INTERAGENCY CASE ASSESSMENT TEAMS (ICATS): BEST PRACTICES IN MANAGING HIGHEST RISK CASES OF INTIMATE PARTNER VIOLENCE

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November, 2023

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Executive Summary

Interagency Case Assessment Teams (ICATs) originated in 2008 in Vernon, British Columbia, through a collaboration initially between the South East District of Royal Canadian Mounted Police (RCMP), Vernon Detachment, and the Vernon Women's Transition House Society. The first ICAT was held in February 2010. After receiving numerous requests for guidance on establishing similar committees in communities throughout British Columbia, the Community Coordination for Women's Safety (CCWS), a provincial initiative led by the Ending Violence Association of British Columbia (EVA-BC), took on the role of coordinating and delivering ICAT training across the province in partnership with the RCMP. ICATs receive referrals about potentially highest risk situations of intimate partner violence. If an ICAT designates a referred file as highest risk, the standard restrictions on information sharing of confidential information between agencies are paused to allow for the sharing of relevant information and the development of a risk management plan. The best practices for policies and practices for ICATs have been outlined in a Best Practices manual, the most recent version of which was published in 2017. To date, more than 50 ICATs have been established in communities across British Columbia. The objective of the current study was to review the practices of these ICATs in view of the Best Practices manual.

Semi-structured interviews were conducted with 22 Co-Chairs from 17 different communities that had an operating ICAT. In addition, 85 anonymous online surveys were submitted by ICAT members. It is estimated that at minimum, 58% of communities that were formally identified as having an ICAT participated in the current study. This included representation from all four policing districts in British Columbia.

Most ICATs that participated in the interviews had a police Co-Chair and a community-based Co-Chair, such as a community-based victim services worker. However, several ICATs did not have a formal Coordinator position; these tasks were generally taken on by one or both Co-Chairs. The Co-Chair model was generally viewed quite positively, as participants perceived that their Co-Chairs tended to work well together, having two Chairs provided them with greater access for advice and flexibility with scheduling, and that the shared responsibility for managing the ICAT provided an appropriate balance of power between the police and the community. Beyond police officers and community-based victim services, other common ICAT member agencies included community corrections, police-based victim services, the Ministry of Child and Family Development, and transition house agencies.

Generally speaking, participants felt that ICATs were achieving success with collaboratively sharing information and reducing threats to life. For the most part, ICATs were perceived as functioning well, although members were experiencing lasting effects from the COVID-19 pandemic particularly in terms of ability to access training. ICATs were using a mix of virtual and in-person meetings and for the most part, felt that meeting attendance was good, though there were some challenges with particular agencies not attending as often as their ICAT perceived they should. ICAT members who did not always attend meetings typically reported that this was due to scheduling conflicts. According to ICAT Co-Chairs, some lack of attendance could also be explained by the file not being relevant to that agency's mandate. Virtual meetings were perceived as contributing to increased

attendance for some agencies; however, some ICAT members preferred meeting in person, stating that they felt the collaboration was more effective this way.

As expected, some ICATs were busier than others, with some ICATs receiving no or a few referrals over the past year, while others routinely received several each month. According to a sub-sample of the ICATs who participated in the interviews, most of the files that were referred already had prior police involvement in response to reported intimate partner violence and were often referred because of concerns around escalating frequency or severity of violence. In other words, few referrals were for individuals not previously known to the police, and few referrals were received for non-violent concerns, such as coercive controlling patterns of behaviour. Consistently, most of those referred were determined by the ICAT as meeting the highest risk designation. These decisions were consistently made using the BC Summary of Domestic Violence Risk (now BC Summary of Intimate Partner Violence Risk) review tool; however, the way in which this risk review tool was interpreted in determining whether a file met the highest risk designation did differ for some ICATs. The participants generally felt confident in reviewing risk and in outlining strategies to reduce risk, particularly when it came to a consenting victim.

Despite the generally positive findings, several ongoing challenges were identified by participants. This included training needs, a need for funding to support the work of ICAT Co-Chairs and Coordinators, greater representation on the committee by Indigenous agencies, limited access to information regarding some of the risk factors, the effects of agency turnover, particularly with regards to the police Co-Chair, lack of clarity about when to close a file and whether to re-open the file or open a new file should new reports be received about elevated risk, a lack of resources or means to encourage uptake of resources to address perpetrator needs, and the lack of involvement by Crown Counsel in, and understanding about, the ICAT program. The authors further identified challenges with how highest risk designations were being made, the lack of perpetrator focused interventions as part of the risk management plan, the lack of data tracking and reporting, the lack of referrals being received that do not already have a history of police involvement, and a need for overall greater oversight of the functioning of ICATs in British Columbia.

In addition to a number of recommendations made throughout the report, as indicated by the bolded text, the authors identified 13 main recommendations. These concerned providing access to a variety of training; establishing a consistent definition and process for determining when a perpetrator is considered highest risk; using the B-SAFER to inform risk assessment and corresponding risk management plans; establishing clear measures of success; promoting greater awareness of ICATs at the community level; assigning the Co-Chair and Coordinator roles to particular agencies and providing supportive funding for this work; modernizing the data management; increasing Indigenous representation on ICATs; developing training and policy for Crown Counsel in relation to ICATs; requiring at least one in-person meeting per year and holding a yearly administrative meeting; inviting the investigating police officer to attend meetings to encourage greater awareness of and familiarity with ICATs; providing clarity in the Best Practices manual regarding the closure and re-opening of files; and updating some of the language in the Best Practices manual.

Introduction

Interagency Case Assessment Teams (ICATs) originated in 2008 in Vernon, British Columbia, through a collaboration initially between the South East District of the Royal Canadian Mounted Police (RCMP), Vernon/North Okanagan Detachment, and the Vernon Women's Transition House Society.[1] Over the next two years, the ICAT model and a Memorandum of Agreement were formally developed through a joint effort between police, the transition house, probation, Crown Counsel, parole, and victim services, among others. After receiving training on risk assessment, the first ICAT was held in February 2010. In 2014, the North Okanagan ICAT won a Premiers Award for Innovation for their work in developing the ICAT model. After receiving numerous requests for guidance on establishing similar committees in communities throughout British Columbia, the Community Coordination for Women's Safety (CCWS), a provincial initiative led by the Ending Violence Association of British Columbia (EVA-BC), took on the role of coordinating and delivering ICAT training across the province in partnership with the RCMP.

In 2010, the province of British Columbia updated the provincial *Violence Against Women in Relationships* (VAWIR) policy in response to a high-profile domestic violence homicide that occurred on Vancouver Island. An inquest into the Peter Lee case identified that failures to adequately share information between key agencies working with the Lee family contributed to missed opportunities to intervene and address the escalating risks. Ultimately, Peter Lee murdered his estranged wife, Sonny, his son, Christian, and both his parents-in-law before killing himself (British Columbia Representative for Children and Youth, 2009). The amendment to the VAWIR policy sought to increase collaboration between agencies through a coordinated response. The Protocol for Highest Risk Cases outlines the roles for various agencies in addressing risk, and enables information sharing between these agencies.

An ICAT is described as "a partnership of local agencies, including police, child welfare, health, social service, victim support, and other agencies" (Interagency Case Assessment Team Best Advisory Team, 2017, p. 9). ICATs have now been implemented in more than 50 communities across British Columbia. Once established, ICATs receive referrals, typically from the police or community anti-violence agencies, about potentially highest risk situations of intimate partner violence. As discussed in more depth below, following a review of the risks present in the case, if an ICAT designates a referred file as highest risk, the standard restrictions on information sharing of confidential information between agencies are paused to allow agencies to share relevant information and develop a risk management plan to address the risks present.

To inform the implementation and operation of individual ICATs, the best practices for policies and practices have been outlined in an ICATs Best Practices manual. Updated in 2017, the second edition of the ICAT Best Practices manual is available on EVA BC's website. This manual was

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[1] Information about the origins of ICATs was provided through a personal communication with Cpl. Lisa McMullin, who held the role of Domestic Violence Coordinator for the Vernon/North Okanagan RCMP when the ICAT model was initially developed.

collaboratively developed by EVA BC and the CCWS along with the ICAT Best Practice Advisory Team that included police, the Ministry of Children and Family Development (MCFD), and other government representatives. The manual provides a framework that can be adapted by ICATs across British Columbia and is intended to be used in conjunction with ICAT training provided by EVA BC/CCWS and the RCMP "E" Division.

THE ICAT ORGANIZATIONAL STRUCTURE

The organizational structure of a typical ICAT consists of one policing Co-Chair working together with a community agency Co-Chair. Typically, the police Co-Chair is a sworn member, rather than a civilian, while the community agency Co-Chair often comes from the anti-violence sector. For example, community Co-Chairs may be filled by staff from a community-based victim services program or transition house/shelter programs. As outlined in the 2017 Best Practices manual, the primary roles of the Co-Chairs are to chair the meetings, orient new members, address the removal or resignation of a member, recruit new members, receive referrals, and be the point of contact for information about the program. Co-Chairs are expected to share the responsibility of guiding the work of their ICAT; however, the police Co-Chair is given the final authority, such as in cases where the committee cannot come to a consensus on whether a referral meets the highest risk criteria.

In addition to the two Co-Chair positions, the 2017 Best Practices manual also outlines a position for a Coordinator. This is a primarily administrative position and, as stated in the manual, the person who holds this position is typically a community-based anti-violence worker. In other words, the coordinator position can be held by a number of different standing members but should not be held by the police Co-Chair. The role of the coordinator is to send notice of meetings, maintain membership lists, prepare and circulate meeting minutes, receive updates regarding risks in between meetings, forward the notes and records to the police Co-Chair for storage, prepare the initial risk review report and forward it to the police Co-Chair, track cases and update team members about important upcoming dates, and schedule an annual administrative meeting for the ICAT.

Beyond the Co-chair and Coordinator positions, the remaining members of an ICAT are considered standing members. Standing member agencies are typically drawn from government and community sectors that commonly work with individuals or families experiencing intimate partner violence. Community-based victim services will always be an ICAT standing member unless that program does not operate in that jurisdiction. Other standing members typically come from community corrections, the Ministry of Children and Family Development, Delegated Aboriginal Agencies, transition houses/shelters, and mental health. In addition to the typical members, the Best Practices manual also includes other examples of relevant and appropriate membership, such as social services, health care, educators, and settlement programs, among others. Notably, Crown Counsel are not permitted to participate on an ICAT. As stated in the Best Practices manual, this is to preserve Crown Counsel's independence and impartiality (p. 37).

ICAT ACTIVITIES

It is important to note that ICATs are not investigative bodies. Rather, they are a collaborative response to intimate partner violence, where the standing members have the legal authority to share information in the context of highest risk files. They provide for the review of risk and subsequent collaborative case management between the different standing member agencies. Therefore, the main purpose of an ICAT is to ensure that pertinent information relevant to informing risk of severe or lethal violence is shared amongst agencies supporting individuals or families experiencing intimate partner abuse. The premise is that information sharing can prevent injury or death resulting from intimate partner violence.

The Best Practices manual acknowledges that a one-size fits all ICAT model is neither realistic nor expected. Communities across British Columbia have different resources and rates of intimate partner violence, and so the model was designed to allow for flexibility, such as when creating the ICAT standing membership list. Further, while the Best Practices manual provides example forms that can be adopted by each operating ICAT, such as the case referral form for the initial file review, it is not required that these forms be used. Rather than standardizing processes, the Best Practices manual provides an outline of what ICATs are intended to achieve, along with some guidelines for how to best achieve these outcomes.

Typically, a police member or community agency staff will refer a file to an ICAT when there are concerns about potential severe injury or lethal violence being inflicted by a current or former intimate partner. Being victim-centred, the preference is to first discuss the referral with the victim and obtain their consent. However, given the substantial concerns about loss of life, ICAT referrals can be made without a victim's consent. On the other hand, the perpetrators are not typically made aware about the referral or designation, as this could theoretically increase the risk posed to the victim and others connected to the victim.[2]

Once an ICAT Co-Chair receives the referral, they complete an initial risk review (e.g., see the templates provided in the 2017 Best Practices manual) to determine whether the file could meet the highest risk designation before securely circulating the names of those involved in the file to the larger ICAT committee. ICAT members will then search their own records for information about the individuals, and bring this information to the ICAT meeting where the referral will be presented. The various parties around the table will share their respective information regarding the referred individuals, and work collaboratively to complete the risk review process. At the conclusion of the preliminary information sharing stage, the ICAT will use the police risk review tool, previously known as the Summary of Domestic Violence Risk Factors[3], to determine whether the case meets the threshold of highest risk. If the table believes that the referral is of highest risk, they will open a file and proceed with sharing any relevant information that pertains to the safety of those involved, even if that information would normally be considered confidential for that agency. In other words, as stated in the Best Practices manual, 'Life Trumps Privacy' (p. 14). Essentially, the ICAT allows for

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[2] The Best Practices manual uses the language of victim and perpetrator. As such, consistent language will be used throughout this report.

[3] In 2021, this tool was updated and renamed as the Summary of Intimate Partner Violence Risk Factors

usual restrictions on information sharing between agencies to be temporarily paused for the purposes of securing someone's safety and reducing risk to life when there is the potential for serious bodily harm or death to occur. The ICAT will then develop a risk management plan (see Appendix 11 in the 2017 Best Practices manual for an example) where members will identify various actions relevant to reducing risk for the victim and perpetrator, as well as others whose safety is implicated in the file (e.g., children), task out different responsibilities to their membership, and then share updates over the coming days, weeks, or perhaps even months as they work to support those involved with the file to reduce risk. Once the risk levels have been adequately reduced, the ICAT will close the file. At that time, although individual agencies may, as needed, continue working with the individuals involved in the violence, their group-level involvement and information sharing ceases.

PRIOR RESEARCH ON ICATS

Several prior studies have examined the operations of ICATs in British Columbia. Initially, the CCWS published a report in 2015 that examined the activities of 21 of the 25 ICATs in operation at that time. Across the 21 operational ICATs, 639 files pertaining to 1,701 individuals involved in intimate partner violence had been reviewed, of which 556 (87 per cent) were determined to meet the highest risk criteria. While most of the individuals involved were women, over one-third (39 per cent) of those determined to be at risk from the violence were children. Once designated as highest risk, ICATs collaborated to develop risk management plans that might include safe housing, victim services, applications for funding support (e.g., through the Crime Victims Assistance Program), and flagging their address in police databases.

Although they did not report how common this outcome was, the 2015 report by CCWS identified that criminal charges can follow from an ICAT being convened. In addition to criminal charges, the report also indicated that ICATs would work with Crown Counsel to address risks, such as by requesting peace bonds to control the perpetrator's behaviour or access to the victim and ensuring that breach of condition charges are forwarded for approval by Crown Counsel. However, it is important to observe that, as stated in the Best Practices manual (2017), an ICAT is not an investigative body; therefore, ICATs should not be using the information gathered from each standing member about risks to develop a Report to Crown Counsel.

As perpetrators are not typically informed that an ICAT has been convened in a file involving them, there are, presumably, fewer opportunities to directly reduce the perpetrator's risk factors. The 2015 report by CCWS indicated that increased enforcement by community corrections and police was a common strategy used by ICATs to monitor the risk posed by perpetrators. When no criminal file existed, the perpetrator's current status could be monitored by MCFD, at least when there were children involved. Still, beyond monitoring the offender, there was little in the way of programming supports or other interventions offered, again, as perpetrators were not usually made aware of this process. Instead, another strategy that was perpetrator focused appeared to be issuing no contact orders that would limit or fully prevent the offender from contacting the victim.

In terms of file outcomes, while the number of ICATs that resulted in criminal charges being approved was not disclosed, the 2015 report by CCWS indicated that 10.8% of ICAT files had a

documented breach of court order. However, the time frame that this was studied over was not reported. The report also indicated that only 4.9% of ICAT files had subsequent acts of violence documented after the file had been opened. Again, the follow-up timeframe was not reported.

According to the 2015 CCWS report, the greatest challenge for ICATs concerned ongoing funding. There was a demand for the province to provide funding to support the coordination and administration of ICATs. Additional funding was recommended to support ongoing training, as well as annual conferences or best practices roundtables.

Overall, the 2015 report by CCWS concluded that ICATs appeared to be working well and addressed threats to safety. However, ICATs have proliferated across British Columbia since this initial report was conducted. Given this, a second study that resulted in a research report and a Master's thesis was conducted several years later (Kinney & Lau, 2018; Lau, 2020).

The research report by Kinney and Lau (2018) provided a descriptive overview of the nature of files being referred to and managed by 12 ICATs in British Columbia between 2014 and 2016.[4] The researchers collected data regarding the ICAT composition, meeting notes, closed cases, and case summaries. The three main questions the project sought to address were: (1) what risk factors were most associated with highest-risk files; (2) which population of clients were being served by ICATs; and (3) how ICATs managed these files.

The BC Summary of Domestic Violence Risk Factors, as it was titled at the time of Kinney and Lau's study (2018), contains 19 risk factors that an ICAT will review to inform their decision regarding highest risk status. In the 2018 study, information on these risk factors was provided for 165 files. When considering which risks were present in the files being referred, more than 90% of these referrals included:

- Stalking (criminal harassment) (94.9 per cent)
- Substances (94.5 per cent)
- Threats (94.4 per cent)
- Victim's perception of personal safety (93.7 per cent)
- Previous domestic violence history (93.0 per cent)
- Victim's perception of future violence (91.5 per cent)
- Escalation of abuse (91.2 per cent), and
- Current Status of Relationship – Separated (90.2 per cent).

In addition, other risk factors that are empirically associated with significant risk for bodily injury or death were present in a large proportion of files, including mental illness (87.4 per cent), access to weapons (86.1 per cent), strangulation (79.5 per cent), and suicidal ideation (75.8 per cent).

Kinney and Lau (2018) concluded that because most of the 19 risk factors were present in many ICAT files, it appeared as though ICATs were indeed managing high risk cases of intimate partner violence. However, a limitation to this conclusion was that there was no comparison sample of intimate partner violence files where a risk review form had been completed by an officer, but the

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[4] The number of ICATs in operation at that time was not reported.

file had not been referred to an ICAT. **Future research should compare a random sample of non-referred intimate partner violence files to a random sample of ICAT files to compare the number and distribution of risk factors present in each.** This may help to identify which of the 19 (now 20) risk factors are most pertinent to determining highest risk status. While it would also be helpful to determine the severity of these different risk factors and how severity is considered when determining risk, the BC Summary of Domestic Violence Risk (now BC Summary of Intimate Partner Violence Risk) is not a risk assessment tool. Rather than gauge the severity of the various risk factors, police are trained to document more qualitatively whether and how these risk factors are present. Appendix 9 in the 2017 Best Practices manual provides an example of this risk review tool[5], while Appendix 10 provides a sample of what a completed risk review may look like post-ICAT meeting.

The second main question focused on identifying the typical 'client' for an ICAT. In terms of the victims, about four-fifths of the files referred to an ICAT involved a single adult victim (79.1 per cent), though 72% of files were documented as having at least one child present. As expected, nearly all victims in an ICAT file were female (95 per cent), while nearly all (92.7 per cent) perpetrators were male. Nearly half of the files (40 per cent) did not have race/ethnicity documented. Nearly half (41.2 per cent) of the remaining cases involved a Caucasian victim, while 13.3% were Indigenous. The most common relationship status for a victim in an ICAT was that they had been separated from their partner for more than three months (33.9 per cent), while the next largest grouping had been separated for less than three months (29.7 per cent). In terms of victim vulnerabilities, the majority of ICAT files involved victims who were financially marginalized (60.4 per cent). Nearly half (47.9 per cent) experienced social isolation, while one-third (36.5 per cent) experienced physical isolation. In terms of their personal or individual-level vulnerabilities, nearly all victims had experienced emotional abuse (99.0 per cent) or prior domestic violence (93.1 per cent). Moreover, a large proportion of victims were viewed as susceptible to manipulation (80.0 per cent), experienced substance abuse or addictions issues (64.0 per cent), poverty (63.3 per cent), were non-compliant with safety planning (63.2 per cent), experienced mental illness (61.0 per cent), reported financial dependence (60.2 per cent), or had a history of recanting (55.7 per cent). Regarding court, nearly two-thirds of victims had a prior child protection intervention (63.2 per cent), while slightly more than half (53.5 per cent) had an upcoming court date.

As noted above, perpetrators were primarily male. Again, 42% of the data was missing ethnicity; however, when considering only the files where ethnicity was known, most (66.7 per cent) were Caucasian. Similar to broader offender statistics, Indigenous perpetrators were overrepresented in the ICATs data at 26.0%.[6] The majority of perpetrators had a prior history of substance use (94.5 per cent), domestic violence (93.0 per cent), prior court orders (87.4 per cent), mental illness (87.4

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[5] The example provided in Appendix 9 reflects a "Yes / No" documentation of each of the various risk factors. However, as shown in Appendix 10, the expectation is that a summary of the risk be provided because this tool is not designed to be used as a checklist (McCormick, 2020).

[6] The ethnicity of victims and perpetrators should not be directly compared as it appears that the ethnicity of victims was reported as a proportion while including missing data, while the ethnicity of perpetrators was reported as a proportion after excluding missing data.

per cent), a history of criminal violence (84.4 per cent), employment instability (80.3 per cent), and suicidal ideation (75.8 per cent).

In addition to the adult victims and perpetrators, Kinney and Lau (2018) analyzed data regarding 223 children present in these files. Most commonly, there were either one (28.7 per cent), two (26.1 per cent), or no children (28.0 per cent) present. Most (52.7 per cent) of the children were the biological offspring of the couple, while 19.4% were stepchildren. Half (50.3 per cent) of these children were not living with the perpetrator; presumably they were living with the victim, although this was not specifically stated in the report. It was estimated that nearly half (41.8 per cent) of the children had been exposed to verbal violence, one-third (35.8 per cent) had witnessed physical violence, and around one-in-five had themselves directly experienced verbal abuse (21.2 per cent) or threats (18.8 per cent). A slightly smaller proportion of children had experienced physical abuse (14.5 per cent).[7]

The third main question addressed by Kinney and Lau (2018) was how ICATs handled these highest risk files. The researchers observed that risk management plans were one of the most common actions of an ICAT, and that these plans were typically updated four times during the ICATs involvement in the file. For the victim, some of the more common interventions included connecting them with community-based victim assistance programs (69.1 per cent) or police-based victim assistance programs (49.7 per cent), court updates (41.8 per cent), referring them to a shelter (40.6 per cent), connecting them to the Crime Victim Assistance Program (CVAP; 38.2 per cent), or obtaining a criminal protection order (33.9 per cent). For the perpetrator, the most common interventions included a no contact order (61.8 per cent), custody (39.4 per cent), a no-go order (36.4 per cent), and following up on breaches (30.5 per cent). Notably, less than one-fifth of perpetrators were connected with mental health counselling (19.4 per cent), addictions counselling (15.2 per cent), general counselling (6.7 per cent), or the Respectful Relationships program (11.5 per cent), and only 10.3% were referred to a shelter.

Where a criminal court outcome was known, 75.5% of files had charges pending against the perpetrator and 64.8% had a trial pending. Over half (55.4 per cent) had a bail hearing, while half (51.9 per cent) had a breach of proceedings. Four outcomes post-charge/trial were included in the full table, and so it cannot be determined how common these outcomes were when only considering those that went to court. However, when considering all possible outcomes, it appears as though half (53.2 per cent) of the files resulted in a sentence being given, half involved a guilty plea (50.0 per cent), 19% involved charges being stayed, and 12.3% resulted in a not guilty finding. **It is recommended that future research compare the court outcomes of files referred to an ICAT to those either not referred to an ICAT or in jurisdictions where ICATs do not operate to better understand the effects of an ICAT on court outcomes**.

Kinney and Lau (2018) made several recommendations to enhance the future work of ICATs. These included the more consistent collection of data regarding ICAT activities and operations, tracking perpetrators through the criminal justice system to better understand the effects of ICATs on court

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[7] While data on child vulnerabilities was reported, this data is not provided here due to substantial issues with missing data.

outcomes, providing security clearances for civilian ICAT members to assist in accessing police data to monitor changes in risk, measuring recidivism of perpetrators involved in ICATs, comparing the effects of ICATs to other specialized approaches, including Domestic Violence Units, providing funding for ICATs in jurisdictions where other specialized approaches to intimate partner violence were not already present, providing sufficient support to ICATs in northern, rural, or remote locations, reducing ICAT data collection, establishing a protocol for the long-term review of ICATs and aligning them with future Coroner's reports, incentivizing participation in ICATs, and providing the ICAT Best Practices oversight committee with the authority to permit information exchange. As will be demonstrated, many of these recommendations do not appear to have been adopted and several of these themes appeared in the interviews and surveys conducted for this report.

