

Q & A Halifax Presentation – June 23, 2022

1. What risk assessments do you use?
Jacqueline Campbell Danger Assessment, SARA v3, B-Safer, Calgary Police – Family Violence Investigative Report (FVIR).
2. How do you assess victim safety?
We assess victim safety through a number of means, risk assessment tools, victim interview, police reports, hx of dv, use police database, crown database and partner information.
3. How has HomeFront responded to folks who think collecting all this data is too intrusive, violates privacy, or is unnecessary, too expensive or too time consuming?
How the questions are asked is critical to obtaining the information. HomeFront reviews our confidentiality and information sharing agreement with all clients prior to their acceptance of our service delivery so they are informed about how their information may be used or shared. It is important to understand the value of data and its ability to inform, enhance and advance the work we do. Work to keep our clients safe and hold offenders accountable. Creating healthier families. At the end of the day, clients can refuse to participate in the process, it is their choice however HomeFront staff do their best to engage our clients to provide resources, safety and supports. Data collection allows HomeFront and the Partners to see gaps in service delivery and address areas of needed change or improvement.
4. Does Calgary Police still have its Domestic Conflict Unit? What are their numbers? How many officers and Civilians?
The Calgary Police still have their Domestic Conflict Unit (DCU). DCU consists of approximately 44 staffed positions. 1 Analyst, 2 S/Sgts, 4 Sgts, 4 Civilian Risk Assessors, 1 Detective, 10 Constables – Domestic Violence Team, 7 Constables – Domestic Conflict Response Team, 5 Constables – Habitual Offender Management Team, 3 Constables supporting Emergency Protection Orders, 4 Elder Abuse Constables, 2 Social Workers and 2 Court Constables. Calgary Police responds to approx. 20K domestic related calls for service in 2021.
5. Does HomeFront ever deal with the offender for solutions?
HomeFront does not deal directly with the offender, our partners in the coordinated/collaborative response provide that support. HomeFront may be called to identify a resource for the offender for one of our partners, which we always assist with moving matters forward towards a solution.
6. Any details on the offender's services, intervention programming, mandated or provided?
The specialized domestic violence court mandates almost all offenders into mandated domestic violence counselling to 4 identified Treatment Agencies which

follow a provincial guideline for treatment. Offenders can also be mandated into other areas of treatment by the court and monitored by Probation i.e., addictions, mental health, parenting.

7. What factors limit info-sharing from offender service providers?

Coming together in a coordinated purpose with a common vision and goal permits sharing of information when issues of safety and risk are present. HomeFront has MOUs, Information and sharing agreements, protocols in place with our partners to ensure the sharing of information to keep our clients safe and hold the offenders accountable.

8. What is the process of varying/removing a no go?

HomeFront collects the victim's wishes, wants before the court, and provides them to the partners during the early case resolution (ECR) discussions. HomeFront case managers also provide their recommendations or professional structure judgement to increase safety and minimize risk to victims in the process. The No Go or the NCO may be removed only after collaborative discussion in ECR. The Offender needs to be present in court for this to happen and sign off on the new documents with Probation prior to leaving the courthouse. Victim input critical? Yes, victim input is critical and always sought out, although not always achievable for various reasons, NFA or contact information.

9. Between HomeFront and offender's services is there a separate approach used for each or both if or when relevant?

HomeFront and the Partners understand that to heal families and move them towards safety and healthier lives, we need to work together with offenders and victims. We cannot work with only one side of the equation and expect success. Education, information, risk assessment, safety and resources are important for both the offender and the victim.

10. What does HomeFront do to support the children through this process? Children's Services or Family court proceedings?

HomeFront is the liaison between the specialized domestic violence court and Children Services. HomeFront provides the conditions required by Children Services to keep the child safe. HomeFront does support victims with emergency protection orders and/or RO. While we do not directly work in family court, we do try to mirror conditions in the criminal DV court to minimize confusion for families. HomeFront will support child victims with our partner agencies the Child Advocacy Centre – Luna and/or with Children Services.

11. What has HomeFront's data shown with regards to number of cases during the pandemic?

HomeFront has not seen a dramatic increase in the number of charged domestic violence files during the pandemic. HomeFront has seen a dramatic increase in the risk and complexity of the files coming in which translates into case managers

spending much longer time with victims to provide support. There has been a dramatic increase in texting and strangulation.

12. Does HomeFront interface with the family court members, custody access, manipulation of court and child protection by offenders to further control their victims, parental alienation accusations, etc.?

HomeFront does not directly deal with the family court matters, however our Children Services partner will advise and/or the client will provide information related to the matters going through family court at the same time as the criminal matters. There is an opportunity for offenders to attempt further control and/or manipulation for the process related to custody and access.

14. Do you go to the client's homes?

HomeFront when needed and necessary will attend at a home and/or in the community to support our victims. Due to the volume of files, it is not possible to have face to face meetings with every client.

15. Does the offender have to admit guilt to be placed in a treatment program?

Offenders can be mandated into treatment during bail voluntarily and/or by accepting of the facts of the matter as presented in court for a Peace Bond. A Peace Bond in Calgary most often comes with conditions of domestic violence counselling, NCO or No Go (if needed), report to Probation for the monitoring of the offender and other deemed necessary conditions or abstentions. Most of all resolved files coming through the specialized domestic violence court have treatment conditions.

16. What are the requirements for the offender to be mandated into treatment?

See information above in question 15.

17. How has HomeFront navigated getting key colleagues engaged who may be reluctant to collaborate for any number of reasons?

People before process. Build relationships, listen to learn and understand the value that each partner brings to the process. Move forward with a common vision and goal that is deeply rooted in the work to create healthier families to end domestic violence.

18. Have there been any homicides since the inception of HomeFront with victims actively involved?

We are not always going to get it right. What we do know is that when a victim and/or offender are being supported and monitored there is a greater likelihood that a homicide will not occur. Often homicides are unknown to HomeFront and have little to no history of police involvement.

19. Do caseworkers provide counselling or are victim and offender referred? Is it free?

HomeFront caseworkers are not counsellors and do not provide counselling. We depend upon our partners to provide their areas of expertise to assist in creating healthier families. All mandated treatment is covered by Alberta Health Services for the offender so there is no barrier to access treatment.