationships (2010)
4. Bulletin KOM 665 (2011)
5. Addendum to Bulletin KOM 665 (2011)
6. OM Drumheller Detachment – Victim Services Program (2008)
7. AM Drumheller Detachment – Domestic Violence Investigations (2010)
8. “K” Division FV Investigation Guidelines
9. National Review Guide – Violence in Relationships (2006)
10. Relationship Violence Review Guide – Working Paper (2007)
11. Violence in Relationships “K” Division Review Guide (2010)
12. Form 3753 – Spousal/Partner Abuse, Assault Court Package Supplement (1999)
13. “K” Division Violence in Relationships Check Sheet (2008)
14. “K” Division Violence in Relationships Check Sheet (2010)
15. “K” Division Violence in Relationships Check Sheet (2011)
16. FVIR Form
17. FVIR Guide
18. Relationship Violence Guide
19. Relationship Violence Guide (2006)
20. Relationship Violence Supervisor Check Sheet
21. Children’s Services Referral Form
22. AM 1.7 – Audit and Evaluation Programs
23. KOM V.1.J. Civil Orders Involving Police (2004)
24. KADM 1.7 Internal Review Program (2000)
25. OM 2.6 Child Abuse
26. OM 19.7 Mentally Ill Persons/Prisoners

# APPENDIX “H”

## Family Violence Investigation Report



Solicitor General  
and Public Security

### Family Violence Investigation Report

Instructions: Obtain information within first 12 hours of investigation from CPIC, Complainant, Witness, etc. Use the "Officer's Notes" for preparing police report. \*\*\* INFORMATION REQUIRED FOR BAIL HEARING

<b>SUSPECT HISTORY:</b>			
1. Suspect's Criminal Violence History: Does the suspect have a history of investigations, charges or convictions for violence and/or sex assaults?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*** Officer's Notes
2. Previous Domestic Violence History: Is there a history of violence or abusive behaviour in the relationship or with a previous intimate partner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	***
<b>COMPLAINANT:</b>			
3. Complainant's Perception of Personal Safety: Does the complainant believe the suspect will disobey terms of release (eg. no contact orders)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	***
4. Complainant's Perception of Future Violence: Does the complainant fear further violence if the suspect should be released from custody?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*** What is the basis of victim's fear and what access is there to the victim?
5. Alcohol/Drugs: Does the suspect have a history of drug or alcohol abuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	***
6. Mental Illness: Does the suspect have a history of mental illness (eg. depression or paranoia)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	***
7. Suicidal Ideation: Has the suspect threatened or attempted suicide?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*** if yes, when and how?
<b>RELATIONSHIP BACKGROUND</b>			
<b>RELATIONSHIP:</b>			
8. Current status of relationship: Is there past, recent or pending separation in the relationship?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Officer's Notes
9. Escalation in Abuse: Is there escalation in the frequency/intensity of violence or abuse towards the complainant, family members, a pet or another person?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
10. Children Exposed Are there children under 18 in the family who are living in the home?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Children's Services Notified? YES <input type="checkbox"/> NO <input type="checkbox"/> Who are the parents and is there a custody dispute?
11. Threats Has the suspect ever threatened to kill or harm the complainant, a family member, another person, children or a pet?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
12. Weapons Does the suspect have access to weapons?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
13. Access to Weapons: Has the suspect used or threatened to use a weapon against the complainant, family member, children or an animal?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
14. Court Orders: Has the suspect ever violated a court order?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
15. Employment Instability: Is the suspect unemployed or experiencing financial problems?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
16. Forced Sex: Has the suspect ever forced sex on the complainant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
17. Strangling, Choking or Biting: Has the suspect ever strangled, choked or bit the complainant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
18. Stalking: Has the suspect displayed jealous behaviours, stalked or harassed the complainant or a previous intimate partner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
19. Other Information: Any other relevant information (eg. is the complainant socially/ physically isolated; unwilling to leave the home; cultural barriers inhibit complainant etc...)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>IF: SAFETY OF COMPLAINANT AND/OR CHILDREN IS A CONCERN, ALSO CONSIDER AN "EMERGENCY PROTECTION ORDER" PROVIDED FOR IN THE PROTECTION AGAINST FAMILY VIOLENCE ACT.</b>			

J0631 (2006/12)

## APPENDIX “I”

**Correspondence, Inspector John Cantafio  
Southern Alberta District  
Operations Officer**

**To**

**S/Sgt. Art Hopkins  
Drumheller Detachment**

**Date: 2009-05-06**

As a result of the S, Double Homicide/Suicide dated 2008-09-28 occurring in Drumheller, Supt. Clark ordered an Administrative Review as per K Division OM 25.100 of the RCMP's response to the complaints of R and his estranged wife M

Inspector George Stephenson and the Red Deer City Detachment Domestic Violence Unit were tasked with the Review which is now completed.