Following this quantitative review of ICATs, Lau published a Master's thesis that reported on qualitative interviews conducted with 12 ICAT members. While ICATs address risks to life safety resulting from intimate partner violence, the participants reported that their clients were not limited to the immediate victim of intimate partner violence but included anyone else placed at risk, which could include children or other members of the family. Participants agreed that even though the focus of the risk review was primarily on the risk factors posed by perpetrators, the ICATs were primarily focused on supporting the safety of women and children and were less focused on addressing the risk factors present in the typically male perpetrator of intimate partner violence. They felt that this was intentional, and that it was primarily the role of other agencies to manage the risk posed by the perpetrator. However, they also acknowledged that the lack of resources to address the risk factors present in male perpetrators of violence made it difficult for them or their communities to support male perpetrators of intimate partner violence. They also acknowledged that the statistics predominately implicated men as perpetrators of violence against women, but that they were also aware that men could also be victims of intimate partner violence, though few had experienced files involving a male victim, a female perpetrator, or a same-sex relationship.

The ICAT Best Practices manual does not quantitatively define what is meant by 'highest risk' beyond stating that it involves cases where there is a substantial likelihood of serious bodily harm or death. Rather, the ICAT Best Practices manual outlines that the process of determining whether a case is highest risk should follow practices consistent with risk assessment, such as the process used by the SARA or B-SAFER, both of which are structured professional judgement tools to assess risk. Lau's (2020) participants offered some definitions of what they interpreted highest risk to mean. One participant echoed the manual by stating that highest risk was where there was a risk of grievous bodily harm, harm that was irreparable or which would take a substantial amount of time to recover from, or where death may occur. Similarly, another summarized that it meant that the risk for bodily harm or death was very high and escalating and likely to occur. Another defined highest risk as cases where there was serious concern or risk of death or harm. Overall, the participants appeared to share a common understanding of what highest risk meant in a global sense; however, for the most part, they did not discuss how they might determine this risk. In other words, participants did not outline which of the 19 risk factors were considered most relevant, if any, or whether they quantified risk in some way. Rather, one participant stated that they reviewed risk using the BC Summary of Domestic Violence Risk and considered the information as a whole but would also consider the perpetrator's ability to follow through on their threats. A second participant commented that most of the files designated as highest risk had 'significant risk factors'

present, including strangulation, stalking, threats to kill, and controlling behaviours (the latter of which was not originally included on the BC Summary of Domestic Violence Risk). A third commented that they would use the risk assessment process to review all the information present but would pay particular attention to different risk factors that may carry more weight, such as escalation of violence, prior history of intimate partner violence, access to weapons, mental health, and breaching of prior court orders (Lau, 2020). Essentially, though it has not actually been empirically established as a formal risk assessment tool, the participants appeared to be using a structured professional judgement approach to review and then determine the relevance of the 19-risk factors present on the BC Summary of Domestic Violence Risk Factors as a whole, although some appeared to consider some factors more relevant than others.[8] When cases were not designated as highest risk, each agency would continue to work on their own to support the victim and address risk for the perpetrator, but did so without the benefit of the information sharing that a highest risk designation would enable. When cases were determined to be highest risk, the ICAT would develop a risk management plan focused on reducing the risk faced by the victim. The participants in Lau's study felt that this was where the interagency collaboration was of particular benefit, as it helped them ensure that all risks were addressed and managed. Nonetheless, a limitation was that even strong risk management plans may have limited effects if the victim was not able or willing to follow through on them.

A key element of ICATs is collaboration. To achieve a high level of collaboration, it was important for the participating agencies to have trust in each other and to understand that they were working together towards the common goals of increasing safety and reducing risks (Lau, 2020). Generally, participants felt that everyone they worked with cared about these common goals and worked hard to contribute, although, at times, there may be a difference of opinion that needed to be resolved, such as whether to designate a case as highest risk or when to close a file. However, there were some noted challenges. There were also some references to an inadequate balance of power, particularly when comparing the roles of investigative agencies, like the police and MCFD, to community support agencies, such as victim services, with the former being seen as holding more power over the decision making and outcomes of ICAT meetings. Another concern raised by participants centred on turnover and burnout. To reduce the effect of turnover on committee functioning, participants commonly reported that their ICAT would use a shadowing process to familiarize an incoming member with the work of the committee. Burnout primarily came from knowing that they were in a position to help the high-risk victim, but having the victim refuse to participate in the programming or access any of the supports offered. While participants felt that the ICAT model worked well overall, they listed several recommendations for improving ICATs,

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[8] As shown in Appendix 9 of the 2017 Best Practices manual for ICATs, the Summary of Domestic Violence Risk Factors tool has flagged some items as having an empirically supported stronger association with increased severity of violence or death from intimate partner violence. Notably, these are not all the same factors as those mentioned by the participants as key things for them to look for. For example, current status of the relationship is a 'dynamite' item, yet no participants in Lau's research mentioned this as something that would particularly influence their decision relative to other factors. Conversely, substance abuse issues and access to weapons were flagged by at least one participant as key factors; however, these are not flagged on the tool as having an empirically stronger relationship to severe bodily harm or death.

including providing additional funding to support the work of the ICATs, such as ensuring that all ICATs had a paid coordinator position, ensuring more opportunities for training, and developing a centralized tracking of information system. Even lacking full support, participants felt that they were achieving success in terms of reducing risk to the victim(s) and increasing access to services (Lau, 2020).

The studies by Kinney and Lau provided many useful insights regarding the nature of files that ICATs reviewed and managed, and the perceived effects of ICATs. However, the data were collected from selected regions in the province that excluded those operating in the Lower Mainland. Therefore, there is a need to expand the recruitment to facilitate broader participation by ICATs across the province and to hear from both Co-Chairs and standing committee members about the perceived benefits, challenges, and effects of the ICAT model.

Project Objectives and Methodology

The current study explored the activities of ICATs in British Columbia with the main objective of reviewing whether and how the operation of ICATs aligned with the Best Practices manual. ICAT Police and Community Co-Chairs were individually sent emails that briefly outlined the purpose of this study and invited them to participate in an online interview with members of the research team. While the emails were sent individually to each Co-Chair, several Co-Chairs elected to participate in the interview together. In total, interviews were conducted with 22 Co-Chairs from 17 different communities with an ICAT.

ICAT police and community Co-Chairs were sent an email by one of the Principal Investigators requesting that they share the link to the anonymous survey with their ICAT members. It is unknown how many ICAT members there are in British Columbia, so it is not possible to report a response rate for the surveys, but, in total, 85 completed surveys were submitted. Participants were asked to share the community where their ICAT operated for the purposes of being able to determine the overall proportion of ICAT jurisdictions represented in the survey. It was unclear, based on the response given, which specific community two participants came from, and 34 others chose not to answer this question. From the responses given by the remaining 49 participants, it was determined that survey responses were provided from a minimum of 25 different communities.

When considering the various ways that members of ICAT committees could participate in the research, the research team received survey and/or interview data from at least 33 of the approximately 57 communities that were listed as having an active ICAT. In effect, 57.8% of communities with a documented ICAT participated in this study. All four policing districts were represented in the data.

As mentioned above, interviews were conducted with 22 current or recent Co-Chairs from 17 different communities operating an ICAT. Eight interviews were completed with civilian Co-Chairs and 14 with police Co-Chairs. Interviews were also booked with participants from five additional communities but were unable to be completed due to scheduling issues, despite several attempts to re-schedule their interviews. In total, 34 other communities were invited to participate, but did not

accept the invitation. Given these numbers, the research team heard back from half (50.8 per cent) of the ICAT jurisdictions, booked interviews with over one-third (38.6 per cent), and completed interviews with at least one ICAT Co-Chair from 29.8% of the jurisdictions where an ICAT operated/is operating.

Pre-Interview Survey

All Co-Chairs who agreed to participate in an interview were emailed a pre-interview survey template to complete and return prior to the interview occurring. The pre-interview survey provided background context on the structure of the ICAT and some of the overall trends. In total, 12 pre-interview surveys were returned from 11 communities.[9] Three of the pre-interview surveys were returned by civilians and nine were completed by the police.

On average, the Co-Chairs had been a member of their ICAT for 41 months (3.4 years) and had been a Co-Chair for an average of 37.3 months (3.1 years). Co-Chairs were asked to estimate the overall percentage of their workload that was dedicated to ICAT responsibilities. This ranged from 1% to 80%, while the average workload estimate was 17.2%. Generally, civilian Co-Chairs had been a member of their ICAT for a longer period of time (average of 65 months) than police Co-Chairs (average of 33 months) and had been a Co-Chair for longer (an average of 64 months compared to 28 months, respectively). Civilian Co-Chairs also estimated that a larger proportion of their overall workload was spent on ICAT related activities (32.5 per cent) than did police Co-Chairs (12.1 per cent). None of these findings were statistically significant, which may be a consequence of the small sample. It is important to also note that due to the small sample size, any extreme scores in the data would exert more of an influence on these findings. For example, Co-Chairs generally estimated that between 1% and 30% of their workload was spent on ICAT related duties, while one estimated 80%. Without this latter score, the average workload estimated for ICAT related duties was 11.5%. Further, without this estimate, police Co-Chairs estimated that a larger percentage of their workload was spent on ICAT related duties (12.1 per cent) compared to their civilian Co-Chairs (8.9 per cent).

According to 11 of the pre-interview surveys, the average committee size was six standing members. Commonly, this included community corrections (90.9 per cent), Ministry of Children and Families (90.9 per cent), transition houses/shelters (63.6 per cent), police-based victim services (63.6 per cent), and community-based victim services (54.5 per cent). Nearly half (45.5 per cent) of the ICATs in this sample had a health authority representative, which could include a doctor or forensic nurse. Less commonly reported standing members came from a mental health or substance abuse agency (36.4 per cent), or a health authority, income assistance, or stopping the violence or other counselling program representative (27.3 per cent). However, 18.2% reported that they had either a Delegated Aboriginal Agency or youth probation representative.

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[9] As two pre-interview surveys were received from one community, any analyses pertaining to the ICAT rather than the individual Co-Chair were conducted with only one of the surveys included in the analysis.

In terms of meeting frequency and method, the 11 ICATs were generally evenly split between those who tended to meet ad-hoc (54.5 per cent) and those who tended to hold pre-scheduled meetings (45.5 per cent). For the most part, ICATs met at least once per month or more often (54.5 per cent), while a little more than one-quarter met quarterly (27.3 per cent), and the remainder rarely met (18.2 per cent). ICATs tended to meet mostly virtually (36.4 per cent) or a mix of in-person and virtually (36.4 per cent). Just over one-quarter mostly met in person (27.3 per cent).

Most (72.7 per cent) of the 11 ICATs indicated they received between 0 and two referrals each month. One was unsure of the monthly average number of referrals, while the remaining two reported receiving four or more referrals each month. On average, it was estimated by 10 ICATs that 11.9 files had been reviewed between January 2022 and December 2022. This ranged from zero files up to more than 50. When not considering these two extremes, the average number of files reviewed by ICATs between January 2022 and December 2022 was 8.1. On average, 10 ICATs estimated that they simultaneously managed 4.5 highest risk cases each month. This included new referrals and ongoing files. This estimate ranged from 0 to more than 20 files each month. When not considering these extreme scores, the average number of highest risk files that ICATs estimated managing each month was 3.3. When asked how many highest risk files they anticipated their ICAT could simultaneously manage, the Co-Chairs estimated anywhere from one to ten. On average, they estimated that they could manage 6.1 files in a typical month. However, it is important to qualify that half of these ICATs estimated that they could simultaneously manage up to four files per month. Once involved in a file, ICAT Co-Chairs provided a wide range of estimates as to how many months they may remain involved. The estimates given from ten Co-Chairs ranged from as little as three months to three years. On average, ICAT Co-Chairs estimated they would be involved in a file for 11 months; however, over half (57.1 per cent) of ICAT Co-Chairs estimated that they would be involved in a highest risk file for six months or less.

The participants were asked to estimate what percentage of files referred for ICAT review were designated as highest risk. Estimates ranged from under 25% to 99%. When considering the responses from the nine Co-Chairs that gave an estimated value, an average of 70.2% of referred files would be determined to meet the highest risk category. The reason for the high rate of acceptance is not clear; however, it is surmised that those making referrals have a good overall understanding of the kinds of cases ICATs manage, and, thus, only refer files that are suitable for this process. However, it is also possible, particularly for those ICATs that accepted more than 90% of referred files, that, given the potential dire consequences of intimate partner violence, there may be a tendency to err on the side of caution when it came to referrals. Notably, one-third of the ICATs indicated that they accepted half or fewer of the files referred, while another one-third indicated that they accepted 90% or more. Some jurisdictions may accept most or all referred files as they have the capacity to do so, while others may have set a higher threshold for risk due to the number of files being referred to their ICAT for review. Again, this was based on a small number of ICATs that returned the pre-interview survey and should not be generalized more broadly across British Columbia.

As reported earlier, previous research by Kinney and Lau (2018) identified how common different risk factors were in ICAT files reviewed using the British Columbia Summary of Domestic Violence Risk factors. Rather than replicating this, the pre-interview survey asked Co-Chairs to rate how

relevant they perceived each of the risk factors to be when determining whether files would be considered highest risk. As the new risk review tool now includes 20 risk factors, the participants were provided with a list of 20 factors that may contribute to elevated risk for severe or lethal violence and asked to rate each on the basis as always relevant (1), often relevant (2), sometimes relevant (3), or rarely relevant (4). Of note, two of the 12 Co-Chairs rated all 20 risk factors as 'always relevant'. After removing these two responses, the remaining 10 Co-Chair ratings are summarized in Table 1. For the most part, all the risk factors were considered relevant to determining risk at least some of the time. It was somewhat concerning though to see that one participant rated strangulation as 'rarely relevant' to determining risk, as research has established strangulation as one of the strongest predictors of subsequent lethality, raising the risk for the victim to die because of intimate partner violence by more than 700% (Glass et al., 2008; Matias et al., 2019; Spencer & Stith, 2020). Still, this risk was recognized by most Co-Chairs as strangulation was one of the risk factors most commonly rated as 'always relevant' to determining highest risk (80.0 per cent). The only other risk factor with as high a level of agreement of always being relevant in determining highest risk was when the perpetrator had either used or made a threat with a weapon (80.0 per cent). Relatedly, threats to harm or kill were rated by 70% of the Co-Chairs as 'always relevant' as was the perpetrator having a history of domestic violence. The other risk factor that was rated as 'always relevant' to highest risk by most of the Co-Chairs was an escalation in the frequency or severity of abuse (60.0 per cent).

The two new risk factors added to the SIPVR are coercive controlling behaviours and an attitude that is condoning towards the use of violence. Coercive controlling behaviours are increasingly being recognized as a major risk factor for violence in relationships (Barlow & Walklate, 2022; Stark, 2013; Wiener, 2017). Of note, most of this small sample of Co-Chairs perceived coercive controlling behaviours to be 'often' relevant in determining highest risk (60.0 per cent). This suggests that Co-Chairs are aware of the importance of coercive controlling behaviours when understanding the risk a victim faces; however, there is still room for improved understanding of this risk factor through future training. There was less agreement when it came to the relevance of attitudes condoning the use of violence, with 20% determining this risk as always relevant, 40% indicating it was often relevant, 30% indicating it was sometimes relevant, and 10% stating it was rarely relevant. Future research should explore how ICATs are being trained on this item and its relevance to understanding risk for future violence. Training regarding the risk that a recent or pending separation can pose would also be recommended. The literature on this risk factor shows somewhat mixed results, with findings suggesting that separation from an abusive partner is one of the most at-risk points in an abusive relationship (e.g., Dawson & Piscitelli, 2021; Robinson & Howart, 2012; Spencer & Stith, 2020), while other studies indicated that service providers tended to see the end of an abusive relationship as a protective factor because it reduced the perpetrator's access to the victim (Robinson & Howart, 2012). In their review of lethal intimate partner violence files in Ontario, Dawson and Piscitelli (2021) found that a recent or pending separation was the second most common risk factor present occurring in 70% of the cases reviewed. While they did not compare this to a sample of non-lethal intimate partner violence files, a Spanish study by Echeburúa et al. (2009) found that recent or pending separation was significantly more prevalent among the severe or lethal cases of intimate partner violence than in a sample of less severe cases. Notably, a recent or pending separation poses an elevated risk for severe or lethal violence when

occurring in the context of a coercive controlling relationship, as it is the pending loss of power and control over the victim of violence that can trigger the abuser to exert a greater degree of violence to regain control. Given the complexities of how these risk factors may interact to elevate risk, it is recommended that **both more research be conducted on the SIPVR tool used in British Columbia and that ICAT members receive training on the literature underlying why these risk factors have been identified as relevant and how they may interact to further elevate risk**.

It was somewhat concerning that the items rated as 'always relevant' to determining risk for severe or lethal violence did not align with the original BC Summary of Domestic Violence Risk Factors 'dynamite' items. On the original risk review tool, seven risk factors were assigned a dynamite indicator due to their empirical association with an increased risk for future violence and increased severity of that future violence. These seven risk factors are current status of the relationship, escalation in abuse, strangling, stalking, the complainant's perception of future violence, mental illness, and suicidal ideation. Only escalation in abuse and strangling were rated by more than half of the Co-Chairs as always relevant to determining highest risk, while exactly half perceived that mental health and suicidal ideation were always relevant to determining highest risk. Of particular concern, 30% of the Co-Chairs felt that suicidal ideation was only 'sometimes' relevant to determining highest risk, despite its status as a dynamite indicator. Prior research has documented suicidal attempts or completed suicides as a component of many intimate partner violence homicides. For example, the Domestic Violence Death Review Committee in Ontario (no date) found that threats or attempts to commit suicide occurred in 44% of domestic homicides occurring between 2003 and 2018. However, Smucker et al.'s (2018) research in the United States, as well as Dawson et al.'s (2019) analysis of files in Ontario, found that intimate partner homicides were more likely to be associated with suicide after the homicide rather than before compared to non-intimate partner homicides. Notably, Robinson and Howarth (2012) found that, like in the current sample, many service providers in the United Kingdom did not consider suicidal threats to be a significant risk factor for lethal violence towards an intimate partner. Similar to a recent or pending separation, suicidal ideation or threats may present an elevated risk in the context of a coercively controlling relationship, as these tactics can be used in an attempt to control the victim (Myhill & Hohl, 2019). These conflicting findings suggest that more research is needed on the validity of suicidality as a predictor of risk for severe or lethal intimate partner violence (McCormick, 2020).

TABLE 1: RELEVANCE OF RISK FACTORS FOR DETERMINING HIGHEST RISK (N = 10)

How relevant are each of the following when deciding whether a case will meet the highest risk designation:	Always	Often	Sometimes	Rarely
A recent or pending separation	33.3	33.3	33.3	0
Escalation in frequency or severity of abuse	60.0	40.0	0	0
Presence of dependent children	20.0	60.0	20.0	0
Threats to harm or kill	70.0	20.0	10.0	0
Sexual coercion	10.0	70.0	10.0	10.0
Strangulation	80.0	10.0	0.0	10.0
Coercive controlling behaviours	30.0	60.0	10.0	0
Victim/Survivor's perception of safety	40.0	30.0	30.0	0
Victim/Survivor's perception of future violence	30.0	40.0	30.0	0
Victim/Survivor's vulnerabilities	30.0	40.0	30.0	0
Perpetrator's history of non-domestic criminal violence	30.0	50.0	20.0	0
Perpetrator's history of domestic violence	70.0	20.0	10.0	0
Perpetrator's history of violating court ordered conditions	30.0	40.0	30.0	0
Perpetrator's history of substance use or abuse	40.0	50.0	10.0	0
Perpetrator's history of financial instability	20.0	10.0	70.0	0
Perpetrator's history of mental health concerns	50.0	30.0	20.0	0
Perpetrator's history of suicidal ideation/threats	50.0	10.0	30.0	0
Perpetrator's attitudes towards violence	20.0	40.0	30.0	10.0
Perpetrator's use of or threats made with a weapon	80.0	10.0	10.0	0
Perpetrator's access to weapons	50.0	20.0	30.0	0

As part of the pre-interview survey, ICAT Co-Chairs were asked to estimate the proportion of highest risk files where there was at least one prior police report concerning intimate partner violence. Most of the 11 participants (54.5 per cent) said that 100% of highest risk files had previous intimate partner violence reported. In fact, the lowest percentage reported was 75% of files. This meant that, on average, ICAT Co-Chairs estimated that 95.9% of highest risk files had a prior police report for intimate partner violence. This may be due to police being a common referral source for ICATs. While this may indicate that ICATs are indeed being referred the highest risk cases, it is somewhat concerning that the files ICATs are managing are primarily those who are already known to the criminal justice system. The basis for this concern is that most of the 100 intimate partner violence homicides that occurred in British Columbia between 2010 and 2015 had no prior involvement with the criminal justice system (British Columbia Coroners Service, 2016). More specifically, although two-thirds (66.7 per cent) of the individuals involved in the intimate partner homicide had a prior history of intimate partner violence, only one-third (32 per cent) of the intimate partner homicides reviewed had a prior record of intimate partner violence documented with the police. In most cases, family or friends, rather than police or community support programs, were knowledgeable about the prior intimate partner violence. The ICAT Best Practices manual states that referrals can be received from agencies or individuals that are providing services in the community. In fact, the Best Practices manual also states that a police file is not necessary for an ICAT to review a file. However, given that nearly all ICAT files had prior

police involvement for intimate partner violence, it appears as though files that are potentially relevant for ICAT involvement through a community-based referral are not sufficiently coming to the attention of the ICAT. This suggests that **more effort needs to be placed on raising awareness amongst the public about various ways to seek help when experiencing intimate partner violence outside of reporting to the police**. This may include going to a community-based victim services program, accessing a transition home or shelter, or even potentially accessing the health care system to report violence and seek supportive services without necessarily needing to file a formal police report.

ICAT Co-Chairs were also asked to provide their overall ratings on various potential outcomes that their ICAT may have achieved (see Table 2). Three-quarters or more of these Co-Chairs agreed or strongly agreed that their ICAT had increased victim/survivor willingness to report intimate partner violence to service providers other than the police (100.0 per cent), had improved quality of life for victims/survivors of intimate partner violence (91.7 per cent), had increased safety to victims/survivors of IPV (91.7 per cent), had reduced the risk of lethal violence to victims/survivors (83.4 per cent), and had increased victim/survivor willingness to report to the police (75.0 per cent). Although the Co-Chairs generally agreed that their ICAT had reduced the threat of lethal violence, there was less consistency when it came to their perceived ability to reduce either the frequency of intimate partner violence or the severity of it. More specifically, 41.7% disagreed that their ICAT had contributed to reductions in the severity of intimate partner violence, whereas 33.3% disagreed that their ICAT had contributed to reductions in the frequency of intimate partner violence.

TABLE 2: PERCEPTIONS OF ICAT OUTCOMES (N = 10)

	Strongly Disagree	Disagree	Agree	Strongly Agree
Increased safety to victims/survivors of IPV	8.3	0	75.0	16.7
Reduced risk of lethal violence to victims/survivors	8.3	8.3	66.7	16.7
Increased access to services for perpetrators	8.3	25.0	58.3	8.3
Increased access to services for victims	8.3	0	41.7	50.0
Reduced frequency of IPV re-offending	0	33.3	66.7	0
Reduced severity of IPV re-offending	0	41.7	58.3	0
Increased victim willingness to report IPV to police	0	25.0	75.0	0
Increased victim willingness to report IPV to other service providers	0	0	91.7	8.3
Improved quality of life for victims/survivors of IPV	0	8.3	91.7	0

Overall, the ICAT Co-Chairs who completed a pre-interview survey felt that their ICAT was achieving several successes, particularly when it came to increasing access to services and enhancing safety. The survey also suggested some potential areas for enhancement, including training regarding risk factors for severe or lethal intimate partner violence, and promoting more general community level awareness about ways of reporting victimization, including to agencies

that can initiate an ICAT referral. These themes were further explored in the interviews with a larger sample of Co-Chairs presented below.