I have concluded my review of all relevant information and as a result I recommend the following points be addressed and a plan implemented to address them immediately:

1. All current Domestic Violence investigations be reviewed by a Supervisor from Drumheller Detachment to ensure they have been properly investigated and commented on by the reviewing Supervisor. Confirmation to be documented by way of Supplementary Report and individual record to ULQA.

In regards to the reviewed files, they had little documentation indicating that supervisors provided guidance or direction. Particular attention must be given to supervisors providing comments, direction and/or feedback on every Domestic Violence investigation.

2. A ULQA is completed on each current Domestic Violence investigation and the determined process of investigation or policy is adhered as outlined in the ULQA.

3. Every effort must be made by investigating members to obtain written or audio witness or cautioned statements from complainants, victims and persons of interest on Domestic Violence investigations. If a statement is not taken, documentation on the file must indicate why.

4. Any investigations that are quickly concluded must include investigative details within the General or Supplementary Reports.

5. The review identified a weakness in properly logging property or exhibits. I recommend a ULQA of the exhibit room and all investigations possessing exhibits be completed.

6. In order to support the need of the KGB, documentation must exist within a file when there is an indication that the witness would recant the allegations.



## APPENDIX “I” Continued

7. When children are involved in Domestic Violence investigations Intervention Services must be contacted.
8. Evidence was found in several of the reviewed files to indicate charges should have been laid. Strong consideration must be given to laying of charges with or without the support of the victim.
9. There was no documentation on the files revealing if DVAT (Domestic Violence Action Team) or ARTAMI (Alberta Relationship Threat Assessment Management Initiative) were consulted. As per item # 7 of the Relationship Violence/Domestic Violence ULQA, these units must be consulted “on each file considered to be high risk or where there have been 3 or more calls for police attendance.”
10. As per item # 13 of the ULQA Form 3753 (Spousal/Partner Abuse, Assault Court Package Supplement) is used when charges are laid. Form FVIR (Family Violence Investigation Report) should be used in each complaint of domestic violence. It was only used once in the reviewed files. A system must be developed at Drumheller Detachment to ensure this is followed through.
11. As per National Policy, all Relationship/Domestic Violence investigations must be reviewed at 24 hrs, 7 days and then every 14 days thereafter. The Detachment Diary Date system must be set up to ensure this process is adhered to.
12. At the conclusion of any Domestic Violence investigation which is contentious or deemed high risk the Detachment requires a system to assure there is final review/assessment/debriefing with key stakeholders and partners to ascertain the lessons learned and reveal any best practices.
13. The Detachment must be vigilant to scoring Domestic Violence investigations to the “K” Division survey codes and Spousal Abuse codes.
14. Partnerships need to be established with the local Domestic Violence Committee.

The lack of statements, reports and Supervisor comments was a common theme in the files reviewed, thus emphasis must be made to improve the quality of investigations.

I wish to be informed through your DANCO, S/Sgt. Dennis Eidet, of your implementation schedule and confirmation that each recommendation is addressed.

## APPENDIX “J”



### ACWS Position Statement

## THE NEED FOR A DOMESTIC VIOLENCE DEATH REVIEW COMMITTEE IN ALBERTA

In the Fekete case in Red Deer (murder/suicide 2003) and the Cole Harder case in Camrose (murder/suicide 2003), primary risk factors for homicide were present. In 2004, domestic violence murder/suicides occurred in Sundre, Airdrie, and Bonneyville. Again, primary risk factors were present. Friends, family, and the police were aware that each of these situations was potentially explosive, but may not have had the proper tools to assess risk and prevent harm. **There is a growing recognition that these deaths are preventable.** -Domestic Violence Handbook: for Police and Crown Prosecutors in Alberta, Alberta Justice 2008

“Over the last fifteen years, domestic violence fatality review teams have emerged in North America as an innovative and promising means of understanding and preventing domestic violence deaths, homicides and suicides resulting from domestic violence (Websdale, 2003). “ Sadly, Alberta often leads in the number of domestic violence homicides and murder suicides. While there have been many strides forward in the last number of years (e.g., increased shelter support; Domestic Violence Courts, increased training, the Integrated Threat and Risk Assessment Centre), what is still missing is a comprehensive review of deaths that we know are predictable and preventable. With the development of a well thought out, thorough and interdisciplinary process, the Alberta Council of Women’s Shelters sees the following advantages of domestic violence death review committees as they:

1. Inform and motivate both the public and decision makers to find solutions to end domestic violence
2. Clearly identify systemic changes required within all organizations and agencies involved in responding to domestic violence.
3. Enhance systems accountability of domestic violence responders and service providers through a collaborative review of domestic violence deaths designed to improve systems rather than cast individual blame .

“The establishment of domestic violence fatality review teams under legislative or statutory authority and executive orders is one very important promising practice that has emerged to allow teams to both share information and maintain the confidentiality of information shared. Domestic violence fatality review teams involve collaboration among stakeholders from a variety of agencies (e.g., law enforcement, health care, social services, education) to identify and review cases of domestic violence deaths and to develop strategies to prevent or reduce future fatalities.”<sup>1</sup>

<sup>1</sup> Domestic Violence Fatality Review Teams: Critical Tensions and Promising Practices. Kelly A. Watt and Nicole E. Allen (Page 1)

Dated: April 2010

## APPENDIX “J” Continued

- 1 Inform and motivate both the public and decision makers to find solutions to end domestic violence.<sup>2</sup>
- 2 Clearly identify systemic changes required within all organizations and agencies involved in responding to domestic violence.
- 3 Enhance systems accountability of domestic violence responders and service providers through a collaborative review of domestic violence deaths designed to improve systems rather than cast individual blame.
- 4 Help to overcome the failure of the current system to hold public inquiries into domestic violence deaths, unless these deaths receive significant media attention.<sup>3</sup>
- 5 Offer the potential to enhance the safety of children exposed to domestic violence through an examination of risk factors present for children and through collaboration with Children’s Fatality Review processes. System failures in child custody and access that result in the death of children and/or their mothers can only be identified and explained by a comprehensive death review process.
- 6 Examining the circumstances under which domestic violence fatalities occur will enhance our knowledge on informed intervention and prevention resulting in an enhanced quality of life for Albertans and a decrease in the significant systems costs associated with domestic violence homicides and attempted homicides.

At the time of this position statement, the last domestic violence related fatality inquiry was into the deaths of Betty and Alex Fekete. The results of this inquiry spurred improved responses to domestic violence incidents in Alberta. Since that time there have been 81 fatality inquiries in the province, but none of them were related to domestic violence homicides even though in 2008, the RCMP alone reported that domestic violence accounted for more than a quarter of the 53 homicides investigated in their area. We have seen that domestic violence deaths in rural and remote areas in particular tend to be overlooked by the media and hence do not receive a great deal of public attention. If there was an automatic review of all deaths related to domestic violence in the province, these cases (which are quite numerous), would finally get the attention they deserve.

<sup>2</sup> Even when there is significant media attention, fatality reviews into domestic violence deaths may not be held. For instance, ACWS requested a fatality review into the death of Brenda Moreside. We received confirmation from the Chair of the Review Committee that this would occur following the court proceedings. However, the court found Stanley Willier not guilty of second-degree murder in the death of his common-law wife, Brenda Moreside. Moreside had called 911 on Feb. 13, 2005 to report that her intoxicated common-law husband (and previously convicted murderer) was trying to break into a window of their home. She was told that police could not charge him with damaging his own property, and the RCMP did not dispatch a car to respond to her call. Moreside’s body was found in the house 12 days later. She had been stabbed several times. The Court ruled the RCMP hadn’t given Willier enough opportunity to have a lawyer present while he was being questioned. The Court of Appeal reversed this decision, which is being appealed to the Supreme Court of Canada. It is now 5 years since she was murdered.

Dated: April 2010

## APPENDIX “J” Continued

New Zealand was the first country to establish a national approach to family violence death reviews. The National Domestic Violence Fatality Review Initiative is a clearing house and resource centre dedicated to domestic violence death reviews, with local committees initially investigating family violence deaths in their area.