Qualitative Interviews with ICAT Chairs

GENERAL INFORMATION AND ROLE OF ICAT CHAIRS

As described above, most ICATs employ a Co-Chair model where one Co-Chair is from the police and one Co-Chair is from the community. For the most part, the police Co-Chair held a position within their police agency that aligned well with the purpose of an ICAT. For example, it was not uncommon for the police Co-Chair to be a member of their police agency's domestic violence unit. Moreover, while the amount of time that the police participant had been in the Co-Chair position was not always very long, the police officer did have a lot of experience in the areas of domestic violence, intimate partner violence, investigating sexual offences, and other related units. In effect, those police officers who were serving as ICAT Co-Chairs had many years of policing experience in relevant areas. The non-police ICAT Co-Chairs also had many years of relevant experience serving their communities in the areas of victim services, domestic violence, and mental health.

Regarding tenure as a Co-Chair, it was not unexpected, given the nature of promotion and movement within police agencies, that the police Co-Chairs, for the most part, had been an ICAT Co-Chair for less time than the non-police Co-Chair. Of the Co-Chairs who provided information, the average amount of time served as an ICAT Co-Chair was 41 months, with a range of 11 months to 120 months. Of note, from the information that some Co-Chairs provided prior to their interviews,[10] nine police Co-Chairs had been in this role for an average of 28 months with a range from 0 months to 90 months, while two civilian Co-Chairs indicated that they had been serving for an average of 96 months with a range of 72 months to 120 months. Moreover, for many of the Co-Chairs, they had been members of their ICAT prior to becoming a Co-Chair; however, this was not always the case. In terms of their estimates of what proportion of all their regular workload was taken up by their responsibilities as an ICAT Co-Chair, the average was approximately 10% with a range of 1% to 30%.

There were several common themes related to what was involved with being an ICAT Co-Chair. A common activity they engaged in was to determine whether an ICAT meeting was necessary for a particular file. In effect, reviewing files to ensure that the referral was appropriate for an ICAT presentation that would require review from the entire ICAT standing membership was a commonly mentioned responsibility of the Chair. To that end, it was somewhat common for ICAT Co-Chairs to indicate that they served as the contact person for ICAT members to reach out to for questions related to the suitability of a file being presented at an ICAT meeting. Another common task was working with the ICAT coordinator, if they had one, to ensure that the necessary information was sent to all ICAT members, that files were updated, and that meetings were scheduled. For those ICATs that did not have a coordinator, these tasks fell to the Co-Chairs. It was

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[10] As mentioned above, all interview participants were sent a pre-interview survey to collect some background information on their ICAT. Responses were received from 11 of the interview participants.

also the responsibility of the Co-Chairs to attend all ICAT meetings, lead the meetings, ensure that updates were provided for all open files, and to follow up with members to ensure that partners were supported and completing their tasks related to open files. Some Co-Chairs indicated that it was also part of their role to establish the ICAT committee, ensure that the necessary agencies and organizations participated in the ICAT, and to keep members engaged in and committed to the ICAT process. In general, it was not uncommon for one or both Co-Chairs to receive the referral from ICAT members, review the referrals, send some general information to the other ICAT members, schedule the meeting, set the agenda, lead the meeting, keep all information related to the file discussions, and record the outcome of the referral. For some Co-Chairs, their roles also extended to supporting ICAT members and coordinating their efforts in the community. Of note, some Co-Chairs spoke of the responsibility to integrate new members into the committee and to ensure that new members were adequately trained and prepared to participate fully in the ICAT process, which will be discussed in greater detail below.

Additional important responsibilities of the Co-Chairs include ensuring that there is proper documentation before moving forward with a client, making sure that information sharing is done appropriately, ensuring all ICAT members have signed the consent form related to the referral, keeping the ICAT meeting on track, ensuring that a safety plan is in place prior to the meeting ending for all accepted referrals, and confirming that all ICAT members are aware of their roles and responsibilities related to each file accepted by the ICAT. It should be noted that many of these responsibilities should be undertaken by the ICAT Coordinator but, as mentioned below, several of the Co-Chairs indicated that, for a variety of reasons, they did not have a Coordinator.

There was some variability in how often ICAT committees generally met and how formal that schedule was. For example, some Co-Chairs indicated that their ICATs met on an ad hoc basis when there was a file to discuss, while others had a more formal schedule. In terms of how often ICATs met, some Co-Chairs indicated that they only met when necessary, while one Co-Chair stated that their ICAT met rarely. For the most part, the most frequently mentioned meeting times were weekly, monthly, or quarterly. Of note, many Co-Chairs reported that they would meet outside of these times if someone brought a file to them that required immediate attention. In effect, while slightly more than half of the Co-Chairs indicated that they met on an ad hoc basis, for those with formal scheduled meetings, an ICAT meeting could be called in between these meeting times if necessary.

To put into better context the amount of work Co-Chairs did in their role and the frequency of meetings, Co-Chairs were asked how many files were referred to their ICAT in a typical month. Here, the range was from one to six referrals, with the most common number being two referrals per month. Of note, several Co-Chairs indicated that they had no files or just one file in a typical month. When asked specifically how many files their ICAT reviewed in 2022, the range was from none to just over 50. Given that the sample from this report came from all four policing districts in British Columbia and included ICATs from major cities and small municipalities, as well as urban and rural jurisdictions, it was not surprising that there were some ICATs that had very few referrals and others with much larger counts. Still, most Co-Chairs reported 10 or fewer files in 2022. Future research might consider focusing on comparing the rate of referrals to each ICAT to the overall rate of intimate partner violence reported in the community as one way to assess whether the

proportion of files being referred to an ICAT is appropriate. While there are no guidelines regarding the typical proportion of intimate partner violence cases that would be considered 'highest risk', establishing expected baselines might help each ICAT determine whether they are receiving enough referrals. **Periodically promoting the mandate of one's ICAT and the referral processes by ICAT members to their broader community partners and professional networks might also form part of a general strategy to ensure that relevant and appropriate referrals are being made to each ICAT over time**.

Co-Chairs were also asked how many of the highest risk cases their ICAT simultaneously managed in a typical month and how many they could manage in a typical month. Again, the jurisdiction or location of the ICAT played a role, as some Co-Chairs indicated that their ICAT managed about one or two files in a typical month and had the capacity to manage between three and five. Still, in the larger jurisdictions, the number of files managed increased to between four or five files with a capacity to manage between six and ten files. Overall, most of the ICAT jurisdictions that participated in the interviews indicated that they were operating under capacity. Whether this was due to a low number of referrals, a tendency of some ICATs to screen out a proportion of referred cases, or for some other reason was unknown. If due to a low number of referrals, whether this was the result of a low level of intimate partner violence in the community, a lack of reporting of intimate partner violence to formal agencies, or a lack of awareness about ICAT mandates among potential referral sources is unclear.

When asked about the amount and type of training that Co-Chairs received specifically in relation to their role as Co-Chair of an ICAT, all Co-Chairs reported receiving no specific training other than the training provided to all members of the ICAT. For those who inherited the Co-Chair role from a previous Co-Chair, it was common that the new Co-Chair just received the ICAT policy document/workbook/orientation manual, and some police Co-Chairs received a PowerPoint deck that included information about the role and responsibilities of a Co-Chair. One Co-Chair remembered receiving a pamphlet that outlined the role of the Co-Chairs, while a few Co-Chairs indicated that their predecessors provided some general guidance. One police Co-Chair indicated that they received an RCMP E-Division document that was designed as a police Co-Chair training guide.[11] Again, none of the Co-Chairs reported receiving any in-person or virtual training specific to their role as Co-Chairs. In effect, for the most part, Co-Chairs in this sample reported learning how to be a Co-Chair on the job. Given this, **it is recommended that all Co-Chairs receive formal training on their role and responsibilities before or, if that is not possible, then very soon after taking on the position. It is also recommended that a Best Practices protocol be established for Co-Chairs to be given an opportunity to shadow their predecessor prior to taking over the role of Co-Chair. Given that promotion and transfers are common for the police Co-Chair, it is also recommended that a succession plan be in place to ensure continuity in relationships and knowledge of the ICAT processes.**

Of note, as mentioned above, Co-Chairs did generally indicate that they received training prior to taking on the position of Co-Chair; however, this was the general training that all ICAT members

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[11] It was not clear if this Co-Chair was referring to the E Division PowerPoint deck mentioned above.

were expected to complete. Some Co-Chairs reported that their training consisted of the standard training provided by CCWS/EVA BC that included basic information about the history and development of the ICAT model, ICAT procedures and policies, and a general overview of the Co-Chair roles. In addition, some Co-Chairs spoke about attending ICAT meetings prior to becoming a Co-Chair, reviewing the MOU of the ICAT agreement, attending, when possible, training provided by domestic violence units of one's police agency, participating in informal or formal meetings between ICAT Co-Chairs from various jurisdictions about what was working well and what was not, and reviewing the Best Practices manual.

While most Co-Chairs indicated, as mentioned above, that the training they received did not differ very much, if at all, from the general ICAT training, when asked to describe what the training consisted of, the most common responses included understanding the importance and value of agencies collaborating and coordinating their responses to intimate partner violence, becoming knowledgeable about the highest risk areas of concern, learning how to fill out of the forms associated with ICAT, and understanding how to keep ICAT partners engaged with the process. Other important elements of the training involved understanding the importance of confidentiality, how to determine which partners were invited to meetings, issues related to privacy, and strategies to manage victims and perpetrators. Co-Chairs indicated that the training took place over one day and, for some Co-Chairs, this was done virtually because of the COVID-19 pandemic.[12] **It would appear that striking a balance between how long the training session(s) are, having the training available in-person and/or online, when Co-Chairs receive training, and the nature of the training is important**. Some Co-Chairs indicated that if the training was longer than just a few hours they would not be able to attend, some indicated the need for consistent refresher training, and others preferred the training to be in-person while others believed an online approach was more accessible, and still others indicated that they liked the intensive few days approach to training. To facilitate the delivery of training in a more timely and accessible manner, **the ICAT training content could potentially be separated into content that can be delivered asynchronously online** (e.g., the Best Practices manual, risk factors associated with intimate partner violence, samples of the various forms) **and content that is best delivered in-person to a larger group of ICAT members** (e.g., working collaboratively, information sharing protocols and practices, roles and responsibilities specific to an ICAT Co-Chair, and any scenario-based training practices, such as mock file reviews).

When asked to identify the strengths of the training, some of the more commonly mentioned aspects were being provided with information about the development of the ICAT model, the inclusion of real-life examples, preparing Co-Chairs to better understand the overall ICAT process, and the emphasis on the value and importance of interagency cooperation and establishing meaningful partnerships. For some Co-Chairs, the strength of the training was that it established the value and importance of everyone in an ICAT listening, collaborating, and building consensus around a file. Other Co-Chairs felt that the manual was very helpful and was a resource that they

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[12] Of note, there was one Co-Chair who indicated that their training took place over four days. It is possible that this Co-Chair was referring to the four-day Foundational Violence Risk Assessment and Management training course provided by Protect International.

consistently referred to. Other identified strengths of the training included providing a good foundation for what an ICAT was supposed to do, how to run an effective and efficient ICAT meeting, and how to identify which partners should be involved in the ICAT. For some of the police Co-Chairs specifically, a strength of the training was understanding partner responsibilities and roles. This included not just getting together to discuss a file but providing updates at subsequent meetings. They also liked that the training included instructions for holding people accountable for tasks and assignments, for those ICATs that do assign tasks to members. The general sentiment here was that the training, for many Co-Chairs, delineated the different roles that various members played, particularly the different roles for police compared to community partners, including information sharing. Given the makeup of who sits at the ICAT table, it was not surprising that very few Co-Chairs indicated that information about the different risk factors was a particular strength of the training. In other words, Co-Chairs felt that the level of knowledge and experience of standing members was such that intensive training on the meaning of each risk factor was not necessary. Still, one Co-Chair indicated that the risk factor screening tool was too simplistic and that there was too much of a reliance on the tool because it was perceived as being objective. Given this, it was felt that **additional training on how nuanced the assessment tool was and what were some of the limitations associated with this tool would be helpful**. In addition, it is recommended that **all members of an ICAT be given access to training on the risk factors presented on the risk review tool to ensure that all members are familiar with why and how these factors raise the risk for severe or lethal violence.**

In terms of gaps in the training for Co-Chairs, while it was noted that more specific training for this role was needed, a few other issues were raised. One was the need for more training on best practices for report writing and documentation of what occurred in the ICAT meeting. It was also felt that **there would be a benefit in ensuring that the two Co-Chairs were trained together** so that they shared a common understanding of the ICAT model, its operation, and processes. While there are some very practical challenges to having the Co-Chairs always trained together, some Co-Chairs felt that the bulk of the work of a Chair fell to the police officer member, who might not have as much experience with the ICAT model as some community members and might also not have adequate institutional support to fulfill their regular duties and the expectations of an ICAT. Given this, having the two Co-Chairs train together might result in a better distribution of responsibilities. It was interesting that several Co-Chairs indicated that the training did not provide a step-by-step guide for what Co-Chairs needed to do when they received a referral and held an ICAT meeting. In other words, there was no checklist of tasks to perform as an ICAT Co-Chair. The Best Practices manual does provide an overview of the procedures for everyday ICAT operations; however, this is text heavy and perhaps could be summarized into a bullet point list of step-by-step tasks that should be followed, with reference back to the relevant sections in the Best Practices manual where each step is more fully described. For some, this lack of training was viewed as a gap that led to frustration and ICATs doing things differently, rather than everyone following a standard best practice guide. In effect, this was one of the most common themes; the lack of consistency between ICATs.

In general, the most consistently mentioned gap was the availability of initial training and refresher training. While it was rather clear that Co-Chairs would prefer training to be offered more consistently and, for the most part, in-person, they were very aware of the logistic and other

challenges associated with providing each ICAT member training when required and arranging for refresher training on a consistent basis. Co-Chairs were also cognizant of the challenges that frequent turnover in ICAT members posed to timely training. As a stop gap measure, several of the police Co-Chairs indicated that **a more regular update to the E-Division ICAT manual** would be a step in the right direction and could, at least for police Co-Chairs, address the issue of a lack of timely and current training. Other Co-Chairs inquired about the possibility of **developing a train the trainer model** in which a trained and certified Co-Chair could train their ICAT members, especially when new members joined the table.

In this sample, there were various ways that decisions about which agency held the non-police Co-Chair role were made. For some Co-Chairs, it was based on prior experience, interest in the area and the role, and having sufficient knowledge about the subject matter and community resources. This was often combined with someone who had the time and support from their agency to serve as Co-Chair. For many of the ICATs that participated in an interview, the role of non-police Co-Chair was held by someone working in community-based victim services. It was reported by Co-Chairs that this commonly occurred because the person from community-based victim services had the necessary knowledge, experience, and community contacts to be effective in this role. Interestingly based on this sample, if the non-police Co-Chair left the position, another person from the previous Co-Chair's agency would take on the role rather than shifting the role to someone from a different agency. In other words, the non-police Co-Chair role was commonly assigned to an agency rather than a specific person. Again, for the most part, this agency was from victim services or community safety. Of note, many of the community-based Co-Chairs in this sample did not specifically know why their agency held the Co-Chair position beyond the fact that this was the way their ICAT had always operated. Other Co-Chairs indicated that the position was determined at the initial training session at the establishment of that community's ICAT and was based simply on who volunteered to serve in that role.

It was very positive that all Co-Chairs reported that they felt that they worked very effectively with their other Co-Chair. This assessment was based on being able to work towards solutions together, to solve problems well together, and having a high degree of mutual respect. Co-Chairs spoke of the ability to bounce ideas off each other, being available to each other to discuss referrals or issues outside of the formal ICAT meetings, and having direct and clear lines of communication as other benefits of the Co-Chair model. The Co-Chair model was also seen as important in building and maintaining relationships between agencies and with victims and perpetrators. Some Co-Chairs enjoyed that there was someone else to hold them accountable or to be able to run meetings if they could not attend an ICAT. While not an exclusive feature of the Co-Chair model, it was also identified by several Co-Chairs that the Co-Chair model resulted in Chairs hearing and seeing different perspectives, different points of view, and different ways of assessing and understanding the various risk factors. In effect, many Co-Chairs mentioned that community organizations and the police have different mandates, philosophies, objectives, and responsibilities towards victims and perpetrators. So, the Co-Chair model allowed members to better understand these different and sometimes competing roles and responsibilities and integrate the best of both approaches when addressing those at the highest risk level for intimate partner violence.

At a practical level, the ability to divide up the work associated with an ICAT was recognized as another advantage of the Co-Chair model. Moreover, the fact that when things came up on an emergency basis, it was more likely that the issue could be dealt with in a timely fashion because if one of the Chairs was not available or able to help, the other one might be. When it came to running meetings, many Co-Chairs indicated that there was an added benefit of having two Chairs. Setting and sending the agenda, running ICAT meetings, taking meeting notes, asking follow-up questions, and ensuring that all privacy and confidentially protocols were being followed was seen as being much easier when there were Co-Chairs present, so much so, that one Co-Chair indicated that they would not hold their ICAT meeting if both Co-Chairs could not be present. It was interesting to note that at least one Co-Chair reported that some members of an ICAT were not necessarily pro-police or supportive of how the police dealt with victims, so having a community Co-Chair also in charge of the process made it more comfortable for those who might not have had a good working relationship with the police, had a negative experience with the police, or did not support the police's methods, approaches, or interventions with victims and perpetrators. To that end, some Co-Chairs indicated that a benefit of the model was that it had built bridges between community agencies and the police. Moreover, when it came to victims, it was beneficial to have a non-police Co-Chair because some victims were not comfortable dealing with the police.

When asked about challenges associated with the Co-Chair model, there were very few issues identified. The police Co-Chairs identified two issues: the ability to always attend ICAT meetings, and the support they received for their role from their agency. This was based on the comments of some police Co-Chair indicating that they performed the ICAT Co-Chair role 'off the sides of their desk' or as an additional responsibility that was not part of their primary responsibilities. As a result, some Co-Chairs indicated that, at times, they were pulled onto other tasks that took priority over chairing an ICAT meeting. Similarly, the amount of turnover, movement, reassignment, or promotion in a police agency made it difficult to maintain a degree of consistency among police Co-Chairs. The police Chair member would rotate out of this position more frequently than the non-police Co-Chair, which was seen as disruptive and posed challenges with training, relationship building, trust, and consistency in approach. Of note, Co-Chairs did not identify any challenges directly associated with having a non-police Co-Chair. Rather, as stated above, most Co-Chairs indicated that it was critical to have a non-police Co-Chair, in part, because these individuals brought a different approach from the police in responding to the needs of victims and perpetrators associated with intimate partner violence.

With respect to the issue of whether a particular agency should always hold the coordinator role, if an ICAT filled this position, for the most part, Co-Chairs believed that this should reside with police-based victim services, if possible. The reasons for this were that there would likely be less turnover in the person holding the position if it was a civilian rather than a police officer, but that there would still be the associated advantages related to data storage and data access if the position was in a police agency. Moreover, housing the position with a civilian in police-based victim services might also make it more likely that victims will share information with someone who was not a police officer. Of course, it is critical to keep in mind that police-based victim services workers are bound by disclosure rules while community-based victim services workers are not. Therefore, some victims may feel more comfortable talking with a community-based victim services worker. Still, given where the police-based victim services worker is employed, they would have access to

information already collected by the investigating officer in the context of the initial response to the file. It was also seen as a benefit by some of the Co-Chairs to have the coordinator in the same building as the police-based Co-Chair to assist as needed when phone calls, emails, or information requests were received by the Co-Chair related to a referral or an open file. In effect, while there was some debate among Co-Chairs as to whether the coordinator should be a police officer or a civilian, there was general agreement that the position was most effective when housed in a police agency. However, other Co-Chairs focused on the skills required to be a good ICAT Coordinator and were less concerned with which agency the coordinator came from or where they were housed. Here, the ability to collect, record, and disseminate information appropriately, coordinate meetings, and complete the administrative tasks associated with the ICAT was seen as paramount. Of note, as mentioned above, some of the Co-Chairs either did not have a Coordinator or did not see the need for one as they did this work themselves and, in many cases, did not even realize there was a position outlined for a Coordinator in the Best Practices manual. These Co-Chairs were unclear as to which agency would be willing or able to take on the responsibility of doing all the information checks, administrative work, and coordinating the ICAT meetings.

In terms of changes to the Coordinator's role or enhancing their role, most Co-Chairs indicated that they either had not really thought about it or did not have any concrete suggestions for improvement. Still, when there were suggestions, they tended to focus on having the government provide funding to support the Coordinator role or, as indicated above, when possible, having the Coordinator role taken on by someone from within victim services. For those without a Coordinator, it was felt either that they did not need one, as there were not enough ICAT files to require a Coordinator role, or that a benefit of establishing a Coordinator position might be that it could serve as a central point of contact for all ICAT referrals. Of note, only one of the Co-Chairs that did not have a Coordinator indicated that they would like to have this position filled.

When asked to describe the mandate or goals of their ICAT, Co-Chairs provided many common elements, including a focus on providing victim safety and offender management strategies, and managing those files with the highest risk for domestic violence. While most Co-Chairs indicated that their mandate or goals included helping victims of intimate partner violence, reducing risk, mitigating the highest risk, and preventing serious injury or death from occurring, some Co-Chairs included other elements, such as resourcing and educating victims and offenders about the harms and consequences of intimate partner violence, preventing recidivism, ensuring the best outcomes for victims, and increasing safety for everyone involved in an intimate partner violence incident. Of note, some Co-Chairs mentioned elements specific to the functioning of the ICAT. For example, several Co-Chairs mentioned that a goal of their ICAT was to enhance information sharing among partner agencies, share the workload associated with identifying and managing the highest risk files, and contribute to agencies working together more often to assist with providing resources to those involved in intimate partner violence cases. Of note, none of the Co-Chairs mentioned something as part of their goals or mandate that was not supported by the literature or part of what one might expect an ICAT to focus on.

THE ICAT PROCESS AND COMMITTEE

There was quite a lot of similarity among the ways in which ICATs determined the level of risk for the cases referred. In amalgamating the information provided by Co-Chairs, in terms of the general steps taken once a referral is received, an email is sent or a phone call is made to each member requesting an ICAT meeting to assess the referral. At that time, a summary of the referral is provided. Members are instructed to bring to the meeting any information they have about the people involved in the file. This might include information about the perpetrator and victim, previous interventions, substance use or mental health concerns, and family supports. Once members have reviewed and signed a confidentiality agreement, the person who made the referral and/or the police will provide a general overview of the incident(s) and the information they have about the case, which is followed by a roundtable discussion where members can add their own information and knowledge about the file. After that, the members will go through the risk factor list and decide which risk factors pertain to the file. For some of the ICATs, the police Co-Chair or the Coordinator will take notes and record which risk factors have been identified as being present in the case. At that point, an overall review will be undertaken to determine if the file meets the threshold of highest risk. Of note, there is some degree of variation in how different ICATs make this determination. If a determination is made that the file does not meet the criteria of highest risk, the referral is closed, although individual agencies may continue working with the victim or perpetrator according to their respective mandates and professional obligations/responsibilities. However, if a file is deemed to be highest risk, the next steps involve identifying which agencies are best positioned to provide interventions, determining what needs to be done by each agency, assigning follow-up tasks and action items, setting diary dates for the completion of certain tasks or action items, and then, through email or subsequent ICAT meetings, updating the ICAT on progress and the current status of the file.

The ICAT Best Practices manual (2017) indicates that decisions about highest risk should be made "using an abbreviated tool consistent with the principles of the B-SAFER" (p. 45). Of note, in 2005, the B-SAFER was adopted by the BC Chiefs of the Police as the risk assessment tool to be used by police in British Columbia (Rossiter et al., 2014). According to the ICAT Co-Chairs, most ICATs use the risk factor sheet provided by the police, which is the Summary of Intimate Partner Violence Risk factors (SIPVR), to make determinations about highest risk. The SIPVR is a risk review tool where police officers are trained to review 20 different risk factors that are empirically associated with risk for intimate partner violence, and to document the presence of the risk factors qualitatively (see Appendices 9 and 10 in the 2017 Best Practices manual). The risk review process is designed to provide police with the ability to make evidence-informed decisions about case management (McCormick, 2020). Again, it is important to keep in mind that the ICAT risk factor sheet is a risk review tool and not a risk assessment tool. Police and ICAT members primarily use this tool to inform their discussion about the specific risk factors that are present in a referral. The individual risk factors are not being rated or ranked in terms of their severity, there is no final tallying of the number of risk factors present, and there is no established cut-point or pattern that would indicate whether the file is low, moderate, or high-risk. In terms of how it is being used in the current context, the ICAT reviews the risk factors in totality and then make group-based decisions about whether there is a reason to believe the case should be considered highest risk for lethal violence based on the information shared.