Approximately 20 American states have legislation providing for family violence death reviews, with around 25 states having family violence death review processes. In the United Kingdom, the Domestic Violence, Crime and Victims Act 2004 provides for domestic violence homicide reviews with the aim of learning lessons from previous fatalities so that risk factors can be recognized and preventative steps can be taken.

Here in Canada, the Province of Ontario has had a Death Review Committee in place for the last five years. Both New Brunswick and Manitoba have announced that they will soon be following Ontario's lead. Some positive results arising from the Ontario Death Review Committee reports include:

- the development of the Neighbours, Friends and Family campaign due to the finding that in a number of domestic violence deaths, friends and family saw the risk factors but did not understand their role
- legislative reform to include domestic violence as a type of workplace violence
- enhanced training for medical health professionals given the finding that many of these professionals did not address Domestic Violence (i.e., with depression they asked about suicide but not domestic violence and homicide ideation)

Of course, one can never fully know (and therefore count), the number of deaths and amount of harm that is averted due to an improved community response. What we know for certain is that improved community responses saves lives.

It is the position of the Alberta Council of Women's Shelters that Alberta also needs to implement its own death review committee. We have already benefited from Ontario's Death Review Committee as the current risk factors developed by the Solicitor General for the Family Violence Investigative Response (FVIR) drew heavily upon the risk factors identified in the Ontario reports. However, we cannot just watch from the sidelines. It is critical for Alberta to have its own death review committee in order to identify areas in our jurisdiction that are working and those that are not. An Alberta Death Review Committee should have the mandate to review all domestic violence related deaths, including the deaths of children and elders. Alberta needs to do its own due diligence thus setting the stage for individual, system and community accountability.

Dated: April 2010

## APPENDIX “K”

### Acronyms

ACWS	Alberta Council Women’s Shelters
ASIRT	Alberta Serious Incident Response Team
ARTAMI	AB Risk Threat Assessment Management Initiative, now ITRAC.
HS	Human Services
CPIC	Canadian Police Information Centre
DVAT	Domestic Violence Abuse Team
DVC	Domestic Violence Coordinator
EPO	Emergency Protection Order
FAST	Field Assessment Screening Tool
FIP	Firearms Interest Police
FIS	Forensic Identification Services
FVIR	Family Violence Investigation Report
ITRAC	Integrated Threat and Risk Assessment Centre, formerly ARTAMI
KOM	K Division Operations Manual (Alberta RCMP)
OM	Operations Manual (National RCMP)
PAS	Parenting After Separation
PIRS	Police Information Retrieval System (1985-2004)
PIS	Prosecutor Information Sheet
PROS	Police Reporting and Occurrence System (2004-Pres)

### PROS Subject Classification (\*not complete list)

ACC	Accused
CHA	Subject Charged
COM	Complainant
SOC	Subject of Complaint
SUS	Suspect
VIC	Victim
WIT	Witness

### Geographical

“K” Division	Alberta RCMP
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## APPENDIX “L”

As set out at page 25 of the Fekete Inquiry Report

### Recommendations for the Prevention of Similar Deaths

1. Following the deaths of Blagica, Alex and Josif Fekete the Department of Alberta Human Services Authority implemented recommendations for future practices in these types of situations. The administrative and managerial review of the Red Deer RCMP Detachment by K Division of the RCMP resulted in 91 recommendations of which 30% related to domestic violence investigations. Both the recommendations of Human Services and the RCMP were referred to in the attached report of circumstances surrounding the deaths of the three Fekete family members. There is therefore no need to repeat them, other than to recommend that any of these recommendations that have not yet been implemented should be done so as soon as possible and sufficient resources should be provided to ensure their ongoing effectiveness.

#### It is further recommended that:

2. All officers in charge, watch commanders, and all other senior ranking officers in a supervisory capacity of all police forces in Alberta, particularly the RCMP, and most particularly the Red Deer RCMP Detachment, ensure that all of their members be aware of and are compliant with all instructions, directives, and policies issued by their own police force, particularly relating to domestic violence complaints and investigations.

3. The recommendations of the RCMP management review of the Red Deer Detachment particularly relating to domestic violence complaints be implemented in each RCMP detachment in Alberta, and that all other police forces in Alberta implement similar recommendations or directives if they have not already done so.

4. All police officers in Alberta receive training and education in the handling of domestic violence complaints and investigations.

5. All police officers, when receiving complaints or statements made by people whose first language is not English, realize that such people may not be able to express themselves in English as clearly and succinctly as those with English as their first language. Therefore officers should make whatever effort is necessary to ensure that the complaint or statement made is an accurate reflection of what that person is trying to convey. On occasion this may require the assistance of an interpreter.

6. Police officers should not treat chronic complaints made by a recipient of domestic violence, such as those made by Blagica Fekete regarding death threats, as a nuisance and therefore unworthy of belief and thus not conducting further investigation, which could result in arrest and laying of charges.

7. Police officers should not summarily discredit or be dismissive of the veracity of a potential witness, as was done with Valerie Carr, who could possibly provide corroboration to a domestic violence complaint.

8. Police officers should, before concluding that corroboration of a domestic violence complaint was necessary before a charge should be laid against the alleged perpetrator, first inquire from the complainant if anyone else was present when the incident occurred who could provide corroborating evidence as this is basic police work. For example in Blagica Fekete's case, a number of Red Deer City RCMP officers, including supervisory officers, took the position that

## APPENDIX “L” Continued

corroboration was required before laying a charge against Josif Fekete, without inquiring if anyone else was present who could provide such corroboration, since in many situations when threats are uttered, no one else is present except the person uttering the threats and the recipient.

9. In cases such as the Feketes, where numerous allegations are made by each party against the other, police officers should focus more on the serious allegations, such as those made by Blagica Fekete, rather than on the minor ones, such as those made by Josif Fekete, which didn't involve violence or threats of violence against him.

10. In cases where death or serious bodily harm is threatened against an individual, such as in the case of Blagica Fekete, investigating police officers should not wait to have a taped statement transcribed before laying a charge against the perpetrator and arresting him.

11. The Red Deer City RCMP Detachment should implement a more speedy and efficient method of transcribing taped statements in cases of domestic violence.

12. Police officers should give serious consideration to apply for a firearms prohibition order under Section 111 of the Criminal Code in domestic violence cases such as the Fekete case where the police were advised on numerous occasions that Josif Fekete possessed firearms, since seizure of firearms while obviously desirable prior to such an application, is not a mandatory prerequisite before commencing it.

13. Wherever possible, all police forces and RCMP detachments have certain members designated as domestic violence investigators, so that all such cases and complaints are brought to their attention for compilation and determination of action to be taken, in order to provide continuity and a historical perspective.

14. The Red Deer Detachment continue it's liaison and team work with the Department of Children's Services and the Central Alberta Women's Shelter regarding domestic violence cases.

15. The RCMP, as well as all other police forces in Alberta should not treat Emergency Protection Orders as a civil matter and therefore not part of their responsibility, but should assist victim's of domestic violence in making an application for such an order. Presumably, that is one of the functions of their victim services unit.

16. In domestic violence files, particularly chronic ones such as the Feketes, the police investigators present the entire chronology of complaints and investigations to the Chief Crown Prosecutor or her or his designate, to determine whether there is sufficient evidence to lay a charge or charges and proceed to arrest and prosecution. This type of interaction between the Crown Office and the Police should be encouraged.

## APPENDIX “M”

2011-05-30

### RCMP Responses Regarding Fekete Recommendations

Prepared by Sgt. Beth Campbell, Relationship Violence Program Manager “K” Division

1. Following the deaths of Blagica, Alex and Josif Fekete the Department of Alberta Child and Family Services Authority implemented recommendations for future practices in these types of situations. The administrative and managerial review of the Red Deer RCMP Detachment by K Division of the RCMP resulted in 91 recommendations of which 30% relate to domestic violence investigations. Both recommendations of Child and Family Services and the RCMP were referred to in the attached report of circumstances surrounding the deaths of the three Fekete family members. There is therefore no need to repeat them, other than to recommend that any of these recommendations that have not yet been implemented should be done so as soon as possible and sufficient resources should be provided to ensure their ongoing effectiveness.

#### Overall Comments:

Upon review, 30% of the recommendations stemming from the administrative and management reviews were not specifically related to domestic violence investigations. Many of the recommendations were unrelated to domestic violence investigations. Of those that related to domestic violence investigations, they generally fell into four groups: data integrity, supervision or quality of investigation, training, and communication.