The SIPVR was released to police in Fall 2021 after revisions following an updated review of the risk factor literature. Two major changes to this tool included the introduction of two new risk factors – Coercive Controlling Behaviours and Attitudes Condoning of Violence. Police across British Columbia were required to complete training related to this new tool by December 2022; however, this training is typically only available to sworn officers via the Canadian Police Knowledge Network (CPKN). When asked directly about ICAT members receiving training on the new SIPVR, most Co-Chairs indicated that their ICAT members had not received this training, and several recommended that this would be beneficial. While this is not altogether surprising, it is a significant limitation given that the SIPVR is how most ICATs are making decisions about which referred cases meet the highest risk designation. Therefore, it is recommended that **all ICAT members across British Columbia be given access to training on the risk factors contained in the SIPVR.** It is important that all ICAT members have an empirical understanding of the various factors that raise risk for severe or lethal violence and, as will be discussed below, consistently use this knowledge to make informed decisions about risk.

Given that both the ICAT Best Practices manual and the provincial Violence Against Women in Relationships policy (2010) discuss the use of the B-SAFER tool in informing risk in intimate partner violence files, ICAT Co-Chairs were specifically asked about their use of the B-SAFER in reviewing risk. The B-SAFER is the Brief Spousal Assault Form for the Evaluation of Risk and, contrary to the SIPVR, this is a formal risk assessment tool that has been validated in several studies (Belfrage et al., 2012; Kropp et al., 2010; Nesset et al., 2017; Storey et al., 2014). The B-SAFER uses a structured professional judgement approach to assess 15 risk factors and determine whether there is low, medium, or high risk presented. It was designed as a shorter version of the SARA for use by police officers (Kropp et al., 2010). Although many of the risk factors are similar to those contained on the SIPVR, previous research identified that the B-SAFER is viewed as time consuming to complete and so, while some specialized police officers in British Columbia have received this training, the B-SAFER does not appear to be commonly used with preference being given to the SIPVR (McCormick et al., 2022).

However, it is important to note that the SIPVR is not a risk assessment tool. While it guides police about important aspects of risk, they should inquire about and document each risk factor. There is no established process by which to interpret a case as low, moderate, or high risk, according to the SIPVR. In contrast, the B-SAFER was designed for this purpose. The B-SAFER includes many similar risk factors as the SIPVR but requires more in-depth training because it is based on the assessor making structured professional judgements about the risks presented using a variety of sources of information, including interviews with the perpetrator, victim, and others who know the perpetrator or victim (e.g., family), a review of collateral file information, and, when possible, reviewing mental health assessments. The assessor then uses this information to develop a risk management plan to address or reduce the potential for those risks to be acted upon (Kropp et al., 2010). Given this, whereas the SIPVR may take anywhere from 15 to 45 minutes to complete, the B-SAFER may take several hours or more depending on the extent of available information and the

assessor's comfort level with using the tool.[13] Therefore, the SIPVR is commonly used with frontline investigators, whereas B-SAFER training is typically provided to specialized intimate partner violence police officers, such as those overseeing domestic violence units.

In terms of using the B-SAFER to assess risk, there were several different perspectives. One perspective was that the B-SAFER was somewhat redundant and reports made by ICATs using the B-SAFER were not being used by Crown Counsel, so the B-SAFER was not very useful. Interestingly, one Co-Chair stated that their Crown Counsel explicitly told them not to use the B-SAFER because the Crown Counsel was not using it as part of their prosecution. Of note, other Co-Chairs indicated that they always did a B-SAFER and that the ICAT was successful in providing that information to Crown Counsel who were incorporating the B-SAFER assessment in their sentencing requests in court. The B-SAFER is an offender management-oriented risk assessment tool that uses information collected from interviews with the perpetrator, victim, and other relevant parties together with a review of file data (e.g., previous record) or prior reports (e.g., previous psychological assessments) to develop a comprehensive overview of the presence or absence of risk factors associated with increased risk for violence towards an intimate partner. One component of the B-SAFER includes management strategies that police officers can use to articulate why a perpetrator should be held in custody or, if unable to be held in custody, what strategies should be in place to minimize risk. For example, a perpetrator with a documented anger management issue may be required to attend anger management programming while in the community. Management strategies can also include enhanced monitoring or surveillance by agencies, such as the police or probation. Therefore, the B-SAFER report may present Crown Counsel with the evidentiary basis to require regular check-ins with probation or a curfew order. Another perspective was that the B-SAFER might be more beneficial for an ICAT that did not have experts in intimate partner violence as part of the team. Regardless, in general, some Co-Chairs felt that a B-SAFER report might be more useful as part of a police officer's report to Crown Counsel than for the ICAT. Finally, there were Co-Chairs who indicated that they used the B-SAFER because they had members who were trained in it and found it helpful, particularly in those cases with high levels of violence. However, even among these Co-Chairs, there were concerns with the amount of time it took to complete a B-SAFER. In effect, Co-Chairs were aware of the B-SAFER and thought that it was a good tool, just not necessarily for use during an ICAT. The B-SAFER was generally characterized by Co-Chairs as comprehensive, but very time consuming and more appropriate for reports to Crown Counsel and offender release plans than ICATs. Moreover, when the B-SAFER is presented by the police member as part of the ICAT discussion, which is rare, it is used to provide additional information when the ICAT is deciding about highest risk. Finally, the benefit of the B-SAFER, from the perspective of some Co-Chairs, was that it did assess a lot of the issues and risk factors that an ICAT should be interested in to assess risk and the output was an easy-to-read document. However, B-SAFERs do not appear to be forming a routine part of the ICATs approach to understanding and addressing risk.

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[13] These estimates are based on interviews conducted for the current study and in McCormick et al. (2022), which suggests that depending on the availability of relevant information, a B-SAFER report may not be completed for several days or weeks.

With the appropriate restrictions in place at this point in the process, once all the relevant information has been shared and discussed, the ICAT must make a determination about highest risk. For the most part, ICATs undertake a roundtable where each member votes on whether they think the referral meets the threshold of highest risk. As alluded to above, there were different ways that ICATs made this determination. For example, some ICATs used a scoring system where they counted the number of risk factors that were deemed to be present, other ICATs considered the number of 'dynamite' risk factors in particular, and, if there were a high number of these risk factor present, would designate the referral as highest risk, while others would examine the overall pattern of risk to make a judgment call. While communities may have different definitions of and capacity to take on highest risk files, **it is recommended that a Best Practices protocol be established to provide consistency in determining when a file meets the highest risk criteria.**

It is interesting to note that while most Co-Chairs indicated that the decisions around cases and risk are by consensus, some Co-Chairs indicated that it was also common for decisions to be unanimous, although this threshold was not necessary. However, when consensus was not reached, there were several different approaches taken by ICATs. For some, the police Co-Chair has the final say on whether a referral is accepted by the ICAT, in other ICATs the file would be tabled until the next meeting and the file would be monitored over that period of time to see what, if anything, changed. Then, the case would be reintroduced at the next meeting with an update. It was also interesting to note that several Co-Chairs indicated that they tended to err on the side of caution, meaning that if consensus could not be reached but there was sufficient concern among some of the ICAT members, the referral would be accepted. When asked about the police Co-Chair's veto power, while all Co-Chairs recognized that the police Co-Chair did have this authority, only one of the Co-Chairs indicated that this was ever used and, for that ICAT, the veto was only ever used once.

Rather than using a veto, typically one of two approaches was taken when consensus could not be reached. One approach involved, as mentioned above, erring on the side of caution and accepting the referral. The second approach involved delaying a decision for one or two weeks, monitoring the situation, and then revisiting the file to see how members felt. For the most part, Co-Chairs felt that these two approaches demonstrated respect of members' feelings and experiences, and eliminated the concern that the police were being heavy-handed, ignoring the perspectives or concerns of some ICAT members, or focusing more on punishing the offender than assisting the victim. In effect, when consensus could not be reached, there was a delicate balance that the Co-Chairs attempted to maintain. For example, several Co-Chairs indicated that they did not want the police Co-Chair to use their veto because their ICATs had developed very strong interpersonal relationships, they wanted all members to feel like they have been heard and have their points of view considered, and they did not want people leaving an ICAT feeling disrespected or quitting the ICAT entirely. These concerns had to be balanced against the understanding that the mandate of their ICAT demanded that they focus their resources on the highest risk files. Given this, delaying a decision or accepting those borderline files was seen as respecting both the mandate of the ICAT and the experience and concerns of members who felt very strongly about a file or a series of risk factors. However, it is important to consider that designating a file as a highest risk case enables information sharing between agencies that is not otherwise permitted. It is understandable that ICATs would prefer to err on the side of highest risk for severe or lethal violence. However, given the potential effects on personal privacy, as well as the lack of consistency in how highest risk files

are being designated across British Columbia, this suggests the **need for more training and clarity around how to review risk and use that information to make consistent and informed decisions about risk level**.

A possible explanation for why not all decisions about risk were unanimous has to do with the difficulty or challenge in accessing certain kinds of information during an ICAT. When asked what kind of information was commonly challenging to assess, several things were highlighted by Co-Chairs. The first was related to mental health. It appeared to sometimes be difficult for ICATs to verify mental health information as there might not be someone with that expertise or access to that information as a member of the committee. One way that this was addressed was by **adding a forensic nurse or someone with mental health expertise to the ICAT who could speak to or verify the information provided by other members related to mental health issues**. Similarly, some Co-Chairs spoke about the difficulty in assessing substance abuse and interpreting the degree to which this contributed to risk. Another challenge was from the police side in that there might be some information that was included in the file from the investigating officer, but that officer, often due to their rotating shift schedule or lack of resources to cover their other responsibilities while attending the meeting, would not attend the ICAT to provide greater context or to answer questions pertaining to the information in the file. The solution that some Co-Chairs undertook to address this issue was to have **the investigating officer present or for the police Co-Chair to speak to the officer in advance so that the Chair could speak to the file and answer any questions for ICAT members**.

A more general concern was that the information presented at an ICAT might be rather limited because the agency was not willing or comfortable to share fully all the information they had about the file, or a designate was sent to the meeting who did not have all the information. Co-Chairs indicated that this was more common with certain agencies and made it very difficult to assess the file. Given this, it is recommended that **the agency making the referral ensure that a fulsome account of the information be provided during the ICAT and that a designate is not sent to the meeting from the agency making the referral**. Another more general comment was the realization that clients or victims do not always disclose sufficient information to assess factors like relationship status, their history of incidents of intimate partner violence they have experienced from the perpetrator, the level of violence they are experiencing, living arrangements, etc. While the Co-Chairs understood the myriad of reasons why victims do not always provide a fulsome accounting of their history, relationships, and the incident, this can lead to challenges in making a determination about highest risk. Still, this is one of the areas where an ICAT provides an advantage over the typical siloed response to intimate partner violence, as a victim may share information with a community-based victim services worker or transition house staff member that they would not feel comfortable sharing with the police, which can then be used to determine risk or shared in the context of a highest-risk ICAT case file discussion.

In terms of documenting discussions about risk, there was not one standard approach that was used by all the ICATs in this sample. For the most part, it was common for Co-Chairs to indicate that they were the only ones allowed to take notes and to keep notes, but this was not always the case. Of course, it was common for those tasked with action items to write those down, but the intention was for those notes to be destroyed by the agency in a timely manner. One of the challenges

identified by a Co-Chair was that when someone on the ICAT completed an assigned task, they might email that information to all committee members who, in turn, saved or retained those emails. **It is critical that Co-Chairs remind members that they should not save any email correspondence between ICAT members related to ICAT files**. Again, when a Co-Chair took notes, it was commonly the police Co-Chair tasked with this responsibility; however, for some ICATs, it was someone from an agency other than the police who took the notes. The notes commonly contained information about who attended the meeting, information related to the conversations about each referral, the risk factors and outcomes of the discussions, what tasks or action items would be undertaken, and who was responsible for each task or action item. It was interesting to learn that some Co-Chairs did not keep notes electronically and did not save any ICAT information on their agency's servers to ensure that other members of their agency did not see the information. Most Co-Chairs printed hard copies of their electronic notes and stored them in physical folders in locked filing cabinets that only they had access to. One Co-Chair indicated that everyone in the meeting was taking notes about what was said, but that there was also one person who kept the 'official' record of the ICAT meeting. For various reasons, **it would be beneficial for the ICAT data management practices to be modernized.** For example, rather than keeping paper files, ICAT meeting notes and associated documents could be completed and stored electronically in a secured database, such as by using a program like Microsoft Access, that can limit access to the database to specific users. This could provide the designated member (e.g., the ICAT police Co-Chair or Coordinator) with quicker access to relevant information, enable them to document when action items are completed by ICAT members, allow them to refer to previous risk reviews when determining whether to close a file, support the linking of relevant files, enable data summaries to be produced, facilitate purging of information at appropriate times, and enable evaluations of the program.

There was also a lack of consistency in whether information from the ICAT meeting was attached to the PRIME file associated to the case, or whether the PRIME file simply had documentation that an ICAT had been convened. Similarly, there was inconsistency and even some debate regarding whether the fact that a case had received a highest risk designation should be flagged as such on PRIME. The Best Practices manual (2017) specifically states that ICAT notes should not be attached to the PRIME file, but that the police member should flag the case in PRIME as a highest risk intimate partner violence file and take steps, such as adding a CAD hazard and flagging the address or individuals in PRIME so that they can be quickly notified if the police receive a subsequent call for service relating to parties involved in the ICAT file. As there appeared to be a lack of consistency in following these steps, it is recommended that **the Best Practices manual include a clear checklist for police Co-Chairs that specifically outlines the various steps they should follow when documenting that a file has been designated an ICAT**. This information is currently presented in a text-based discussion midway through the Best Practices manual and so does not clearly stand out.

In effect, all Co-Chairs indicated that notes are taken and stored; however, there was quite a range in what information was recorded in the notes, the form that the notes took, and whether notes were kept electronically, as a hardcopy, or both. Still, when asked if there was anything they would change about this process, for the most part, Co-Chairs indicated that there really was not anything to change or improve upon. Some Co-Chairs, particularly those from smaller communities,

indicated that greater administrative support would benefit their ICAT, but most Co-Chairs reported that they were satisfied with how their ICATs documented their meetings, kept tabs on what was discussed, and that they had the ability to use their notes to refer to what was discussed at a later date. However, the paper-based approach to documenting ICATs presents difficulties for research and evaluations of the ICATs, as it requires either that security cleared researchers travel to the various detachments to manually code this information or that the police Co-Chair or police-based victim service worker take on this added role. Given this, there is no quick way to determine how many ICAT meetings are being held across the province, what the reasons for referral are, what proportion of ICATs are designated as highest risk, the length of time they are kept open, the reason for closure, re-opening rates, or the file outcomes. While prior research examined these patterns, that study was conducted with only a small number of ICATs that self-selected into the research, which excluded the Lower Mainland ICATs. Therefore, the extent to which those findings generalize to ICATs across British Columbia is likely limited (Kinney & Lau, 2018).

When asked about what protocols were in place for monitoring and communicating changes to risk level, for those Co-Chairs who provided an answer, a common response was that this was discussed during the update portion of the ICAT meeting. Co-Chairs indicated that members would update the committee on any changes in risk level based on their interactions with victims and/or perpetrators. One Co-Chair indicated that it was their practice to have a follow-up email sent to all members 30 days after the initial referral was made to determine if any risk factors or the overall level of risk had changed. This was used to determine whether another meeting was required or whether the file could be closed. Another Co-Chair indicated that, as the various stages of the safety plan are implemented, those people involved in the file would let the Co-Chairs know whether the risk level of the file has changed. Another Co-Chair indicated that they would only be notified if there was a major escalation in risk level, which might result in requesting members to provide any updates they had in an email to all ICAT members. One other Co-Chair reported that all open files were reviewed at each ICAT meeting, which allowed for a review of the risk level for each open file. Given the number of open files that each ICAT typically holds, it is recommended that **an update be given for each open file to determine whether there has been any change to the risk level** and what actions should be taken in response to either a change in risk level or because the level of risk has not been affected by the range of interventions, services, programs, and resources allocated to the file.

ASSESSMENT OF ICAT MEMBERS BY CO-CHAIRS

Co-Chairs indicated that the composition of their ICAT came about in one of two main ways. The first way was that the ICAT evolved from some other grouping of agencies, such as a Situation Table, and so the members of that prior group became members of the newly developed ICAT with the addition of other partner agencies. The other main way the composition of the ICAT was formed was by agencies with a client-base of victims or perpetrators of intimate partner violence joining together to form an ICAT. In other words, in a jurisdiction, there would be several agencies that had dedicated people assigned to assist victims or perpetrators of intimate partner violence and manage those at high risk for intimate partner violence. These agencies and people were identified and asked to join the newly created ICAT.

To that point, Co-Chairs indicated that they typically did not have any say or control over who represented an agency on the ICAT. However, if there were concerns about the representative in that they were not attending meetings or contributing to meetings, not sharing necessary information, breaching confidentiality, or not following through with action items, there was an opportunity for Co-Chairs to first discuss issues directly with that member or, if necessary, with their supervisor. One Co-Chair indicated that they needed to speak with an agency because they were bringing too many representatives to the ICAT meeting, and one Co-Chair reported that there was a challenge with a member not being able to get security clearance, which is not always necessary, but, in this case, was deemed to be a risk given the nature of discussions occurring during the ICAT meetings. Co-Chairs stated that these types of issues were typically handled successfully with agencies either reducing the number of representatives or replacing members that were not adequately participating. Of note, none of the Co-Chairs indicated that concerns with a particular member resulted in that person's agency quitting the ICAT. In effect, most Co-Chairs felt that it was the responsibility of each agency to send a suitable representative who was trained, understood the scope and purpose of the ICAT, and able to share information and contribute to the work of the ICAT.

In terms of the various ways that ICAT members contribute to the operation of the ICAT, several themes were identified by Co-Chairs. The first theme was related to the types of information that agencies provided. Police were seen as contributing information about the investigation that occurred regarding the incident, if there had been a police-reported incident, as well as providing information related to the safety and needs of the accused, and discussing the perpetrator and what the criminal justice system was doing in response to the incident(s). The representative from Community Corrections commonly provided information regarding the perpetrator's release from custody and the conditions that the offender needed to follow. This was seen as very helpful for safety planning. Community partners, such as those from community-based victim services or transition houses, were seen as crucial in providing information about the victim, their needs, current relationship status, residential situation, mental health issues, and other risk factors. In effect, Co-Chairs reported that their ICAT meetings were characterized, for the most part, as open conversations where members shared relevant information so that everyone had a better sense of the risk factors, perpetrator and victim needs, and what their agency could provide to reduce risk.

The second main theme was that members contributed by accepting action items that their agency would undertake following the acceptance of a referral and providing timely updates on the progress made on these action items. Here, member contributions included committing their agencies to specific action items, allocating resources to victims and/or perpetrators, and working on developing, implementing, and administering safety plans. A final theme was that members also contributed to the ICAT by bringing referrals for discussion, though the referrals most commonly came from only a handful of agencies, primarily the police, as well as victim services.

While most Co-Chairs did not identify any specific limitation or challenge with the contribution of ICAT members, it was interesting to note that when they did identify a limitation or challenge, it was overwhelmingly related to the lack of regular training and how the lack of training, in particular, affected information sharing. More specifically, it was felt that the lack of training contributed to members not knowing what they should be sharing, what they could share, or that

they were allowed to share agency-specific information at all. On a related note, some Co-Chairs indicated that the lack of training resulted in challenges around confidentiality and appropriate information sharing. A lack of training was also seen as contributing to some ICAT members not being entirely familiar with or comfortable with all the risk factors that needed to be reviewed.

Given the ICAT model and approach, ICATs can only function if its members attend meetings and contribute to the meetings by making appropriate referrals, participating fully in the meetings, and accepting and fulfilling action items and fulfilling. As such, there are times when Co-Chairs must hold members and their agencies accountable for contributing to the ICAT. Some of the most common methods used by Co-Chairs to hold members and their agencies accountable was to clearly state and record each member's role and responsibilities on the ICAT, keep attendance, record deadlines, and send emails or make phone calls to remind members of the meeting schedule and their commitments to complete action items. As mentioned above, at times, Co-Chairs found it necessary to reach out to an ICAT member's supervisor to notify them about attendance issues, not contributing information that they could be sharing at meetings, or meeting deadlines. It was also interesting to note that, once again, training was seen as a potential solution to some of these issues. One Co-Chair indicated that regular training would contribute to reducing the need for Co-Chairs to hold members accountable, as they would be more aware of their roles and responsibilities. Another way the Co-Chairs held members accountable was by directly asking them to contribute to action items when they did not volunteer to do so, and it was felt by the Co-Chair that the member could or should play a role. Another way that Co-Chairs held members accountable was by asking for updates during a meeting or asking for members to be prepared to present an update at an upcoming meeting.

With respect to the composition of the ICAT, Co-Chairs were overwhelming happy with which agencies were standing members of the ICAT. ICAT standing members commonly included Community Corrections, Community-Based Victim Services, Police-Based Victim Services, Transition House/Shelters, and the Ministry of Children and Family Development. Less commonly, ICATs included Mental Health/Substance Abuse agencies, Forensic Nurses or the Health Authority, Income Assistance, Stopping the Violence or other counselling programs, or Delegated Aboriginal Agencies.[14] While not all members always attended every meeting and some agencies were more reluctant to fully participate in ICAT discussions or to take on action items, Co-Chairs still did not think that there were standing members who should not have this designation on the ICAT. Some Co-Chairs indicated that they, at times, had so many members that they would periodically pare down their list of standing members to just those agencies that were best positioned or most needed to be standing members, but it was extremely rare to have to remove members due to attendance, performance, or other issues. It was more common for Co-Chairs to indicate that their list of standing members was reviewed periodically to see if there were any gaps in needed agencies, rather than to remove standing members. In effect, Co-Chairs reported that they were presently very satisfied with their list of standing members, and that these standing members were required and necessary to achieve the mandate of their ICAT.

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[14] This information was primarily provided via the pre-interview surveys that 11 Co-Chairs completed.

In terms of expanding the composition of those agencies that should be standing members, while recognizing the limitations, some Co-Chairs wished that Crown Counsel could become a standing member. There was also an interest in having members with expertise or access to supportive housing, substance use, and mental health. Of course, this was somewhat jurisdictionally dependant as some ICATs do have standing members with this expertise. Other agencies that were specifically mentioned as being important to add as potential standing members were the Ministry of Children and Family Development, Probation Services, and the jurisdiction's health authority. This is not to say that these agencies were not part of many ICATs, just that, in this sample, some Co-Chairs who did not have these agencies as members believed that the addition of these agencies would benefit their ICAT. Again, depending on the jurisdiction of the ICAT, some Co-Chairs indicated that it would be helpful to have Indigenous representation as a standing member. In jurisdictions where a particular file required some additional resources or supports, Co-Chairs indicated that they would reach out to an identified agency and ask for a representative to attend the ICAT meeting on a case-by-case basis. Of note, this type of arrangement was more common in smaller communities. Several Co-Chairs indicated that the challenge was not with the philosophy of adding agencies but rather the unwillingness of agencies to formally join an ICAT as a standing member for a myriad of reasons, including workload and staffing challenges.

Co-Chairs also reported that the dynamic of their ICAT was either very good or excellent. Co-Chairs felt that their ICAT members spent time before and after meetings talking to each other about things other than ICAT files, that their members generally got along well, enjoyed spending time with each other, and that people felt heard and respected. Co-Chairs indicated that members worked well together and learned from each other's unique perspectives and experiences. Co-Chairs also reported that they felt comfortable talking to any of their ICAT members and felt that members were generally open, honest, and willing to help where they could with files. All Co-Chairs mentioned that their ICAT could be characterized as having a positive dynamic and a good working relationship among members. ICATs were viewed as being amicable and collaborative with a group of people who were acting in good faith and pulling in the same direction to address an issue that members were passionate about. It was interesting to note that this type of sentiment existed regardless of whether the ICAT met in-person, virtually, or a mix of both meeting methods.

A key component for a functioning ICAT is establishing and maintaining trust between members. In terms of how Co-Chairs went about establishing the necessary level of trust among members, there were several main strategies that were identified. There was an acknowledgment among some Co-Chairs that developing trust took time and was based on people being able to form a relationship where they felt comfortable sharing information with each other. Others indicated that the confidentiality agreements were an important step in fostering trust among ICAT members. It was felt that another key element in fostering trust was holding ICAT meetings in person rather than online. While not entirely necessary for this purpose, several Co-Chairs indicated that having people meet and work together helped to create a sense of trust. Related to this point, having some degree of consistency in who the agency representatives were, as well as who attended the meetings, also enhanced trust. In other words, having different people attending ICAT meetings all the time made it more difficult to establish and maintain trust between ICAT members. It was also mentioned that the practice of having open conversations when members did not agree about a referral or a risk factor, and members not being dismissive of the opinion of others also fostered trust among the

group. Other elements that contributed to developing trust were related to consistently attending the ICAT meetings, being prepared for the discussions, taking the points of view of others seriously, and demonstrating over time that the information that is shared in the meeting is safeguarded. It was also interesting to note that several Co-Chairs indicated that members often had prior working relationships with each other either before the establishment of the ICAT or as the result of working together on other initiatives, which contributed to a more trusting environment. To that end, one Co-Chair indicated that the increase in trust was focused on individuals rather than agencies. In other words, the trust that was built through the ICAT was between the individual people attending the meetings rather than necessarily between agencies. If a representative of an agency was replaced by a new member, trust had to be rebuilt with that new person. Therefore, continuity in ICAT membership is a key ingredient in the successful functioning of the initiative.

When asked how Co-Chairs manage their ICATs if or when things were not working well, the overwhelming response was that this rarely happened, but that if it did, this was usually resolved through direct and frank conversations between the Co-Chairs and the member(s) involved in the issue. If necessary, Co-Chairs would address the issue during the meeting so that there could be a more fulsome discussion of a concern, which again, would commonly resolve any issues that were negatively affecting the working dynamic of the ICAT.

In terms of disputes among ICAT members or during ICAT discussions, it was common for Co-Chairs to indicate that their ICAT had not had any significant disputes. The general sense was that everyone understood the purpose of the ICAT and were 'on the same page'. However, when there were disputes, they were generally around issues of whether a particular risk factor was present, whether a referral met the threshold of highest risk, members minimizing or suggesting that some piece of information was not important or relevant to the immediate discussion, members not fulfilling their agreed upon obligations with respect to the safety plan[15] or action items, and the inappropriate use of language related to gender-based violence or the use of gender stereotypes. The latter suggests that **future training on gender-based violence using a trauma-informed approach would be beneficial for ICAT members**. Again, these types of disputes were characterized by Co-Chairs as being infrequent or commonly resolved through direct conversation. Of note, while they could not articulate the specific reasons, one Co-Chair did disclose that their ICAT was not working well.

In addition to the direct effect that ICATs can have on victims and perpetrators of intimate partner violence, there are other inter-related positive effects of ICATs. One such effect is that ICATs can serve to enhance the level of collaboration and cooperation between agencies. On this point, all but one of the Co-Chairs agreed. For police Co-Chairs, it was felt that the police officer, in some circumstances, became a trusted officer among those members and agencies that participated in the ICAT. In effect, ICAT members felt more comfortable contacting the police Co-Chair for matters that

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[15] While the Best Practices manual outlines that a safety plan should already be in place, which typically happens through victim services working together with the victim/survivor, and that the ICAT should prepare a risk management plan that pertains to both the victim and offender, many participants in this study referred to a 'safety plan' as opposed to a 'risk management' plan when discussing their strategies to support the victim.

had nothing to do with the mandate of the ICAT. In other words, working together on an ICAT positively affected the relationship between the police and other agencies. For the non-police Co-Chairs, many felt that participation in the ICAT resulted in members connecting with each other more often than before on issues that were not related to ICAT matters, that the relationships between participating agencies improved, and that there was a more open line of communication between members and their agencies on ICAT and non-ICAT matters. In effect, there was more cooperation and collaboration beyond just the work that was being done on ICAT referrals between ICAT members and between agencies because of the existence of the ICAT. Given the complexity of intimate partner violence, this movement away from a siloed approach may help to ensure more complete and sustainable responses to highest risk intimate partner violence cases.

For the one Co-Chair who did not believe that their ICAT improved interagency relationships, they felt that the level of camaraderie between members was enhanced between individual ICAT members because they worked well together on ICAT files, but that this did not translate or have an effect beyond the ICAT to non-ICAT issues. Most Co-Chairs felt that ICAT participation resulted in more understanding and respect among partner agencies, especially around the roles and value added by each agency in addressing issues of concern to the community. This was particularly felt among the police Co-Chairs. Here, they felt that their participation on the ICAT increased the understanding among the other members about what the police can and cannot do, how the police operate, what their responsibilities are, and presented the police in a 'better light'. For the non-police Co-Chairs, it was believed that the ICAT played a role in educating other ICAT members about what each agency did, their resources, caseloads, orientation, and limitations. While not exclusive to the ICAT because many members worked together on other boards, it was still felt that ICATs increased the understanding and respect that members had for each other's roles and agencies.

A key aspect to a well-functioning ICAT is for every member to be comfortable with and understand the information sharing protocols that guide ICAT meetings. When asked to assess the degree to which their ICAT members were well versed in the ICAT information sharing protocols, Co-Chairs indicated that this was a challenge with new members because there was not enough access to timely training. Critical to the integration of new members was either agency mentors or the Co-Chairs educating and training new members on the information sharing protocols. For Co-Chairs from ICATs with less membership turnover and more experienced members, there were not any significant concerns around comfort with or knowledge of the information sharing protocols. Police Co-Chairs commonly stated that they sometimes had information that they were not able to share and, as a result, they sometimes found themselves caught between their ICAT's information needs and their agency's information sharing protocol and safety protocols. In these rare instances, at least one police Co-Chair indicated that immediate victim safety concerns overrode privacy concerns. In effect, Co-Chairs felt that members understood the information sharing protocols and that most members were very forthcoming with the information that they were allowed to share with other ICAT members. Interestingly, some Co-Chairs complained that members shared too much information; not in breach of the information sharing protocols but more out of comfort or not having a firm understanding of what information was relevant to be disclosed in an ICAT discussion. It was felt by many Co-Chairs, as mentioned several times above, that **training would assist in ensuring that the information sharing protocols were clearly understood by**

everyone, especially newer members, which should also decrease the degree to which irrelevant information or information protected by privacy policies was inappropriately disclosed during meetings.

With a lack of understanding of the information sharing protocols comes the risk of ICAT members not following proper protocols. As alluded to above, this was not viewed by most Co-Chairs as a large concern because breaches rarely occurred. In fact, most Co-Chairs indicated that they had not had any instances in which members violated the information sharing protocols. Still, some Co-Chairs reported that there were a few instances when an agency would routinely breach the information sharing protocol or an individual would disclose information that they should not have; however, for the most part, Co-Chairs indicated that the biggest issue related to information sharing was members disclosing irrelevant information. Moreover, most Co-Chairs felt that their members were not holding back information that they could or should be sharing with the group. Several Co-Chairs stated that **having the confidentiality sheet signed before each meeting or before each referral was introduced helped to reinforce the information sharing protocols**. As with other issues discussed above, when the information sharing protocols were not followed, breaches were dealt with by reminding members of the information sharing protocols or in rare cases speaking to the individual's agency supervisor to address a repeated issue. Only one Co-Chair indicated that a violation of the information sharing protocols resulted in a member being removed from the ICAT.

As indicated above, another issue that could negatively affect the operation of an ICAT is irregular attendance at meetings. For the most part, while several Co-Chairs indicated that this had happened, it was common for Co-Chairs to mention that they worked hard to schedule meetings when everyone or a designate was available. When regular attendance was an issue, Co-Chairs tended to indicate that this was usually a consistent issue with just one or two agencies. If a file required their input and that agency did not or could not attend, Co-Chairs would reach out to the representative outside of the ICAT meeting for information or ask for the representative to send the information to the Co-Chairs so that it could be included in discussions. While sending a designate was not viewed as ideal, some Co-Chairs indicated that if there was some consistency in who the designate was, that the designate had the requisite knowledge of the file they were referring, and that having the designate present was better than there being no representation from the agency, this arrangement was acceptable. What was much more common was an agency determining that their presence was not required at the meeting because of the files to be discussed and, therefore, not attending or sending a designate. Co-Chairs identified only one or two agencies that would regularly do this. The real challenge was when a file was to be presented at an ICAT and the referring agency did not attend or send a designate. In these cases, for the most part, the file would remain open until the next meeting, but this type of situation was viewed as unideal. Moreover, it mattered which agency was not attending the meetings. In effect, there are some agencies that were seen as critical to the functioning of ICATs and others that might be less necessary depending on the file being referred. While not consistent, it appeared that the lack of attendance by some members was more common among those ICATs that only called a meeting when there was a referral compared to those ICATs with a regularly scheduled meeting. It was also interesting to note the effects of the COVID-19 pandemic on attendance. Some Co-Chairs indicated that meeting virtually increased attendance, but reduced information sharing and members making the ICAT meeting a priority. Meeting virtually also reduced the interactions that members had with each other.

However, other Co-Chairs indicated that removing the need to travel, the amount of time it took to meet in person, and where the meeting was held increased attendance. Still, most Co-Chairs spoke about the tangible benefits of meeting in person, such as maintaining trust, the importance and value of the ICAT, making attendance and participation in ICAT a priority, and maintaining strong working relationships. As such, in reviewing the comments made by Co-Chairs, **meeting in person with a regularly scheduled meeting time is recommended**.[16]

As identified above, given that it is an ICAT, Crown Counsel is not permitted to participate in the case discussions. Co-Chairs had a range of views about how this affected their ability to achieve their mandate. Of note, many Co-Chairs indicated that the lack of Crown Counsel did not negatively affect their ability to meet their mandate. Presumably this is because ICATs are designed to share information relevant to addressing immediate safety concerns in situations of highest risk, and the purpose of information sharing is not to develop a more fulsome Report to Crown Counsel. Still, some Co-Chairs felt that Crown Counsel would find value in the information presented at an ICAT and would act, when possible, in accordance with ICAT conversations and wishes. Others felt that not having Crown Counsel participate in discussions limited the impact that ICATs had with perpetrators and reduced the amount of information that ICAT members had. For example, one Co-Chair stated that it would be very beneficial for Crown Counsel to participate in discussions to provide court updates and information on the status of the legal case against the accused. This Co-Chair indicated that they would review this type of information on their court's update page or could find out if the accused was going to trial, but that there would be more value to the ICAT if the Crown Counsel could share more detailed information about things like whether a plea agreement was likely, if they had any additional information that could assist the ICAT in making a determination around highest risk, providing a legal perspective on a file, and ensuring that things that ICAT members were recommending or doing were legal and possible. For other Co-Chairs, it was felt that if Crown Counsel were able to be more involved in ICAT discussions, Crown Counsel might be more willing or able to assist, especially when the file involved chronic offenders. For example, one Co-Chair indicated that prior to the creation of their ICAT, Crown Counsel was not accepting breach reports from probation; however, this changed after their ICAT began functioning. Another Co-Chair suggested that their Crown Counsel were not even aware of the existence of the ICAT. This Co-Chair indicated that they worked through their victim services ICAT member to get information to Crown Counsel. Others felt that Crown Counsel was not required or necessary if there was a member representing Probation Services, as that person could provide similar information to members as Crown Counsel.

Though it was not uncommon for ICAT members to leave the ICAT as their jobs changed or when members retired from the workforce, it was interesting to note that none of the Co-Chairs reported that they had any members resign from their ICAT. Of note, none of the Co-Chairs indicated that they had conducted an exit interview with a departing ICAT member. While this sample of Co-Chairs stated that no one resigned from the ICAT, nor was the replacement of a member due to a

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[16] Of course, this recommendation is made with an understanding that there are jurisdictions where this simply does not make sense given the distances that some members would be required to travel to attend meetings in person.

conflict of interest, dissatisfaction with the operation, procedures, or mandate of the ICAT, a conflict with another member of the ICAT, or their home agency deciding that time or resources were wasted by participating in an ICAT, it is recommended, as stated in the Best Practices manual, that **Co-Chairs conduct an exit interview with all departing members**. This interview could be useful in not just identifying challenges or things that may not be working in an optimal fashion, but could also identify strengths, successes, and what worked well that could be shared with other jurisdictions.

As discussed above, member turnover has several negative consequences for the functioning of an ICAT. In addition to the aforementioned challenges around ensuring that new members are fully trained and rebuilding trust among members, Co-Chairs spoke about the time it takes to explain and demonstrate how their particular ICAT operates. In effect, most Co-Chairs mentioned that there was a learning curve that took time, beyond the information one receives in training, about the functioning of the ICAT that cannot occur through the standardized ICAT training. It took time to build rapport, for new members to be comfortable sharing information and participating in open conversations, and to develop a degree of consistency. To this last point, one Co-Chair mentioned that members grew to understand what to expect from each member and their agency; however, when a new member joined or replaced an existing member, it took time to develop that same level of consistency where everyone understood what to expect from the new representative. In fact, some Co-Chairs indicated that member turnover was their number one challenge, especially among smaller communities with fewer ICAT members. Turnover was also a significant issue in circumstances where the agency does not immediately replace the member, which can leave a substantial gap in the information that the ICAT has when reviewing a file or when safety planning.

Given their prominent role on the ICAT, Co-Chairs were asked what effect police turnover has on the ICAT. Co-Chairs indicated that it was important to plan for police members leaving the ICAT. Several ways to do this is to introduce more police officers to the model, make more officers, especially those who do not work in domestic violence or major crime units, aware of the ICAT model and what ICATs do, and having a succession plan where the police member who is leaving trains the next person. While some police Co-Chairs reported learning from their predecessor about their role and responsibilities as a Co-Chair, this is not always the case. Some Co-Chairs spoke about having a gap in police attendance because there was no one assigned to replace the member who left or that there was a revolving door of new police members until a permanent replacement was found. Neither of these solutions was considered ideal. While some Co-Chairs did not feel that police member turnover was any different than turnover from the other participating ICAT agencies, many felt that police member turnover was or could be disruptive to the functioning and value of the ICAT. A few Co-Chairs expressed the concern that frequent police member turnover changed the entire dynamic of an ICAT. Given the nature of police placements, where it is expected that a member will change roles every three to four years, Co-Chairs were unsure why there was a gap in succession planning. While it was recognized that unplanned things could happen that required a police member to leave the ICAT, there is also typically an expiry date, per se, for police members. Given this, it was surprising how little planning was placed on addressing this specific issue. As such, it is recommended that **police members have a succession plan for ICAT membership** and that this includes, whenever possible, sufficient time for the incoming police member to be trained and attend ICAT meetings so that they are comfortable with the functioning

and operation of the ICAT and ICAT members have the time to become comfortable with the new member.

In terms of the training of ICAT members, again, there was no consensus among Co-Chairs about when this occurred or how much of ICAT member training was on-the-job training versus the training provided by EVA BC and the CCWS. Some Co-Chairs did not know if all their members were officially trained on the ICAT model, intimate partner violence risk factors, or both. Some Co-Chairs indicated that some of their members were trained prior to joining the ICAT while other members have still not been through the CCWS training. Of course, some Co-Chairs identified the shutdowns associated with the COVID 19 pandemic as a reason why some members have not yet been officially trained, but other Co-Chairs indicated that they had members who have served on the ICAT for over two years who have not been officially trained. It was recommended by several Co-Chairs that virtual training would be useful to ensure that everyone was trained and up-to-date, and that there should be broader opportunities for training so that ICATs were not as reliant on CCWS for training. It is important to keep in mind that there were some Co-Chairs who reported that some of their members had been trained online; however, some of these Co-Chairs were unsure if there was regular online training that they could enrol their new members in or to provide additional training for those who wanted a refresher. Of course, when asked, all Co-Chairs stated that it would be their preference for **all members to be fully trained on the ICAT model prior to joining the ICAT and that there be refresher training on best practices every year**. It was interesting to note that only one Co-Chair indicated that it was their practice to go over the confidentiality agreement with everyone but that, when it came to overall ICAT training, they expected that new members would by fully trained by their home agency prior to joining the ICAT. Moreover, there were several Co-Chairs who indicated that all their members had been trained. So, the need to provide training was jurisdictionally determined. In other words, where there was a perceived lack of training, this appeared to be a bigger issue for more newly established ICATs or those that had some routine degree of membership turnover.

While this was not a consistent comment from Co-Chairs, more than one Co-Chair indicated that they were not provided with standardized training, but instead were asked by CCWS what areas the Co-Chairs wanted their training to focus on. The concern was that this type of training then might target a current challenge or issue but not constitute a more complete training. For those few Co-Chairs with this type of experience, it was felt that the training was focused on correcting specific practices rather than providing training on best practices. In other words, if the Co-Chair indicated to CCWS that their ICAT was, for example, struggling with information sharing, CCWS would have a training session with members who were available for the training about information sharing rather than providing general ICAT training. Moreover, these Co-Chairs were concerned that, because of this training method, the training provided by CCWS did not focus on the history or development of the ICAT model anymore. Other Co-Chairs indicated that, especially for more remote areas or communities that were more difficult to access because of the weather, **greater access to online training would be beneficial**. However, to this point, there was a concern that individual online training could result in members just clicking through PowerPoints and answering a few questions, rather than being provided with in-depth learning and training. Given this, it is necessary for those developing and delivering online training to ensure that is as close as possible to the in-person approach. One way to achieve this is to make the **online training**

synchronous where all members of the ICAT log into the training at the same time and can simulate discussions and other aspects of the ICAT process. Again, it is recognized that this can be challenging to schedule, but there are substantial benefits to holding virtual training sessions synchronously compared to asynchronously where an ICAT member is trained by themselves online.

For those who provided answers to the question about what the strengths of the ICAT training are, the main theme was that it provided a much better understanding of when it was appropriate to share information, what type of information could be shared, and who could they share the information with. Another strength of the training was educating members on the operations of other ICATs. Some Co-Chairs found it helpful to know what was working well in other ICATs, what some of their challenges have been, and how they have overcome their challenges. A final strength of the training was learning about each agency and what their role was in the ICAT. This was especially true when it came to understanding the different roles of the Co-Chairs and the roles of each agency member. **It may be beneficial for EVA BC/CCWS to hold an annual Co-Chair meeting where all Co-Chairs from across British Columbia meet synchronously online to discuss challenging cases, lessons learned, and promising or best practices to resolve these issues.**

When asked to assess their level of comfort with the training that their ICAT members received, as expected, given the discussion above, there were mixed results. Some Co-Chairs reported that all ICAT members knew their roles and responsibilities well. These Co-Chairs indicated that members had some degree of on-the-job training from their predecessors and/or had gone through the CCWS training. These Co-Chairs felt that their members had the right training, tools, instruments, knowledge, and experience to determine who was in the highest risk category. Other Co-Chairs wished that they had had the opportunity to host a training session. In part, not being able to do so was due to the COVID 19 pandemic and scheduling challenges. These Co-Chairs felt that their level of comfort in the training and knowledge of their members was not universal but member specific. In other words, they were very comfortable with some members but felt that others needed additional training or did not yet have the necessary knowledge, experience, and training to determine who was in the highest risk category. Similarly, some Co-Chairs were not entirely comfortable with the on-the-job training they received from their home agencies and would prefer more frequent training with all members of the ICAT so that members were not as reliant on being trained by their home agencies. The main reason for this was to ensure consistency in messaging about the role and responsibilities of the ICAT and the methods and procedures used by the ICAT to determine who was in the highest risk category, as well as a shared understanding of the information sharing protocols. Undertaking shared training is also helpful for understanding the protocols and procedures used during the ICAT discussions and in having a common understanding in identifying clients appropriate for ICAT referrals. Moreover, one Co-Chair was concerned that with the lack of training for some members, these people were relying on their own intuition, education, and experience to determine who should be in the highest risk category, rather than using the ICAT tools and instruments appropriately.

Given that there was some concern expressed by several Co-Chairs about the ability of ICAT members to determine who is in the highest risk category, Co-Chairs were asked if there were any

processes in place to review the accuracy of the ICAT's decisions. All Co-Chairs who answered this question indicated that they did not have any formal mechanisms in place to do so. Some thought it would be a good idea to do so, others indicated that they did not have the capacity to go back and review prior decisions, and one Co-Chair stated that if the ICAT referral was connected to an investigation, the ICAT decision went into the investigative file, so the ICAT decision might be reviewed by the investigating officer(s). However, it is important to qualify that the information discussed by an ICAT should not be attached to the PRIME file. Instead, only the fact that a file was referred and designated as highest risk should be provided. Given this, attaching the information to the file does not provide an opportunity for quality control. Another Co-Chair indicated that they would be apprehensive to review a prior file as this might be a privacy violation. Finally, one Co-Chair reported that since they reported on progress for all open files each meeting, this was a type of review of the accuracy of their previous decision. Of note, none of the Co-Chairs indicated that they have considered reviewing those referrals that were not accepted to determine the accuracy of that decision. **While the reliance on hardcopy notes and documentation may pose some challenges, it could be beneficial to implement an annual quality control check to review whether and how ICAT decisions are being made across the province.**

All this leads to what areas, if any, Co-Chairs would recommend that their members receive additional training on. Here, several main themes emerged leading with a better understanding of new and emerging risk factors, such as coercive control, which several Co-Chairs indicated their ICATS were struggling to understand. One approach might be to **provide members with specific case reviews or studies of scenarios with a mix of risk factors to review**. In effect, Co-Chairs were asking for additional exposure to real cases to enhance their members' understanding and appreciation of each risk factor. This is particularly important for communities where few ICATs are referred. In addition to the coercive control risk factor, one Co-Chair thought that training on strangulation and its relationship to risk would be very beneficial. Some Co-Chairs felt that additional training was needed on gender-based violence, LBGTQ2+ partner violence, and using trauma-informed language. Cultural-appropriate training was also mentioned, but the form that this might take was very community specific. Related to this point, several Co-Chairs indicated the need for more education and training on Indigenous issues. Given the traumatic history of colonization that has, and continues to, negatively affected Indigenous families and communities, the disproportionate experience of violence among Indigenous women (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019; Truth and Reconciliation Commission of Canada, 2015a), and the call to action to remedy the disproportionate victimization of Aboriginal women and girls (Truth and Reconciliation Commission of Canada, 2015b), **it is recommended that all ICAT members all receive training on the history and impacts of colonization on Indigenous peoples and their culture.** Finally, there were two Co-Chairs who wanted additional training related to information sharing and one Co-Chair believed that there had been so much turnover in their ICAT that it was necessary for everyone to receive the full ICAT training. It was interesting to note that the issue of training was not discussed at the individual ICAT's annual team meetings, as the Best Practices manual suggests it should be. In effect, while some Co-Chairs indicated that training or the lack of it does get brought up from time to time during meeting, others indicated that they have not had any direct conversations about training during their annual review, or that they did not do an annual review.

THE ICAT MEETING PROCESS AND PROCEDURES

For the most part, Co-Chairs indicated that most of their referrals came from standing members. There were some rare occasions when a non-standing member made a referral, such as a different social worker or a representative from an anti-violence organization. In terms of who was bringing most referrals to the ICAT, it was felt that most referrals came from the police because they were likely aware of an incident prior to the other members. In fact, 10 of the 11 ICAT Co-Chairs who completed the pre-interview survey estimated that 90% or more of their accepted referrals had a prior history of police involvement. This suggests that ICATs are not well known outside of the sectors directly involved as standing members. This is an issue, given that the 2016 Coroner's Inquest into domestic violence homicides in British Columbia revealed that while two-thirds of the cases had a history of intimate partner violence, only one-third of these cases had prior police involvement. In effect, the ICAT does not appear to be improving access to services among those not already in contact with the police. **This suggests that more effort needs to be made to promote awareness about ICATs among the public and community-based agencies involved with marginalized and vulnerable populations.** Moreover, while most Co-Chairs felt that their ICAT was well known among community agencies, some Co-Chairs believed that the lack of referrals from non-members was the result of their ICAT not being well known in their general community. According to Co-Chairs, other agencies that made many referrals, depending on the jurisdiction, were Corrections, police-based victim services, community-based victim services, and the Ministry of Children and Family Development.

Of note, not all Co-Chairs reported that they used a standard ICAT referral form, such as the one provided in the Best Practices manual. Some Co-Chairs indicated that the referring member would send an email that they had a referral that they would like considered by the ICAT and the Co-Chairs would work with the coordinator, if they had one, to set up a time and place for an ICAT meeting. At that point, some Co-Chairs reported using password protected emails and documents or phone calls to ICAT members to share the name of the referred parties to allow members to be prepared for the ICAT meeting. For some ICATs, a referral form was always used that commonly included details about the victim, perpetrator, their birthdates, children, and a brief narrative of the incident and the people involved, which was emailed or delivered to the Co-Chairs. This referral form would then typically be given to the police Co-Chair to conduct their own research, collect the relevant information, and send that information to all ICAT members in a password protected document indicating that this was a new referral. The ICAT would either schedule a meeting or have the referral presented at the next ICAT meeting.