**Recommendation/Observation: Data integrity** – data wasn’t being properly scored for manager or supervisors to make a proper analysis of that data.

RCMP Response:

- Current violence in relationship (ViR) policy addresses this observation directing investigators to score relationship violence occurrences appropriately with the survey code and secondary code (outcome code). KOM 2.4.2.23
- Bulletin 665 issued May 11, 2011 further clarifies what incidences fall under the definition of a ViR occurrence, and therefore should be both investigated and scored as such. Bulletin, and addendum, provides members guidance on use of the FVIR form and file scoring and provides supervisors guidance on their obligations.
- Current check sheets for both investigators and supervisors provides direction on the proper scoring of ViR files. Investigators are bound by policy to utilize the KD 4365 Check Sheet KOM 2.4.2.1
- Current training provides information on recognizing occurrences that appear to be minor occurrences may in fact, when the right questions are asked provide sufficient



## APPENDIX “M” Continued

information to identify the incident as a ViR call for service. Those questions are the 19 FVIR questions.

- K-Division Domestic Violence Coordinators are in each of the province’s four Districts. Reviewing ViR files to verify policy compliance falls under their area of responsibility.
- At present, the K Division Relationship Violence Program is undertaken to review all ViR occurrences from 2011. The purpose is two-fold: to benchmark current policy compliance and to identify criminal harassment patterns that may have been overlooked by investigators.

**Recommendation/Observation: Supervisor/Quality of Investigation** – there were questions involving the quality of investigations and supervision.

RCMP Response:

- A memorandum regarding accountability and supervision has been distributed to every member in the division.
- In November 2005, every officer was required to review, and acknowledge in writing doing so, the Fekete recommendations and the updated KOM 2.4
- Policy updated (KOM 2.4.3)
- Unit Level Quality Assurance Review Guide updated
- Supervisor Check Sheets created
- Division and District reviews of DV files
- Supervisor Training is being developed in partnership with the Solicitor General (Police Advisory Committee)

**Recommendation/Observation: Training.** More training needed regarding data integrity, scoring files properly, responding to certain issues properly and not just having reactive policing, but proactive policing.

RCMP Response:

- Relationship Violence Training - Members were identified to conduct Relationship Violence training in each district area (2005). Binders were sent to each detachment with expectation binders would be maintained and kept current.
- When the FVIR form was implemented, every detachment was provided a DVD providing training on its use
- Solicitor General Training – RCMP members participate with other Alberta police services and stakeholders in a two day workshop on family violence.

## APPENDIX “M” Continued

- New Member Course – All cadets attend a one week course at “K” Division and receive training in several areas specific to Alberta legislation. ViR, Emergency Protection Orders and Victim Services are part of the curriculum.
- Evidence-based, Risk Focused Domestic Violence Investigations – On line training which every member whose duty involves the response, supervision or review of ViR investigations will be mandated to take. Course involves nine modules and takes approximately four hours. Course went on line in Feb, 2011 and was updated in 2012. Members are required to achieve an 80% passing grade.
- Domestic Violence Coordinators in each District of “K” Division are an available resource to the District detachments for guidance, education, training and review of ViR investigations.
- Some detachments have Domestic Violence Coordinators and a small number have Domestic Violence Units.
- Telecom operators receive ViR training. On line training is mandatory for civilian member telecom operators except those who are municipal employees (St Albert, Strathcona County and Lloydminster)
- A full time training coordinator for ViR was staffed in 2012

**Recommendation/Observation: Communication (both within the RCMP and with external support agencies).** Members were not keeping each other informed of happenings and events. Internal and external communication was lacking. Members were not effectively communicating with each other or watch commanders, supervisors, as well as outside interest groups, clients, and stakeholders. The Judge also said the domestic violence complaints should not be merely paperless files as some of them had been.

With regards to internal communications, larger detachments will have watch briefings. This is not the case in smaller posts. Each detachment establishes their internal communication process at that level. From the Division perspective communication flows through Districts to Detachment Commanders. Communication tools such as the Info Web, directives, bulletins are utilized as well.

Paperless files means something very different today, compared to the time frame involved in the Fekete inquiry. The RCMP now uses PROS. However, RCMP policy now requires statements (K.O.M. 2.4.2.15) and the documentation of a supervisor’s review with supplemental reports (K.O.M. 2.4.3.5).