It was interesting to note that some Co-Chairs stored information in hardcopy while others had electronic copies, and some had both. As one example of the process used by one Co-Chair, they reported that they used an ICAT referral form, which is given to all ICAT members so that they were all aware of the referral and that they could send basic information to the Co-Chairs through email or fax. Once the information was provided to the Co-Chairs by the member making the referral, the Co-Chairs go through the referral form to ensure that all necessary information has been collected and that everyone has included a signed confidentiality form. The police Co-Chairs also search police records about the individuals associated to the incident and file. An email is then sent to the members with a password protected document that includes the information collected by the Co-

Chairs. A date and location for an ICAT meeting is then set. Another Co-Chair described their process as the member who was making the referral would fill out the referral form and email this to the Co-Chairs. The Co-Chairs then provided the names and date of birth of those involved in the incident to all ICAT members so that they could search their databases for information to be presented at the next ICAT meeting. The Co-Chairs created an electronic file (outside of PRIME) that included the referral, the code number associated to the referral, the names of those involved, and a general synopsis of the incident and those involved with it.

Once a referral is made, Co-Chairs indicated that their ICAT typically met within 48 hours. However, some Co-Chairs indicated that they commonly met within one week or more after a referral was made. The reasons for meetings taking place more than a week after a referral was received included the victim not being willing to participate in any interventions or safety planning, which required members to take more time to build rapport, or if victim services needed more time to develop a working relationship with the victim. The hope and belief were that if there was a delay in the ICAT hearing the referral, some agencies, such as victim services, were interfacing and engaged with the victim in the meantime. If there was the need for the ICAT to meet immediately, several Co-Chairs indicated that they would meet the same day that the referral was received. It is always the intention of Co-Chairs that all members attend the ICAT meeting; however, when this was not possible, it was these Co-Chairs' preference to proceed with the meeting and have another representative attend rather than have a standing member agency be completely absent from the meeting. Another solution that Co-Chairs used was to have the absent member send general information that could be shared with the entire group during the ICAT meeting. Of note, one Co-Chair indicated that when a referral was received, they would determine whether there was a need to call a meeting. If they felt the referral could wait, they would let it wait until the next scheduled meeting or until there were enough referrals to call a meeting. This Co-Chair stated that they would review the referral immediately and would manage it from a risk-based police perspective. In effect, non-scheduled ICAT meetings would only be called by this Co-Chair when they felt that the referral met the criteria of highest risk. It was interesting that several Co-Chairs indicated that it could take weeks or months to coordinate an ICAT meeting, but that this was not critical because they were aware that the victim had access to at least one agency that was a member of the ICAT. In effect, some Co-Chairs were comfortable with the idea that victims were connected to an agency that would provide aspects of safety planning so there was no real rush to schedule an ICAT meeting.

In part, this level of comfort was based on the notion that members are aware of many of the resources available in the community and could assist victims to access these resources, and that the police or victim services were assisting the victim, when the victim was willing, with safety planning. In some cases, Co-Chairs would reach out to an ICAT member agency or government agency, such as the Ministry of Children and Family Development, if an ICAT meeting was not going to happen for some time to request that they assist with a victim, or a Co-Chair would proactively reach out directly to a victim to offer assistance. For the police-based Co-Chairs, it was common for them to indicate that they would work with victim services or the victim directly to develop and implement a safety plan in the time between when the referral was received and the ICAT meeting being held, if there was going to be a gap in time between referral and meeting.

When asked about the main reasons why a case is referred to the ICAT, the leading causes were the severity of violence, the escalation of violence, an increase in the frequency of violence, and concerns around victim safety. Other main reasons or emerging risk factors that Co-Chairs were seeing more often were access to firearms, mental health or substance use, a pattern of poor impulse control, online harassment, suicidal ideation, incidents of strangulation, forcible confinement, and threats of violence, such as a threat to burn the house down.

As there might be a significant amount of discussion between members about a file between the time a referral is made and the meeting taking place, it was not surprising that Co-Chairs indicated that discussions about a case in an ICAT meeting usually take between 15 minutes to one hour. The factors that tended to influence how long the discussion took were how familiar ICAT members were with the case prior to the meeting, how much discussion had occurred between ICAT members about the case prior to the meeting, how much information was shared by the Co-Chairs to all ICAT members prior to the meeting, and whether the information available or not available resulted in any significant challenges for ICAT members to apply or assign the risk factors.

There was a great deal of variability in the amount of time that ICATs were generally involved with a typical file, from the time of referral through to the closure of the file. This ranged from one to two months to the possibility that an ICAT would remain involved in a file for years. Most Co-Chairs indicated that most of the work of the ICAT would occur in the first 30 to 60 days of the referral being accepted by the ICAT, and the rest of the time was dedicated to monitoring progress and updating ICAT members. It was interesting to note that one Co-Chair indicated that court dates had a lot to do with how long their ICAT was involved in a file, as they might stay engaged with a file until the accused was convicted and sentenced. The ICAT might also remain engaged in a file if the case was still considered active by the police or probation because of an offender continuing to breach their conditions. In effect, several Co-Chairs indicated that they encouraged their members to email the Co-Chairs if something changed with the victim or the perpetrator that shifted the level of risk associated with file. If the level of risk has remained the same, the ICAT would continue to be involved in the file; however, if it was determined that the level of risk had sufficiently declined, the file would be closed. One Co-Chair reported undertaking what they called ICAT outreach where the Co-Chair and the victim services coordinator conducted visits with some victims about once per month to check in and see how things were going, offer any additional needed supports, and monitor for breaches of any conditions given to the perpetrator.

To the previous point about how long ICATs were actively involved with a file, as compared to being engaged in monitoring for changes in risk level, the most common response was that ICATs were actively involved in a file for just a few weeks once a referral was made and accepted. For many Co-Chairs, the amount of time that the ICAT was involved was related to the activities of Crown Counsel and the courts. For example, several Co-Chairs stated that if Crown Counsel was successful in getting the accused held in custody on remand or if the courts had sentenced the accused to custody, the level of risk would typically be reduced and the ICAT would typically shift to a monitoring and updating focus. However, while the case was before the courts or if the accused was not in remand, the level of risk was sometimes increased, which resulted in the ICAT remaining active in the file. Moreover, if there is still contact between the perpetrator and the victim, the ICAT might remain actively involved. Other Co-Chairs stated that if the victim was unwilling to

participate with the ICAT, their level of involvement decreased and focused more on monitoring and updating ICAT members.

Co-Chairs provided a range of reasons for why or when an ICAT file was closed. The two most common reasons were that the victim or perpetrator relocated to another community or that no new incidents had occurred for a period of time, such as three to six months. However, it is interesting to note that there was no set time where ICATs would monitor for changes in risk before closing a file. Related to this point, some Co-Chairs indicated that, at that point, they would revisit the risk factors to assess the degree that the level of risk had been reduced. One Co-Chair stated that if the current level of risk was such that they would not have accepted the referral if it was presented like a new referral, they would close the file. Other Co-Chairs indicated that they were looking for specific changes that resulted in a reduction of the level of risk. For example, some Co-Chairs identified the complete termination of the prior abusive relationship, a reduction in the previously identified risk factors, no documented contact between the victim and the perpetrator, the victim feeling more comfortable and engaged with victim services, a significant period of time passing with no breaches by the perpetrator, and/or the court process being concluded as the basis for closing a file. Even so, these types of conditions might be monitored for three to six months prior to a decision to close the file. As mentioned above, an offender being held in remand or sentenced to custody also contributed to the decision to close a file. Of note, one Co-Chair stated that they had no guidelines about when to close a file, were unaware of whether any guidelines existed for ICATs and, therefore, closed files when members felt it was appropriate based on believing that the victim felt safer. **More guidance is needed in the Best Practices manual for ICATs regarding when and how to determine that a file should be closed.**

On the question of what happens to the data associated with a referral once a file is closed, the police Co-Chairs indicated that the information remained with them, generally stored in a locked filing cabinet or on occasion on a secure computer server. One police Co-Chair indicated that the hardcopy and electronic data were purged at the same time as the associated PRIME file was purged, which, currently, is typically after 10 years. Some of the non-police Co-Chairs reported that they kept the information they collected on a referral, regardless of whether it was in hardcopy or electronic form, whereas others reported that they had never purged these files. Unlike the police, the non-police Co-Chairs did not have an agency-specific mandatory purge date, so, in theory, any notes were kept indefinitely. Of note, more than one Co-Chair stated that they were unsure if there was any specific ICAT policy around the retention or destruction of ICAT data, so they just kept everything either in a locked cabinet or on a password protected database. Another Co-Chair reported that they believed each ICAT member had their own information retention or destruction policies that they were accountable to. Given both the lack of knowledge about data retention and the lack of consistency between ICATs on this matter, it is recommended that **ICAT Co-Chairs and their members be trained on what the ICAT data retention policies are, and that this information be reiterated when each ICAT file is closed**.

Most Co-Chairs indicated that they have had to re-open files that had previously been closed by their ICAT. Two Co-Chairs from different ICATs reported that if the perpetrator reoffended, regardless of who the victim was, if it had been over one year since the offender was part of an ICAT or if the circumstances around the offender had substantially changed, they would create a new file

rather than re-opening the previous file. Another Co-Chair stated that if the person was no longer living in the community, which was the reason why the file was initially closed, and that person returned to the community, their ICAT would re-open the file if there were concerns raised by the victim or an ICAT member. Again, as with the issue of data retention, there did not appear to be a consistent practice among the Co-Chairs in this sample about when to re-open a previously closed file or to create a new file associated to a new incident. Some Co-Chairs indicated that they re-opened previously closed files quite frequently and that this might occur in about half of their cases, while other Co-Chairs indicated that this had not occurred or had only happened once or twice in the past few years. For some Co-Chairs, files were re-opened if an agency brought new information that shifted the level of risk of a closed case back to the criteria of highest risk, if the victim was revictimized by the same offender after a file had been closed, if a file was closed because a victim was unwilling to participate but later decided that they did want to engage with the ICAT, or if the offender reoffended against the same victim after a file had closed. With a few exceptions, if a previous ICAT perpetrator offended against a different victim, a new ICAT file would be created rather than re-opening a previously closed file, or if the police created a new file linked to an incident, a new ICAT file would be created rather than reopening a previously closed file. **Standard processes for re-opening existing files and when to create new files should be clearly outlined in the Best Practices manual.**

There was also some variability in what Co-Chairs did with those referrals that were not designated as highest risk. For most Co-Chairs, they would keep the referral form and any other information that was collected during the ICAT process in a filing cabinet or on a secure computer server. Included in the information retained would be that the referral was not accepted and, sometimes, the reasons for determining that the file did not meet the criteria for highest risk. Some Co-Chairs indicated that the process was quite similar to when a referral was accepted. They would document that the ICAT met, who was present, issue an ICAT number to the file, but include a note that, after discussion, the ICAT determined that the file did not meet the criteria for highest risk. Of note, two police Co-Chairs indicated that they put a note in the PRIME file that the file was referred to ICAT, but it did not meet the ICAT's mandated threshold. Moreover, several Co-Chairs indicated that they still monitored those referrals not accepted by the ICAT. In these cases, they would consider whether anything related to the file changed over a period of a few months that might make ICAT members want to re-evaluate the file. It should be noted that just because a referral is not accepted by the ICAT, this does not mean that individual member agencies are not working with the victim and/or offender and that these members cannot bring the referral back to the ICAT if circumstances change.

In terms of overall capacity, all Co-Chairs who answered the question indicated that they were able to handle both the number of referrals they received, and the number of files designated as highest risk. When challenges were identified with the volume of referrals, they were typically at the early stages of the ICAT process, such as collecting the necessary information for the ICAT discussion or scheduling the meetings. For those ICATs without a Coordinator, it was felt that the Coordinator position would alleviate much of this burden on Co-Chairs. Once a referral was determined by the ICAT to be highest risk, the person(s) who typically took responsibility for overseeing the referral and ensuring that action items or the appropriate next steps were followed fell to the Co-Chairs and/or the Coordinator. As action items were commonly the responsibility of individual ICAT

members, these members would be responsible for overseeing the specific action items and reporting back to the ICAT during meetings or providing an update to the Co-Chairs outside of scheduled meetings.

ICAT INTERVENTIONS

Given the seriousness of the referral files that ICATs accept, it was not surprising that, when it came to the perpetrator, the most common intervention that ICATs relied on was custody or targeted community corrections programs. To that end, some Co-Chairs reported that it was always their priority to collect as much information about the incident, the victim, and the perpetrator to be able to make the case that the perpetrator should be held in custody and to work in partnership with Crown Counsel, whenever possible, to achieve that end. A key reason for this was the belief that having the perpetrator in custody provided the necessary time to assist the victim get to a safe location and served to enhance the victim's overall feelings of safety. If it was not possible for the perpetrator to be held in custody, Co-Chairs reported focusing on working with Crown Counsel and the courts to have adequate bail conditions put in place. Similarly, Co-Chairs would work with probation officers who had previously worked with the perpetrator, if this was possible, or those who had prior interactions with the perpetrator, as this might speed up the process of building rapport and maintaining a positive relationship with the perpetrator. This was seen as important in quickly getting the necessary services, programs, or resources for the perpetrator, which was considered important to reducing overall risk for both the perpetrator and the victim. Police Co-Chairs also spoke about the value of other criminal justice interventions, such as house arrest, the use of electronic monitoring, and ensuring compliance with court orders through things like curfew checks in reducing overall risk and enhancing victim safety. Of note, some Co-Chairs indicated that they were not engaged in any interventions related to the offender as this was not their focus or mandate. Instead, they relied on the criminal justice system to address the offender and were entirely focused on meeting the needs of the victim(s). To that end, one Co-Chair indicated that, in their experience, victims consistently asked that their perpetrators receive counselling, but this Co-Chair stated that this type of request was out of the ICAT's control or ability.

For victims, Co-Chairs reported that victim services played a key role in assisting victims gain access to support, resources, and counselling. In effect, while not a specific intervention, Co-Chairs spoke of the importance of building a relationship with the victim so that they could partner with them and assist them in accessing a wide range of services and resources. It was felt by some Co-Chairs that frequent communication with victims to check in on them and provide appropriate updates about the perpetrator was another key intervention. As previously mentioned, assisting the victim to find a temporary or more permanent living arrangements, assisting them to leave town, if necessary or requested, or changing the locks on their current residence were key intervention strategies that were used by ICAT members.

While only a few Co-Chairs answered the question on what interventions tended to not work very well, with respect to perpetrators, one Co-Chair indicated that no-go contact orders were breached often, while another Co-Chair believed that it was not a matter of an intervention not working as much as it was that there was insufficient time given for an intervention to be effective, especially

correctional interventions. Related to this point, Co-Chairs did not really speak to how soon after an ICAT referral was accepted that the perpetrator was connected to services or had an intervention. For the most part, Co-Chairs indicated that it was the responsibility of corrections or probation to address the needs of offenders, so it was not part of the mandate of ICATs to hold offenders accountable. To that end, most Co-Chairs indicated that there was not much that they did or could do to 'encourage' perpetrators to engage with interventions, services, or programs other than dealing with them honestly, showing respect, and demonstrating that the service provider cared about the short- and long-term outcome for the perpetrator. In other words, it was the view of many ICAT Co-Chairs that the ICAT identified risk factors and could suggest services or programs to offenders, but there was very little they could do to hold offenders accountable that was not part of conditions or sentences imposed by the criminal justice system. Similarly, victims had to be willing to participate and engage with the services, programs, and resources presented to them. They could not be compelled to engage with the ICAT or accept any of the services or resources offered to them.

It should be noted that many Co-Chairs indicated that they believed that when there were interventions with the perpetrator, the interventions that perpetrators accepted were successfully completed. The keys to successful completion were identified as a willingness to accept responsibility for their actions and accept the notion that there was a need for treatment and that it was important to participate in their treatment. Other keys to successful completion, in the experience of Co-Chairs, were when the interventions were supportive and not mandated, and when perpetrators made engaging with interventions their priority. Of note, one Co-Chair indicated that they did not believe that community interventions were ever successful with perpetrators and that the only thing that really worked was having the offender in custody for at least three months so that they had the necessary time to be successful in programs.

Specifically in terms of connecting victims to the services they required, for the most part, Co-Chairs believed that their ICATs were very effective. While wait times were seen as a challenge, Co-Chairs generally felt that their ICAT worked well to connect victims to resources, services, and programs. Some Co-Chairs spoke about how identifying for victims the range of resources, services, and programs available to them and the ability of ICAT members to assist with access was a very successful approach in getting victims to accept assistance. Other Co-Chairs stated that their members took the necessary time to develop rapport with victims, which resulted in victims being more comfortable reaching out for help. Co-Chairs also believed that ICATs were successful in explaining the purpose and value of the victim developing an immediate safety plan. Co-Chairs indicated that they were also successful in helping victims to understand the need to change their lifestyles to avoid further incidents of intimate partner violence. Of note, one Co-Chair used the example of how they had been successful in using their ICAT to advocate for the victim's need for resources and services as evidence of their effectiveness and efficiency in connecting victims to services.

Regardless of the geographic distribution of Co-Chairs who participated in interviews, there were many types of interventions that were identified as being needed for perpetrators and victims, as well as some general statements about things that would assist to reduce the number of incidents of intimate partner violence. As an overarching concern, many Co-Chairs reported that there simply

was a lack of necessary services or programs in their communities, that wait-times for desired programs and services were much too long, that there was a lack of programs or services for males who were victims, and that there were too few services for those, especially male victims, fleeing from violence. For example, several Co-Chairs indicated that their community needed either a shelter or more shelters for men and men who were fleeing a violent situation with their children. With respect to perpetrators, it was believed that family violence counselling, offender management programs, anger management programming in the community, working with a substance abuse counsellor, and mental health treatment were either absent, lacking, or required more access. For victims, Co-Chairs identified a gap in services, programs, or resources for men and women, challenges associated with access to mental health and addictions services, the need for temporary housing, shelters, second stage housing, and more affordable housing, interventions designed to teach women about the signs of an unhealthy relationship, the availability of resources for food, lost income, lack of access to a vehicle, and, like for offenders, there was a general concern about the wait-times for victims to access necessary services or programs and the location of services or programs. Of course, these issues were not universal but very much dependent on the size of the community, the location of the community, and the number of people needing access. Again, Co-Chairs indicated that successful interventions were those that were delivered in a timely fashion, were well resourced, delivered in a respectful, non-judgmental, and culturally appropriate and gender appropriate manner, and were located in the community where they could be easily accessed. In terms of more general interventions, one Co-Chair suggested more education in schools about healthy relationships and anti-violence education. One police Co-Chair proposed initiating throughout Canada a formal duty to warn in cases of strangulation and another police Co-Chair proposed a requirement for offenders to disclose to future partners that they have been convicted of an offence involving intimate partner violence.

For the most part, Co-Chairs indicated that, when it came to communicating with a victim about available services or programs, it was either the Co-Chairs or the victim services representative on the ICAT that undertook this responsibility. It was interesting to note the different responses provided by Co-Chairs. For example, one Co-Chair indicated that their ICAT members did not like when the Co-Chairs assigned tasks or asked another agency to take the lead, while other Co-Chairs indicated that they had many ICAT members who voluntarily took on the responsibility of reaching out to the victim to offer assistance. Moreover, some Co-Chairs were aware of the stigma or reputation of certain agencies in their communities and took this under consideration when determining who would reach out to a victim. For example, one Co-Chair stated that the reputation of MCFD was that they were baby snatchers and that the police were viewed as racist or only interested in arresting people rather than solving problems. In this situation, having the MCFD representative or the police Co-Chair take the lead was perceived as being a barrier to getting a victim to participate with the ICAT. In part, to address this potential issue, one Co-Chair indicated that they almost always received the consent of the victim prior to bringing the referral to the ICAT. As such, the person who was able to obtain the victim's consent would commonly be the person communicating the intervention options with the victim once the referral was accepted. In other words, this ICAT used the ICAT member with the best relationship with the victim to approach them about the ICAT process in the first instance and then about services, programs, and available resources.

As victims do not directly participate in their ICAT meeting, there were some common ways that the victim's wishes were represented when it comes to relevant interventions. For the most part, Co-Chairs indicated that this often occurred through the police as victims would talk to the investigating officers about their concerns and needs, for example around housing, their children or pets, substance abuse, mental health, financial challenges, escalating violence, or previous interventions. Similarly, the experiences of Co-Chairs were that victim services also had a lot of this type of information and could speak to it during ICAT discussions. For other Co-Chairs, it was felt that the agency that was making the referral had sufficient information about the needs of the victim to represent them during the ICAT meeting. Finally, one Co-Chair reported that they met with the victim prior to the ICAT meeting to discuss the process with them and to obtain the necessary information so that they could adequately represent the victim's wishes and interests during the ICAT discussion.

A few Co-Chairs discussed what happened when a perpetrator or victim was unable to access the recommended services, programs, or resources. One Co-Chair indicated that this happened often, and they would work with agencies and community organizations to look at what barriers existed and what could be done to address the client's presenting challenges. Another Co-Chair indicated that this happened most often when housing was needed. The only solution that this Co-Chair provided was that, at times, they were forced to place people in housing situations that were not ideal for the family or for the children involved. They noted that, while not MCFD's mandate, MCFD was aware of this but that there were no simple remedies for the housing challenge. Another Co-Chair indicated that when this happened, it was probably related to the reluctance of the person to engage with a particular agency. When it was the case that the agency was not being responsive to the needs of the perpetrator or the victim, this Co-Chair stated that their ICAT was very good at intervening and assisting the victim or perpetrator to connect with the agency.

Throughout the interviews, it was clear that Co-Chairs were primarily focused on ensuring the safety of the victim. To that end, having the consent of the victim for a referral to ICAT was considered important as it ensured that the victim's wishes were being respected, that the victim was willing to engage with the ICAT, and that offered resources, programs, and services were more likely to be accepted and helpful to the victim. For the most part, Co-Chairs indicated that they either always or almost always had the consent of the victim to make a referral on their behalf to the ICAT. It should be noted that consenting to an ICAT referral did not always mean that the victim was willing to participate in the police process. Some Co-Chairs stated that there was sometimes a degree of hesitation, on the part of the victim, to consent to the referral but once the process and objectives were explained, victims were commonly agreeable to the process. Some Co-Chairs indicated that the initial hesitation was typically due to past interactions between the victim and the police or other agencies where, from the perspective of the victim, trust had been broken. Other strategies that were used to obtain consent were to point out the level of danger the victim was still in, explaining that their consent could be withdrawn at any point, sharing information about other incidents involving victims who did not believe that they were at highest risk and what happened to them, and explaining that there were only a few ways that these incidents resolved, outlining the assistance that ICATs can provide in contributing to reducing risk and developing a suitable, individualized safety plan.

In addition to a previous break in trust, Co-Chairs identified some of the main reasons for victims to not provide consent. Some of the reasons were that victims did not want their information shared with the various ICAT agencies, that the victim did not believe that they were at the highest risk, and the fear that by consenting they were also consenting to being monitored by several agencies. It was interesting to note that nearly all Co-Chairs indicated that obtaining consent was not mandatory and had little effect on whether the ICAT proceeded. In other words, Co-Chairs reported that if they felt the victim was at highest risk, they would attempt to assist the victim regardless of whether they provided consent to be referred to the ICAT. In these rarer cases, Co-Chairs stated that the ICAT member who approached the victim would still attempt to assist them, some ICATs would keep the file open and encourage frontline workers to keep monitoring the situation, ICAT members might work in the background to try and assist the victim, and Co-Chairs might inform the victim that, while they respected the victim's current point of view, they were still going to make the referral to ICAT. One Co-Chair reported that they would not proceed with an ICAT referral but would still have ICAT member agencies reach out individually to the victim.