**With regards to stakeholders, outside interest groups and clients, the RCMP is subject to the federal *Privacy Act*.** The Alberta Police/Women’s Shelter Working Relationship Guidelines are

## APPENDIX “M” Continued

being developed between the Solicitor General and the Alberta Council of Women’s Shelters to ensure clarity of roles, responsibilities and understanding of privacy legislation.

2. All Officers in Charge, watch commanders, and all other senior ranking officers in a supervisory capacity of all police forces in Alberta, particularly the RCMP, and most particularly the Red Deer RCMP Detachment, ensure that all of their members be aware of and are compliant with all instructions, directives, and policies issued by their own police force, particularly relating to domestic violence complaints and investigations.

RCMP Response:

- A memorandum regarding accountability and supervision has been distributed to every member in the division.
- In November 2005, every officer was required to review, and acknowledge in writing doing so, the Fekete recommendations and the updated KOM 2.4
- Policy updated (KOM 2.4.3)
- Unit Level Quality Assurance Review Guide updated
- Supervisor Check Sheets created
- Division and District reviews of ViR files
- Supervisor Training is being developed in partnership with Solicitor General (Police Advisory Committee)

3. The recommendations of the RCMP management review of the Red Deer Detachment particularly relating to domestic violence complaints be implemented in each RCMP detachment in Alberta, and that all other police forces in Alberta implement similar recommendations or directives if they have not already done so.

RCMP Response: See paragraph 1 starting on page 1

4. All police officers in Alberta receive training and education in handling of domestic violence complaints and investigations.

RCMP Response

- Relationship Violence Training - Members were identified to conduct Relationship Violence training in each district area (2005). Binders were sent to each detachment with expectation binders would be maintained and kept current.
- When the FVIR form was implemented, every detachment was provided a DVD providing training on its use
- Solicitor General Training – RCMP members participate with other Alberta police services and stakeholders in a two day workshop on family violence.

## APPENDIX “M” Continued

- Policy Bulletin 665 developed to address calls for service that are ViR related and expectations of use of the FVIR and a full and complete investigation.
- Domestic Violence Handbook and Guidelines provide guidance
- Communiqué circulated reinforcing messaging that members must maintain a heightened sense of awareness when investigating the numerous calls for service to the more benign occurrences that may form the basis for charges, including that of criminal harassment.

7. Police officers should not summarily discredit or be dismissive of the veracity of a potential witness, as was done with Valerie Carr, who could possibly provide corroboration to a domestic violence complaint.

RCMP Response:

- Training provides education and awareness on interviewing all potential witnesses (KOM 2.4.2.15.3-5)
- Check Sheet (KD4365) captures interviewing witnesses
- Policy captures interviewing witnesses, complainants, neighbours and other potential witnesses to the occurrence.

8. Police officers should, before concluding that corroboration of a domestic violence complaint was necessary before a charge should be laid against the alleged perpetrator, first inquire from the complainant if anyone else was present when the incident occurred who could provide corroborating evidence as this is basic police work. For example in Blagica Fekete’s case, a number of Red Deer City RCMP officers, including supervisory officers, took the position that corroboration was required before laying a charge against Josif Fekete, without inquiring if anyone else was present who could provide such corroboration, since in many situations when threats are uttered, no one else is present except the person uttering the threats and the recipient.

RCMP Response:

- Policy (KOM 2.4.2.15.3-5), above noted training, and the check sheet, all relate to gathering evidence, both physical evidence present and potential witnesses to corroborate the statements provided by both the victim and the accused (offensive injuries, defensive injuries, scene, physical evidence, evidence of witnesses)
- This information is also captured in the resource materials provided by the Solicitor General, that being the Domestic Violence Handbook and Guidelines for Police Services in Alberta

9. In cases such as the Feketes, where numerous allegations are made by each party against the other, police officers should focus on the serious allegations, such as those made by Blagica

## APPENDIX “M” Continued

Fekete, rather than on the minor ones, such as those made by Josif Fekete, which didn't involve violence or threats of violence against him.