Even with these measures, some Co-Chairs indicated that there was a negative effect on ICAT operations and effectiveness when a victim did not consent to the process. One Co-Chair reported that if the victim refused to engage with the ICAT or accept its assistance, there was very little the ICAT could do other than to encourage ICAT members to continue individually to try to connect with the victim. This was reported to be more challenging when the victim did not believe that they were in any further danger from the perpetrator. Another Co-Chair reported that they would keep approaching the victim in the hopes that, at some point, they would consent to being referred to the ICAT; however, again, this Co-Chair stated that if the victim did not want anything to do with the ICAT or its members, there was very little they could do in response. This is a difficult situation without an easy solution. There are many legitimate reasons why a victim/survivor of intimate partner violence may not want the involvement of authorities, including concerns about the effects on their children and unwillingness to end the relationship with their abuser. These concerns may be unfounded or viewed by others as not in the victim's best interest; however, they remain very real barriers for many at-risk women.

One approach that has found some success in increasing a victim/survivor's willingness to engage in services is the Lethality Assessment Program (LAP). The LAP instructs police officers to ask the victim about 11 specific risk factors that are empirically associated with severe or lethal violence. If particular risk factors are endorsed, the totality of risk factors reaches a particular level, or the officer believes that the victim is at high-risk, the officer is instructed to inform the victim that others who have been in their situation with similar risk factors have been killed by their partners. The officer is also trained to offer to connect the victim immediately by phone to a victim safety advocate who can engage in safety planning (Messing et al., 2015). Messing et al.'s initial evaluation concluded that victims/survivors who received a LAP intervention used more protective strategies, such as obtaining a protection order, staying with family/friends, and/or increasing home security measures, and were less likely to experience physical revictimization when compared to a sample of women who had received the standard police response over an approximately seven-month period (Messing et al., 2015). The LAP was specifically developed to address barriers to help-seeking that occurs when women underestimate the risk their partner poses to them. Given this, one strategy that ICAT standing members may employ when explaining an ICAT referral to a

victim/survivor is to review the risks that are present and explain to them how these risk factors increase the likelihood for a severe act of violence, while providing examples of how an ICAT can collaboratively support the victim/survivor while addressing the risks posed by their partner. Over time, the victim may then move towards feeling sufficiently empowered to engage with the ICAT and the proposed risk management plan (e.g., Cattaneo et al., 2021; Shearson, 2021).

It is also important that ICAT members have appropriate training on intersectionality as it relates to gender-based violence to strengthen their understanding of the various barriers that may limit a victim's willingness to engage with authorities or an ICAT. Relatedly, another approach to encourage victim involvement in the ICAT process is to ensure there is adequate opportunity to acknowledge the victim's desires and represent their voice at the ICAT. Intimate partner violence is an incredibly complex issue that is unlike other forms of interpersonal violence given the established personal relationships between the parties involved, which often involves emotional, psychological, and financial interdependency. Many women who experience abuse by their intimate partners fear their partners but may equally fear the consequences of ending an abusive relationship (Shearson, 2021). In addition to the threats to their physical safety that ending an abusive relationship can pose, many survivors of an abusive relationship have concerns about how they will cope on their own. This includes concerns about accessing safe and secure housing, financial support to meet their needs and the needs of their family, caring for the emotional and physical needs of their children, and concerns about how extended families will react, among a wide range of other concerns (Aujla, 2021; Shearson, 2021; Wuest & Merritt-Gray, 1999). An intersectional approach requires consideration that having a partner arrested and/or charged may not be the immediate desire of the abused woman (Shearson, 2021). The desire to avoid the involvement of the police or other service providers may be particularly likely to be expressed from vulnerable populations who have had a negative history with the police (Kulkarni, 2019). In British Columbia, Indigenous women may not wish to engage with the police and non-Indigenous based programs given the lengthy traumatic history with state intervention into their lives (Barrett et al., 2019; Goulet et al., 2016; Hoffart & Jones, 2018; McKenzie et al., 2016; Smye et al., 2021). Likewise, immigrant populations may face language barriers and family pressures to remain in an abusive relationship, while members of the LGBTQ2S+ community may have previous negative discriminatory experiences with the police and other service providers that affects their desire to access the offered services or to open up their private lives to the involvement of a coordinated team (Alaggia et al., 2009; Aujla, 2021; Ibrahim, 2019; Langenderfer-Magruder et al., 2016; Martin et al., 2022; Whitehead et al., 2021). It is imperative that ICATs provide opportunities for these concerns to be expressed by the victim and heard by committee members and, when possible, that the victim's desires be reflected in the risk management plan that follows. While in the interests of preserving life, these wishes cannot always be met by an ICAT, providing a voice for the victims of intimate partner violence is central to a survivor-centred trauma-informed approach (Kulkarni, 2019) and the ability to be heard may result in greater buy-in to the process by victims. These steps may, over time, progress towards the victim being willing and able to exit the abusive relationship (Shearson, 2021). As mentioned above, one concern for safety planning, prevention, and intervention is when the perpetrator or victim leaves the ICAT's jurisdiction while engaged with the ICAT. For the most part, there were a lot of similarities in how Co-Chairs managed cases when this happened. Co-Chairs mentioned that the police Co-Chair would connect with the police in the

jurisdiction that the perpetrator or victim moved to. This would also occur for community corrections and victim services. Co-Chairs reported that if the receiving jurisdiction had an ICAT, they would share their information with the Co-Chairs of that ICAT. However, the shared information would not always include the risk assessment forms but might include the outcome of the ICAT discussions and which risk factors were present. Other Co-Chairs reported that they sent all their information to the new jurisdiction. This was not always the case; however, as one Co-Chair indicated that they would only send the new jurisdiction the names of the individuals involved in the incident and some basic information about those involved. **ICAT Co-Chairs should be trained on what protocols they are to follow when either the victim(s) or perpetrator(s) from an open ICAT file move to another jurisdiction**. Finally, most Co-Chairs stated that it was the police Co-Chair who took on the responsibility of notifying the new jurisdiction that there were people associated to an active ICAT file moving into their community.

THE SUCCESS, STRENGTHS, AND CHALLENGES OF ICATS

Co-Chairs were asked to discuss how they defined a successful ICAT process. An analysis of their responses resulted in several general themes. Co-Chairs believed that reducing risk was the main measure of a successful ICAT process. Related to this point was increasing safety for everyone involved in the incident or relationship. Another theme related to the behaviour of the victim. Here, aspects such as breaking away from the abusive relationship, taking better care of themselves, reducing risk factors, and addressing those things that increased their vulnerability were identified as measures of success. Accessing necessary resources, services, and programs was another theme. Here, Co-Chairs mentioned things like linking everyone involved in the incident to the resources they needed, having an effective safety plan in place that was being followed, and maintaining supports for the victim were viewed as elements of a successful ICAT process. Of note, a few Co-Chairs provided responses related to the operation and functioning of the ICAT itself. For example, one Co-Chair stated that if there were a reduction in the number of repeat ICAT files or if the case was resolved to the satisfaction of the victim, these were measures of success. Another Co-Chair mentioned that success could be defined as ICAT members meeting when necessary, determining whether a case met the criteria of highest risk, and, if so, developing an effective safety plan that is carried out. Finally, one Co-Chair indicated that an overall reduction in the reported number of intimate partner violence incidents was how ICAT success should be defined and measured.

While most Co-Chairs reported that their ICAT was successful in achieving their mandate, this was not unanimous. Some Co-Chairs stated that they had not seen a lot of success and that, while they had closed files, and a large number of these files had not been reopened or required a new file to be created, the ICAT had not been able to meet its main mandate of reducing risk for victims and perpetrators. This view was related to the aforementioned concern that there were insufficient programs, resources, or services for perpetrators and victims, and that it was not always easy for either victims or perpetrators to access needed supports in a timely fashion. Regardless of whether Co-Chairs believed that their ICATs were successful in achieving their mandate(s), all Co-Chairs indicated that there were no formal measures that were being used to determine whether their mandate was being achieved. Instead, Co-Chairs suggested things like believing that their clients were safe as an indication of success or the perpetrator being charged, convicted, and sentenced to

custody as an indicator of success. Again, some Co-Chairs mentioned that closing an ICAT file on the basis of the file no longer meeting the threshold for highest risk as achieving their mandate. Given this, it is suggested that **measures of success be defined, developed, and tested that can assist ICAT Co-Chairs in determining that their ICAT is achieving its mandate in all cases**.

When asked to outline the strengths of the ICAT model, there were several common aspects that were highlighted by most Co-Chairs. The ability of different agencies to come together, collaborate, work in partnership, share information, and work towards a common goal was expressed by most Co-Chairs. Having a shared responsibility, providing wraparound services, and sharing the workload were other aspects of the ICAT model that were commonly expressed as strengths of the model. Some Co-Chairs also spoke about the rapport, trust, and communication that were developed between agencies because of the ICAT. One Co-Chair identified the fact that ICATs were supported by the province and the police as a key strength. This notion that ICATs were being supported by the government and the police suggested that ICATs were more than just another community initiative. It demonstrated to victims that the province cared about them, were worried about them, and that there was a broad community that was focused on supporting them. Continued buy-in and support for ICATs from the government, police, and community is essential for ensuring sustainable service delivery and successful outcomes for victims and perpetrators.

In terms of some of the main challenges associated with the ICAT model, the most common responses were related to attendance, training, the consistency of people staying as representatives of their agencies on the ICAT, and the willingness of everyone to share information when appropriate. In effect, many Co-Chairs reported that it was not very easy to get everyone who needed to be in the ICAT meeting to attend regularly, that there was too much turnover in membership, especially among the police representatives, and that some agencies were very reluctant to share information with the group. Some of these issues could be addressed by training, which was also mentioned by some Co-Chairs as being a challenge; however, Co-Chairs also tended to recognize that these other challenges had little to do with the structure, orientation, or philosophy of the ICAT model and were more related to retirements, promotions, changes in responsibility, or people changing jobs. Notwithstanding this and the perceived lack of timely training, Co-Chairs also identified the lack of resources, programs, or services, being able to consistently obtain the victim's consent to participate with the ICAT, and offender management supports as further challenges. On this last point, and as mentioned above, two Co-Chairs stated that there was not enough support in the community for offenders, which could result in a heightened risk for recidivism.

When asked if there were any resources missing that would assist the ICAT to operate more effectively and efficiently, many of the same themes that have been mentioned throughout this report were reiterated. One Co-Chair stated that their ICAT would function better if all members were held more accountable for doing what they committed to do. One Co-Chair reported that their community-based victim services needed access to JUSTIN for ICAT to be more effective. The concern was that their ICAT was reliant on police-based victim services and Corrections for information about the perpetrator, but that their ICAT would be more effective if members had access to the offender's information through JUSTIN. As noted above, some Co-Chairs spoke about the gap in specific types of services, such as mental health, housing, and male victims of intimate

partner violence. Finally, one Co-Chair indicated that they needed access to emergency funding so that it was much easier for a victim to relocate or to get a hotel when fleeing their abuser. The context for this comment was that, in their community, there was a lack of shelters or transition housing that resulted in either the victim not being able to leave their residence or choosing to stay in their residence because of the lack of alternatives; both of which heightened risk.

Unlike in the study by Lau (2020), no Co-Chairs spoke directly about burnout or other negative effects directly tied to being a member of an ICAT. Some Co-Chairs stated that self-care, in this context, was never discussed formally among ICAT members. Some Co-Chairs spoke about the kinds of things they did privately and with family or friends to support their self-care, but none spoke of any formal ways that were used in their ICAT to support or encourage the self-care of ICAT members when asked about this directly. While some Co-Chairs indicated that there were informal discussions among members to check in with each other, especially after discussing a particularly difficult file, other Co-Chairs indicated that they believed that the members' home agencies likely had robust plans in place to address the needs of their employees. Only one Co-Chair reported that, as a group, their ICAT engaged in mindfulness activities, and went to breakfast together as a team to just 'hang out' and support each other. **Given that the Best Practices manual outlines the importance of discussing self-care amongst ICAT members, it is suggested that this topic be made a priority for discussion during an annual administrative-focused ICAT meeting.**

For other suggestions or recommendations that would improve the ICAT model or processes in general, while most of the Co-Chairs indicated that they wanted all ICAT members to receive more training, there were only a few jurisdiction-specific recommendations. For example, one Co-Chair wanted to explore whether there was a way to bridge the gap that existed, at times, between their ICAT and the courts. The concern was that the ICAT was made up of many knowledgeable and experienced people who, when a case was deemed to be at the highest risk level, suggested to the court that the situation was very dangerous. However, while not suggesting that the courts completely ignored the ICAT, the Co-Chair was interested in exploring ways that the ICAT and the court could work together rather than the ICAT being viewed as just a conduit of information for the courts. Another Co-Chair saw how, in some other jurisdictions, the police, community-based victim services, and the ICAT coordinator were housed in the same building and felt that this was very effective. Given this, this Co-Chair was interested in whether it might be beneficial to have their ICAT team integrated in terms of several ICAT members working out of the same building to facilitate information sharing and collaboration. One Co-Chair indicated that they would like to have a best practice guide for various scenarios or types of cases. For example, if a victim does not want to engage with ICAT, are there lessons learned from other ICATs or a best practice for what steps could or should be taken in this case?

ICAT Members Survey Findings

The survey portal was open for approximately one month. During this time, 95 individuals accessed the survey and gave their consent to participate. Of these, 10 either did not answer any of the survey questions or withdrew after answering only the first few. These 10 participants were

removed from the database and the subsequent analyses were based on the remaining 85 participants.

There are over 50 ICATs currently operating in British Columbia (approximately 57 at the time of the research); however, each ICAT is composed of a varying number of members. Given this, we were unable to calculate the response rate to the survey. As previously noted, survey responses were submitted from participants in at least 25 unique communities. When considering the 51 participants who identified their community, just over four-fifths of participants came from either the Southeast (29.4 per cent), the Lower Mainland (27.5 per cent), or the North (27.5 per cent), while a smaller number of responses came from the Island (15.7 per cent). Again, this represents only 60% of the data analysed below because the remaining 40% of the sample did not identify their community. To protect the anonymity of the ICATs that participants came from and to avoid biasing the results presented below, no further analyses were conducted at the district level.

Given that one survey question touched on the community where the participant's ICAT was located, the research team elected not to collect any demographic data or information about the nature of the participant's role on the ICAT, as this information could potentially identify the individual participants. However, participants were asked to report how long they had been a member of their ICAT. On average, participants had been a member of their ICAT for 3.9 years[17] (46.4 months, SD = 34.6 months). The range of time that members were part of their ICAT was from less than six months up to 10 years. Overall, nearly one-quarter (23.8 per cent) of participants had been a member of their ICAT for between one and 12 months, nearly half (46.5 per cent) had been a member of their ICAT for between one and five years, and the remaining 29.8% had been a member of their ICAT for more than five years. To facilitate additional analyses, the data was grouped into those who had been a member of their ICAT for up to one year (23.8 per cent), those who had been on the ICAT for more than one year but less than five years (36.9 per cent), and those who had been on their ICAT for five or more years (39.3 per cent).

ICAT MEETING ATTENDANCE

Participants were asked to select from a list of options indicating how often they attended ICAT meetings in their jurisdiction. The responses were nearly evenly split between attending most of the time (45.9 per cent) and attending all the time (43.5 per cent). Only one-in-ten participants (10.6 per cent) indicated that they attended ICAT meetings only 'some of the time'. There was not a significant relationship between the average length of time someone had been a member of their ICAT in months and how often they attended ICAT meetings, F (2, 81) = 1.65, p > .05.

Those who did not attend ICAT meetings all the time were asked to indicate some of the reasons this occurred (see Table 3). Of note, several participants in the survey indicated that they were an alternate on their ICAT, which is why they did not always attend ICAT meetings. Excluding these participants, the most common reason given for not always attending ICAT meetings was a scheduling conflict. Interestingly, given that the interview data suggested that one of the main

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[17] The median length of time for this sample was 46.5 months.

reasons why members did not always attend an ICAT meeting was lack of relevance of the files being discussed, only one-in-ten survey participants indicated that this was a main reason for not regularly attending ICAT meetings.

An important finding from these survey results is that none of the participants who missed some or most ICAT meetings indicated that it was because their agency did not prioritize involvement in the ICAT. However, one-quarter did indicate that a reason they could not always attend the ICAT was because their home agency did not have sufficient coverage for the work the ICAT member would otherwise be unable to engage in while attending ICAT meetings. This may suggest that further **prioritizing of ICAT involvement at an agency level is necessary**, particularly if, as the data suggests, a leading reason for missing the meeting was not because the referral was considered irrelevant to their work, but because they were unable to be absent from their other duties to attend the ICAT meeting. Considering these findings, and the fact that scheduling conflicts are the most common reason for missing an ICAT, one example of how meeting attendance could be prioritized at an agency level is to ensure that **there are at least two people who have received training to participate in the ICAT** so that at least one agency representative is always able to attend the meeting. This practice occurs with some of the ICATs in the province, but it is not clear how many ICATs have entrenched this as part of their operations. However, the Best Practices manual does refer to having an alternate who can attend the meeting if the primary standing member cannot. Other benefits to having more agency staff trained on an ICAT is that it would also enhance broader agency level awareness of the kinds of files that are appropriate for ICAT referrals, create a better understanding of the work an ICAT does, and provide awareness of services and resources available outside of their specific agency. While it may not be possible for agencies to ensure all staff have received ICAT training, on those occasions when a community-level ICAT training is offered, it is recommended that **agencies prioritize staff involvement in ICAT training**. Having more people in an agency trained on ICAT procedures and operations would also contribute to succession planning by ensuring that if a member leaves their position, there would not be a gap in the agency being able to replace their ICAT representative.

TABLE 3: REASONS FOR NOT ALWAYS ATTENDING ICAT MEETINGS (N = 48)

	%
Scheduling Conflicts	93.0%
Lack of Human Resources to Cover my Absence/Workload	25.0%
Files being Discussed Are Not Relevant to my Agency	10.4%
Inadequate Meeting Notice Given	4.2%
My agency does not prioritize ICAT involvement	0

ICAT TRAINING

Access to training was something that many participants expressed a desire for. In support of the information collected as part of the Co-Chair interviews, one-fifth (21.4 per cent) of the survey participants expressed that they had never been trained for their work on an ICAT. It is important to caveat this by acknowledging that the survey was conducted after the COVID-19 pandemic, and

that access to training was very challenging over this period of time. In addition to the challenges with meeting in person, many agencies struggled to maintain adequate staffing. Given this, there was a period of time during which ICAT training was not being offered. At the time of the writing of this report (Summer 2023), ICAT trainings have once again begun with some regularity.

Given the absence of training availability, it was not surprising that a statistically significant relationship existed between the length of time participants had been members of their ICAT and whether they had ever received ICAT training. Those who had previously received ICAT training reported being an ICAT member for a significantly longer period of time (X = 53.8 months, SD = 34.7 months) than those who had never received ICAT training (X = 19.5 months, SD = 17.9 months), t (54.9) = -5.7, p < .001. In other words, this finding supports that the absence of ICAT training can be assumed to be related to the COVID 19 pandemic, as the lack of training appeared to congregate amongst those with less than two years of ICAT experience.

While one-fifth of survey participants had never been trained for their work on the ICAT, most survey respondents (53.6 per cent) had been trained prior to their first ever ICAT meeting. Another 16.7% said they were trained after their first ICAT meeting, ranging from immediately afterwards to nearly two years after their first meeting. Finally, 8.3% reported that they were trained during their first ICAT meeting. Generally, ICAT training is provided by EVA BC/CCWS. As part of this formal training, program partners, such as the RCMP "E" Division Crime Prevention Section, may co-deliver portions of the training. Informal training may also be given to new members by Co-Chairs or other committee members. Most participants who were trained for their role on the ICAT had received their training from the CCWS (71.4 per cent). Nearly half of the participants reported receiving training from the 'E'-Division RCMP (47.3 per cent), receiving training from the ICAT Co-Chair(s) (45.3 per cent), and/or receiving training from either their agency or their agency's predecessor on the ICAT (43.6 per cent).

There was a statistically significant relationship between whether participants had ever been trained for their work on an ICAT and how often they attended meetings, x^2 (2) = 13.84, p < .001. Specifically, a significantly larger percentage of those who attended ICATs either all the time (77.8 per cent) or most of the time (89.7 per cent) had received ICAT training compared to those who attended only some of the time (33.3 per cent). As this data was obtained using a cross-sectional survey approach, the researchers were unable to determine whether the lack of training contributed to a lack of attendance at the meetings. For example, it was unclear if those who were not trained felt unclear about their role on the ICAT, or if the infrequent ICAT attendance contributed to the lack of training. Regardless, participants expressed a desire for ICAT training not only for those who had more recently joined their ICAT, but also in terms of refresher training for their whole committee. Importantly, as reported in the interview data, training for the ICAT offers important opportunities to strengthen cohesiveness among team members and was desired by most Co-Chairs.

Participants were asked to rate the degree to which they felt prepared to engage in ICAT-relevant tasks (see Table 4). The answer options ranged from 1 = 'Very Unprepared' to 4 = 'Very Prepared'. Most participants felt either somewhat or very prepared for most of the tasks they might be expected to perform on an ICAT. The activity that participants felt most prepared to engage in was the process of using the Summary of Intimate Partner Violence Risk (SIPVR) tool to review risk for

referred files. This was an unexpected finding as the ICAT training does not appear to go into depth on the nature of the 20 different risk factors reviewed on this tool, nor is the police training on the SIPVR generally made available to civilians, regardless of their role in supporting individuals experiencing intimate partner violence. However, it is possible that because of their experience working with survivors and perpetrators of intimate partner violence or prior job-related training, participants felt that they had a good understanding of the various factors that can elevate risk. Of note, two-thirds of participants also reported feeling very prepared to make decisions about which referral met the criteria of highest risk, as well as in understanding how to refer a case to the ICAT.

While the overall percentage of participants reporting a lack of preparedness for ICAT activities was quite small, nearly one-in-five participants (17.9 per cent) felt somewhat or very unprepared to handle potential conflicts of interest when ICAT files were referred. Given these patterns, it appears that ICATs across British Columbia have a lack of clear policy or consistent practice regarding how these situations should be handled, and so it may be beneficial to include some content on how best to handle these situations in the Best Practices manual and during training. The second area where a larger percentage of participants felt very or somewhat unprepared concerned when to close an ICAT file (17.9 per cent). Again, while the interviews with Co-Chairs provided some clarity on this issue, the survey data indicated that ICATs appeared to use a range of methods. For example, some participants indicated they would close a file after a prescribed period of time without any new information coming to the ICAT indicating that the risk was ongoing, others would close a file if they were unable to secure the victim's participation, while others would close a file if the risk level was actually documented to have been reduced. Given these inconsistent practices, it is recommended that **the ICAT Best Practices manual provide more clarity on the related issues of when it is appropriate to close a file, and whether to re-open a file or open a new file.**

TABLE 4: PARTICIPANT RATINGS OF PREPAREDNESS FOR ICAT ACTIVITIES (N = 83 – 85)

	Very Unprepared	Somewhat Unprepared	Somewhat Prepared	Very Prepared
Using the SIPVR tool to review risk	2.4%	6.0%	14.3%	77.4%
Making decisions about highest risk files	2.4%	3.5%	27.1%	67.1%
How to refer a case to ICAT	3.5%	4.7%	25.9%	65.9%
When information can be shared with ICAT members	2.4%	3.5%	34.1%	60.0%
Communicating changes to risk with ICAT members	2.4%	3.6%	37.3%	56.6%
What information can be shared with ICAT members	2.4%	3.5%	40.0%	54.1%
How information can be shared with ICAT members	3.5%	4.7%	42.4%	49.4%
Handling potential conflict of interest with referred files	4.8%	13.1%	34.5%	47.6%
Deciding when to close an ICAT file	6.0%	11.9%	35.7%	46.4%

Whether the participant had ever previously received ICAT training was compared to ratings of preparedness. This data was collapsed into the two categories of whether they felt unprepared or

felt prepared. For the most part, there were no statistically significant relationships, though caution should be used when interpreting these findings given that few participants indicated that they were unprepared for the various ICAT activities presented in Table 4. However, there was one statistically significant finding. A significantly larger percentage of those who had been trained on the ICAT felt prepared to decide when to close an ICAT file (87.7 per cent) compared to those who had never been trained on an ICAT (61.1 per cent), Fishers Exact Test p = .016.

Participants were provided with a list of the same nine areas and asked to rate where they would like to receive more training. As one option to select from was 'already received training on', this analysis removed those who had already been trained in these areas and focused on the remaining sample of those who reported either no or yes to each statement. Given this, the sample size of participants varied on each item and so the number of participants is reported for each statement in Table 5. There were three areas where three-quarters or more of the participants indicated a desire for training, all of which concerned information sharing. These were training to help them understand what information can be shared with ICAT members (78.0 per cent), how information can be shared with ICAT members (76.2 per cent), and when information can be shared with ICAT members (75.7 per cent). A slightly lower percentage also agreed that they would like training on how to handle potential conflicts of interests with respect to ICAT files being referred (70.4 per cent), which, as noted earlier, was an area where ICAT members tended to feel less prepared.