RCMP Response:

- Training, education and awareness to look at the totality of events to get the big picture (KOM 2.4.1.9 – Under Criminal Harassment)
- Use of the FVIR form ensures members ask the right questions to assess the risk potential in a relationship situation.
- Check sheet prompts members to conduct a thorough investigation
- Supervisors Check Sheet prompts thorough review of ViR investigation conducted by member
- National policy 24 hour, 7 day and 14 day review by the supervisor to stay apprised of progression of investigations
- Policy, training and resources prompting members to check for related history is key to these investigations,

10. In cases where death or serious bodily harm is threatened against an individual, such as in the case of Blagica Fekete, investigation police officers should not wait to have a taped statement transcribed before laying a charge against the perpetrator and arresting him.

This recommendation is not engaged by the facts in this current fatality inquiry.

11. The Red Deer City RCMP Detachment should implement a more speedy and efficient method of transcribing taped statements in cases of domestic violence.

This recommendation is not engaged by the facts in this current fatality inquiry.

12. Police officers should give serious consideration to apply for a firearms prohibition order under Section 111 of the Criminal Code in domestic violence cases such as the Fekete case where the police were advised on numerous occasions that Josif Fekete possessed firearms, since seizure of firearms while obviously desirable prior to such an application, is not a mandatory prerequisite before commencing it.

This recommendation is not engaged by the facts in this current fatality inquiry.

13. Wherever possible, all police forces and RCMP detachments have certain members designated as domestic violence investigators, so that all such cases and complaints are brought to their attention for compilation and determination for action to be taken, in order to provide continuity and a historical perspective.

RCMP Response:

- Domestic Violence Coordinators in each District (KOM 2.4.6) (KOM 2.4.2.12)

## APPENDIX “M” Continued

- Detachments, where possible, have Domestic Violence Coordinators
- Detachments, where possible, have Domestic Violence Units
- RCMP refer matters to the Integrated Threat and Risk Assessment Centre where a threat assessment is considered appropriate and can offer insights to the investigator not already noted (KOM 2.4.1.4) (KOM 2.4.2.13) (KOM2.4.3.7)
- Domestic Violence Response Team: Central Alberta District identified and/or trained selected members who could respond to critical ViR cases for the purpose of providing investigational support to the front line. The RCMP is in the process of evaluating rolling that team out to other districts.
- Division hosts bi-annual Domestic Violence Coordinator meetings for sharing of information, best practices, gaps identified, needs, challenges, etc.

14. The Red Deer Detachment continue it’s liaison and team work with the Department of Children’s Services and the Central Alberta Women’s Shelter regarding domestic violence cases.

This recommendation is not engaged by the facts in this current fatality inquiry which involves the Drumheller detachment.

15. The RCMP, as well as other police forces in Alberta should not treat Emergency Protection Orders as a civil matter and therefore not part of their responsibility, but should assist victim’s of domestic violence in making an application for such an order. Presumably, that is one of the functions of their victims services unit.

RCMP Response:

- RCMP-Based Victim Services do not typically conduct applications for Emergency Protection Orders. This is a function better conducted by the RCMP officer who will have access to the file and all pertinent information that Victim Service Coordinators and Advocates would not be privy to due to privacy legislation. In order to request appropriate conditions for the EPO it is of incredible importance to be aware of all the factors in the case and potential risks to the victim.
- Training is provided to members on the *Protection Against Family Violence Act*. (On-line, through the Solicitor General, and at the New Members Course)
- Alberta Children and Youth Services are creating on line PAFVA training which includes scenarios designed for the police audience
- Check Sheets for Supervisors and Investigators include consideration of protection orders
- ULQA Review Guides for ViR include criteria statements as they relate to protection orders
- Policy reference (KOM 2.4.2.17.1-5)

## APPENDIX “M” Continued

16. In domestic violence files, particularly chronic ones such as the Feketes, the police investigators present the entire chronology of complaints and investigations to the Chief Crown Prosecutor or her or his designate, to determine whether there is sufficient evidence to lay a charge or charges and proceed to arrest and prosecution. This type of interaction between the Crown Office and the Police should be encouraged.

RCMP Response:

- Policy directs members to include the history of events obtained through questions on the FVIR Report when conducting bail hearings and to be contained within the Prosecutor Information Sheet (KOM 2.4.2.20 and KOM 2.4.2.21)
- FVIR questions posed by investigator provide for collection of history, both reported and unreported. Upon collection, information is assessed and an appropriate response formulated to mitigate risk.
- Training provides education and awareness of the importance of related history and the requirement to include this information in the Prosecutor Information Sheet.