TABLE 5: DESIRED AREAS FOR ICAT TRAINING FOR THOSE WITH NO PRIOR TRAINING

	n	% Responding Yes
What information can be shared with ICAT members	41	78.0%
How information can be shared with ICAT members	42	76.2%
When information can be shared with ICAT members	37	75.7%
Handling potential conflict of interest with referred files	54	70.4%
Using the SIPVR tool to review risk	32	68.8%
Communicating changes to risk with ICAT members	47	66.0%
Deciding when to close an ICAT file	50	64.0%
Making decisions about highest risk files	41	63.4%
How to refer a case to ICAT	33	60.6%

There were no statistically significant relationships when comparing whether someone had previously received ICAT training and whether they would like training in any of the areas provided. For the most part, there were also no differences in the average length of time someone had been an ICAT member and desired areas for training. However, there was a statistically significant finding when it came to the average length of time on an ICAT and wanting further training in deciding whether a file should be considered highest risk. Interestingly, this was not in the anticipated direction. Those who wanted training on making decisions about highest risk had served on an ICAT twice as long (X = 54 months, SD = 38.1) than those who did not want training on making decisions about highest risk (X = 25.7 months, SD = 27.5), t (38) = -.25, p = .019. It is unclear what drove this result but perhaps those who had served on an ICAT for longer periods of time

wanted to receive some validity related to their common practices, or perhaps they were interested in receiving updated training related to the addition of new risk factors. Similarly, those who wanted training in how to communicate changes to risk with ICAT members had been a member of their ICAT for significantly longer (X = 49.5, SD = 40.8) than those who did not want this training (X = 28.1, SD = 23.2), t (42.6) = -2.25, p = .030. There were no other differences in the desired areas for training when compared to length of time spent on an ICAT.

A final set of questions pertaining to training focused on other topics relevant to understanding intimate partner violence, but which were not specific to the ICAT (see Table 6). The participants were provided with a list of nine topic areas and asked to indicate whether they felt the members of their ICAT would benefit from training in any of these areas. While five to six participants did not answer this question, for the most part, there was a clear demand for training in all areas provided by the question. In particular, three-quarters or more rated brain injuries among victims of intimate partner violence, Indigenous victims of intimate partner violence, male victims of intimate partner violence, intimate partner violence and LGBTQS+ relationships, and coercive controlling behaviours as areas where they thought their ICAT members could benefit from training. This is not surprising given the recent focus on intersectionality and severity of violence in intimate partner violence research (e.g., Cotter, 2021). **To enable ICAT members to develop a holistic understanding of intimate partner violence situations and develop appropriate risk management plans, ICAT training should expand to include an intersectional approach.** Participants were least likely to select training on gender-based violence, cultural sensitivity training, or attitudes condoning of violence towards women as areas where training would be beneficial for their ICAT members. Presumably, this was because these topics have been central to intimate partner violence research and training, and thus, their ICAT members were likely familiar with these concepts; still, more than two-thirds of those who answered these questions felt as though this training would be beneficial.

TABLE 6: DESIRED AREAS FOR FUTURE TRAINING RE: INTIMATE PARTNER VIOLENCE (N = 79 – 80)

	% Responding Yes
Brain injuries among victims of intimate partner violence	84.1%
Indigenous victims of intimate partner violence	80.0%
Male victims of intimate partner violence	78.5%
Intimate partner violence and LGBTQ2S+ Relationships	75.9%
Coercive controlling behaviours in intimate partner violence	75.0%
Trauma informed training	73.8%
Cultural sensitivity training	68.4%
Attitudes condoning of violence towards women	67.1%
Understanding gender-based violence	65.8%

COMMON ICAT ACTIVITIES

Participants were asked to rate how often they felt their ICAT engaged in several activities relating to their mandate (see Table 7). The scale provided was anchored by 1 (Never) and 4 (All the Time). Only one statement received any 'never' responses; this was regarding how often their ICAT

effectively planned to manage the risk posed by the accused/perpetrator. This statement also received three times as many responses under the 'some of the time' frequency than any of the other statements. This may be because, as suggested in the interviews with Co-Chairs, not all ICATs were actively involved in offender management as some perceived that their responsibilities were mainly to share information or to focus on the needs of the victim(s).

For the most part, the modal response to the various activities presented in Table 7 was that their ICAT engaged in these activities 'most of the time'. The one statement with a different modal response was for maintaining appropriate confidentiality. Here, 59.2% of participants agreed that their ICAT did this 'all the time'. While it is important to understand this result as the modal response, it is concerning that this implies that 40% of ICATs were not always maintaining appropriate confidentiality. As this information was collected using a survey, the researchers were unable to further explore the reasons why or the situations in which appropriate confidentiality was not always maintained. However, this suggests that **further emphasis needs to be placed on confidentiality protocols during training and should be reviewed before each referral discussion takes place**. It would be useful to provide examples where confidentiality had not been appropriately maintained during ICAT training. Allowing ICAT members to work through these scenarios and determine why these instances would be considered a breach of confidentiality would strengthen their understanding of the limits to information sharing and common ways in which confidentiality may be intentionally or unintentionally breached.

TABLE 7: ACTIVITIES ENGAGED IN BY ICATS (N = 71)

How often does your ICAT...	Never	Some of the Time	Most of the Time	All the Time
Maintain appropriate confidentiality	0	2.8%	38.0%	59.2%
Effectively safety plan for the victim/survivor	0	2.8%	49.3%	47.9%
Have an effective working relationship between partner agencies	0	7.0%	47.9%	45.1%
Share information with each other relevant to determining risk	0	7.0%	49.3%	43.7%
Work in a timely manner to review and make decisions about risk	0	9.9%	53.5%	36.6%
Carry out assigned tasks and responsibilities in a timely manner	0	7.0%	59.2%	33.8%
Effectively plan for risk management for the accused/perpetrator	1.4%	21.1%	45.1%	32.4%

Only three-quarters of participants agreed that their ICAT either worked in a timely manner to review and make decisions about risk and carried out tasks and responsibilities in a timely manner 'all the time'. It is unclear whether this was due to challenges with regularly meeting as a group or if other barriers were the motivation for these responses. Of note, only a slightly larger proportion of participants indicated that their ICAT shared information with each other 'all the time' that was relevant to determining risk, and so this may present another barrier to effectively making decisions and acting on them.

RISK FACTORS REVIEW PROCESS

As reported earlier (see Table 5), one of the areas where participants felt most prepared for their work on the ICAT was in reviewing risk using the SIPVR tool. Participants were asked in a different survey question to rate their level of confidence in determining risk in intimate partner violence files. Not surprisingly, just over half (52.5 per cent) felt 'very confident' while another 46.3% felt 'somewhat confident'. As only one participant felt somewhat unconfident, this response was dropped from additional analyses. Interestingly, there was a statistically significant relationship when comparing whether participants had ever been trained on their ICAT work and their degree of confidence in determining risk. This finding was not in the expected direction, as a significantly larger percentage of those who had never been trained on ICAT rated themselves as 'very confident' in determining risk (78.6 per cent) compared to those who had received prior ICAT training (46.9 per cent), x^2 (1) = 4.63, p = .031. Conversely, there was not a statistically significant relationship between the length of time one had been on their ICAT and their degree of confidence in determining risk, t (76) = 1.07, p > .05.

Next, participants were provided with a list of 20 risk factors reviewed as part of the SIPVR and asked to rate how often they felt they had sufficient information from the ICAT discussion to make informed determinations about each risk factor (see Table 8).[18] There was only one risk factor where several participants felt that they never had the relevant information with which to make a determination. This was related to understanding the perpetrator's attitudes towards violence. Of note, this risk factor was a recent addition to the SIPVR. Still, over half of the participants (56.1 per cent) felt that they had sufficient information to assess this risk factor most or all the time, which likely reflects the benefits of being able to integrate multiple stakeholder perspectives during ICAT discussions. The only risk factor where most participants felt they had relevant information 'all the time' concerned the presence of dependent children (52.4 per cent). Conversely, participants were the most likely to indicate that they only had information 'some of the time' regarding sexual coercion (47.6 per cent) and the perpetrator's history of financial instability (42.7 per cent). A majority of participants felt they had sufficient information to determine risk 'most of the time' when it came to recent escalation of frequency or severity of the abuse (67.1 per cent), whether there was a recent or pending separation (61.0 per cent), coercive controlling behaviours (58.5 per cent), victim/survivor's perception of safety (58.5 per cent), victim/survivor's perception of future violence (57.3 per cent), perpetrator's history of substance use/abuse (56.1 per cent), stalking or harassment (54.9 per cent), threats to harm or kill (54.3 per cent), victim/survivor's vulnerabilities (54.3 per cent), perpetrator's use of or threats with a weapon (52.4 per cent), and the perpetrator's history of mental health (51.2 per cent). Overall, participants appeared to feel that they had information 'most of the time' for half of the risk factors, but it was very infrequent for them to have access to relevant information 'all the time'.

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[18] There were 21 risk factors that ICAT members were asked to rate, rather than the 20 provided on the SIPVR, as the SIPVR has collapsed stalking/harassment into the coercive controlling behaviours item.

TABLE 8: AVAILABILITY OF INFORMATION RELEVANT TO DETERMINING RISK (N = 81 – 82)

How often do you have sufficient information via the ICAT to make informed determinations about:	Never	Some of the Time	Most of the Time	All the Time
A recent or pending separation	0	9.8%	61.0%	29.3%
Escalation in frequency or severity of abuse	0	7.3%	67.1%	25.6%
Presence of dependent children	0	6.1%	41.5%	52.4%
Threats to harm or kill	0	18.5%	54.3%	27.2%
Sexual coercion	0	47.6%	36.6%	15.9%
Strangulation	0	37.8%	40.2%	22.0%
Coercive controlling behaviours	0	20.7%	58.5%	20.7%
Stalking or harassment	0	19.5%	54.9%	25.6%
Victim/Survivor's perception of safety	0	12.2%	58.5%	29.3%
Victim/Survivor's perception of future violence	0	17.1%	57.3%	25.6%
Victim/Survivor's vulnerabilities	0	17.3%	54.3%	28.4%
Perpetrator's history of non-domestic criminal violence	1.2%	22.0%	41.5%	35.4%
Perpetrator's history of domestic violence	0	15.9%	50.0%	34.1%
Perpetrator's history of violating court ordered conditions	1.2%	8.5%	42.7%	47.6%
Perpetrator's history of substance use or abuse	0	24.4%	56.1%	19.5%
Perpetrator's history of financial instability	0	42.7%	41.5%	15.9%
Perpetrator's history of mental health concerns	1.2%	29.3%	51.2%	18.3%
Perpetrator's history of suicidal ideation/threats	0	39.0%	42.7%	18.3%
Perpetrator's attitudes towards violence	4.9%	39.0%	37.8%	18.3%
Perpetrator's use of or threats made with a weapon	0	23.2%	52.4%	24.4%
Perpetrator's access to weapons	0	30.5%	46.3%	23.2%

When asked to express what else they needed to support their review of risk, there were several suggestions. Several participants expressed that more training is always helpful to ensure that they had a good understanding of risk. Some indicated that obtaining and assessing information about mental health could be difficult, and that they were unclear whether they should be relying on the survivor's perception of this for the purposes of an ICAT review. Similarly, one participant shared that access to weapons was a difficult risk factor to assess because of the ease with which a perpetrator of intimate partner violence could access a weapon. Relatedly, some participants observed that there were challenges with accurately reviewing access to a weapon as technically hands can be considered weapons and weapons can include easy-to-access implements, such as a kitchen knife. Another challenging item concerned the victim's assessment of the risk they are facing and the potential for violence. One participant shared that some long-term survivors of abuse have a skewed perception of risk, such that they no longer recognize when they are in extreme danger as their baseline risk levels have increased over time or with each incident of intimate partner violence. Conversely other victims have a clear sense of the danger that they are in. Thus, some participants suggested that relying on the victim's perception could be difficult as one's self-assessment likely varies based on a wide range of victim characteristics. Related to this, another participant indicated that the information they had to work with was often dependent on what the victim was willing to share, and if they were not willing to engage in the ICAT process, members

may have little information to go on. In this scenario, it was questioned why an ICAT would be convened, as these participants felt that the meeting would bring little benefit given the general lack of information with which to assess the referral. While it is already stated as such in the Best Practices manual, it should be made more clear during training that, while a best case ICAT scenario involves the willing participation of a victim, an ICAT can still offer benefits even without the victim's consent or engagement, as the ICAT can also focus on managing the risk to the victim and the perpetrator through individual ICAT members working with clients on safety planning and contributing to offender management programs.

In terms of what was missing, one participant said that understanding a victim's or perpetrator's willingness to engage and participate in programming would be helpful information. Another participant suggested that access to information on victims and perpetrators beyond their specific policing district would provide a more fulsome picture of risk, particularly when one or both parties were not from their current community or from outside of British Columbia. Related to this, one participant suggested that having external participants from other communities join in ICAT discussions to share information relevant to risk would be beneficial when one or both parties were from outside the jurisdiction of that particular ICAT. Another participant suggested that it would be helpful to note if the victim was living in a rural or urban location as this could affect the availability of and access to resources, programs, and services.

ICAT MEMBERSHIP AND INFORMATION SHARING

Participants were asked to rate the overall information sharing between standing ICAT members on a scale of Very Effective (1) to Very Ineffective (4). The average rating given by the 65 participants who answered this question was 1.5 (SD = 0.6), which is midway between 'very effective' and 'somewhat effective'. Overall, 60% of participants who answered this question felt that information sharing was 'very effective' while another one-third (35.4 per cent) felt it was somewhat effective. Very few believed it was either somewhat ineffective (3.1 per cent) or very ineffective (1.5 per cent).

Participants were then asked to rate to what degree they felt several potential challenges affected information sharing between their ICAT members (see Table 9). The most common barrier to information sharing, which was most likely to be rated as occurring 'some of the time', was an inadequate understanding of the relevant privacy laws (58.6 per cent). Of note, during the interviews, participants felt that the training regarding privacy laws was very helpful, and many felt that there was useful information provided about information sharing in the Best Practices manual. It is possible that those who ranked inadequate understanding of the relevant privacy laws as a barrier to information sharing were on ICATs where prior training was less common leading to a hesitancy to share. The only other barrier to information sharing where a majority of participants felt it occurred 'some of the time' was concern over a particular agency or agencies having access to certain information (52.1 per cent). The least common barrier to information sharing, in terms of the proportion of participants who reported that this 'never' happened, was an agency or agencies wanting to be the primary holder of information. Nearly two thirds of all participants (62.9 per cent) said this was never an issue on their ICAT. Concern over how other agencies would use the shared information, and authority or the ability of the agency representative to share information

were the most likely barriers to occur 'most of the time'; however, this was only selected by approximately one-in-ten participants (12.9 per cent and 11.6 per cent, respectively). Overall, the main barriers to information sharing appeared to be an inadequate understanding of the privacy laws, which can be addressed during training, and concern over certain agencies having access to particular types of information. This concern is less easily fixable as it requires that ICAT members have trust in each other that the information shared will be used only for its intended ICAT purposes. It should be remembered that these are situations of highest risk and concern over agencies having access to certain information should not prevent that information from being shared if it is relevant to determining how to address risk for life-threatening violence. **If information is shared and then used inappropriately by an agency, it is essential that this situation be promptly documented and addressed.** To assist with helping ICAT members understand information sharing protocols more clearly, it is recommended that **scenarios be provided to ICAT members to demonstrate how information shared in the context of a high-risk ICAT can and cannot be used**. Further, when sharing best practices between ICATs, it would be worthwhile to discuss whether and how this situation occurred and how it was dealt with to provide Co-Chairs with a clear protocol of how they should respond to the potential misuse of shared information.

A few additional comments were also made by participants concerning information sharing. One participant expressed that it is essential that no one take notes during the meeting to ensure that the information will not be taken out of the room and used out of context. It was also expressed that **ICAT meetings must be held in a private space**. Given the nature of the information being discussed about families involved in violence, this seems like an obvious suggestion; however, it is apparent that not all ICATs have a secure and private space where they can hold their meetings. Another participant expressed that information sharing could sometimes be one-directional, and that certain agencies would attend and listen to the information being shared but would not be willing to share information, even if they were involved with the client. It is essential that all **members come to the ICAT meeting willing and able to share information in the best interests of reducing risk** and preventing lethal violence from occurring. ICAT Co-Chairs must directly address this issue with the non-sharing agencies if it is occurring, reminding agencies of the purpose of the ICAT and the importance of sharing relevant information.

TABLE 9: CHALLENGES TO INFORMATION SHARING (N = 69 – 71)

	Never	Some of the Time	Most of the Time	All the Time
Agency(ies) want to be the primary holder of information	62.9%	27.1%	8.6%	1.4%
Concern over how other agencies will store/protect information	55.7%	35.7%	5.7%	2.9%
Authority or ability of the agency representative to share information	52.2%	34.8%	11.6%	1.4%
Willingness of agency(ies) to share information	49.3%	42.0%	7.2%	1.4%
Concern over how other agencies will use the shared information	47.1%	38.6%	12.9%	1.4%
Concern over a particular agency(ies) having access to certain information	39.4%	52.1%	5.6%	2.8%
Inadequate understanding of the relevant privacy laws	32.9%	58.6%	8.6%	0

Generally, ICAT membership includes sworn police officers, community-based and/or police-based victim services, and the Ministry of Children and Family Development. As noted in the interview results, community corrections and shelter/transition home agencies are also frequent members of ICATs across British Columbia. Some ICATs include broader membership with representatives from Indigenous agencies, mental health, social services (e.g., financial supports), forensic nursing, and schools. Participants were asked which agencies, if any, were missing from their ICAT. In total, 33 participants (38.8 per cent) did not answer this question, while another 21 (24.7 per cent) said that no required agency was missing from their ICAT. For these individuals, they were comfortable using the 'guest' option to invite relevant agencies to attend when needed based on the nature of the referral but did not perceive that there was a need to add any other agency as a standing member. The remaining one-third (35.3 per cent) of participants identified at least one other agency that they thought should be added to their ICAT. Among these 30 participants, the most common response was to have an Indigenous representative. Several of these participants acknowledged that they had an Indigenous agency as a member of the committee but that they did not often attend the meetings. While the authors of this report did not hear directly from these agencies, possible reasons suggested for this absence included that, like many other agencies working in this sector, these groups or agencies were under resourced and in excess demand and so did not always have the human resources needed to dedicate to ICAT meetings. Other participants suggested that because of their jurisdiction, there were many potential Indigenous groups who could potentially sit at their ICAT and so rather than offer the seat to a limited number of these groups, they found it easier to include them as guests when the referrals involved people from their community. Participants expressed that having someone at their table to represent the local Indigenous groups was valuable, particularly in terms of their knowledge of the available resources to support the families in conflict. **While it may be ideal for ICATs to have direct Indigenous representation, for those communities where this is not feasible, the ICAT members might consider appointing an Indigenous liaison who could work more directly with the relevant communities and represent them at the ICAT table.**

Surprisingly, given that they typically already have a seat at the ICAT table, MCFD was also identified by several participants (13.3 per cent) as an agency that needed to be added to their ICAT. However, the comments expressing why this was appeared to reflect that MCFD did already hold a seat at the table, but they often did not attend. Some participants recognized that MCFD did not always need to be present, for example, if there were no children involved, but expressed that they often had very useful information to share and could ensure that appropriate connections were made with programming. However, limited human resourcing appeared to be a barrier to MCFD's more consistent attendance and participation at ICAT meetings. While there is no easy solution to this issue, **ensuring that MCFD leadership understands the value and importance of participation on an ICAT and prioritizing their involvement in ICAT discussions would be beneficial,** and, as discussed above, it would be helpful to ensure that more than one staff member has received ICAT training and is able to attend and participate in meetings as needed when the primary ICAT representative is unavailable.

Similar concerns were expressed about mental health representatives. In fact, mental health agencies were the most commonly identified program missing from the ICAT (30.0 per cent). A few ICATs had active participation of representatives from mental health agencies who could speak to the mental health risks that were present in the referral or to connect perpetrators or victims to mental health programming and counselling. However, as identified through the Co-Chair interviews, in the survey, nine participants expressed that this was a missing component for their ICAT and that it would be beneficial to have someone from a mental health program attend the ICAT on a more regular basis. Like the recommendation regarding MCFD involvement, **it is important that the health authorities are trained about the purpose and methods of an ICAT, and that leadership prioritize involvement in an ICAT within their agency**.

Nearly another one-quarter of participants (23.3 per cent) identified that Crown Counsel was a missing agency from the table. Of note, these participants often acknowledged that they understood why Crown Counsel was not part of an ICAT. While they understood the barriers to their involvement, participants spoke about the importance of ensuring that Crown Counsel understood what ICATs were established for, and that they reflected the seriousness of these files in the conditions that they argued for in court. They felt that without being a part of the ICAT, Crown Counsel did not always have the relevant information about what was happening in the file or gave it the serious attention that the file required. While Crown Counsel are not able to participate in the ICATs, **it would be beneficial to ensure that Crown Counsel have received training on what ICATs are, why they exist, how they operate, and the general kinds of files that ICATs tend to be involved in.** This is especially important in communities that do not have 'K' file Crown, who are specialized Crown Counsel who handle only intimate partner violence related files. In this way, when an ICAT file moves forward for charge approval, Crown Counsel is aware that the file is considered a highest risk case.

Beyond these main four groups, additional agencies that were named as possible additions to the ICAT included school representatives and other representatives from community services, such as immigrant support programs, the Ministry of Social Development, community development centres, health care (e.g., forensic nurses, physicians, hospital social workers), or LGBTQ+ serving agencies or programs. For some communities, it may make sense to add these representatives to their ICAT

membership, while, for others, it may be more feasible and appropriate to utilize the guest attendee option to invite their participation when relevant to a referral. This is one of the strengths of the ICAT model; it allows for flexibility of committee membership to best represent the available resources and particular needs of each victim, perpetrator, and community.

Conversely, participants were also asked whether, in their opinion, any of their standing ICAT members should not have a permanent seat on their ICAT. For the most part, participants felt that the agencies who were standing members on their ICAT were there because they had a relevant role to play. As noted earlier, some acknowledged that MCFD did not always need to attend given the nature of the file(s) being discussed but felt that they could simply not attend the meetings where there were no children involved. Other comments included those that agencies without a community-based victim service or Stopping The Violence (STV) counselling provision contract should not be regular standing members but instead used as an agency that clients could be referred to for services, and that administrators who do not work directly with clients should not be receiving confidential information about clients as they are not in a position where they can directly benefit from having that information to address safety concerns. One comment was made that it can be redundant to have both police-based and community-based victim services as standing members given that when community-based programs were present it commonly was the main agency supporting the victim(s). Another comment was that when government, police, and community agencies are meeting together, it can be hard for government agencies to share information due to their own internal policies of information sharing with community agencies. However, **when a file is considered highest risk for lethal violence, these protocols should not restrict information from being shared with any party who has a role to play in supporting the victim and engaging in case management of the file**. With respect to police-based and community-based victim services both being present, a strength of ensuring police-based victim services is present is that they may be a strong candidate for the ICAT coordinator role given their access to policing schedules, police database information, and given that hardcopies of the ICAT cases are stored directly at the police agency.

While they generally felt that their ICAT membership was appropriate, one participant did say that a regular review of the membership list should be conducted. While many Co-Chairs indicated during their interviews that this type of review occurred annually, in the participant interview data, it did not appear as though an audit of the membership list routinely occurred, despite being stated as a best practice in the provided manual. **It might be helpful for the Best Practices manual to include an annual checklist of tasks for the ICAT to discuss** as a reminder as it appeared from the interview data that many ICATs did not hold an annual meeting where they reviewed the membership list, discussed training needs, or reviewed self-care practices. **A yearly email from CCWS/EVA BC to the ICAT Co-Chairs reminding them of the importance of holding an annual 'check-in' or administrative meeting might also be helpful**. Annual meetings where no files are reviewed gives ICAT members a chance to review their general practices, deepen their connections with each other, and identify potential new practices or training for their committees to engage in.

STRENGTHS, WEAKNESSES, AND EFFECTS OF THE ICAT MODEL

Participants were asked a variety of questions about the strengths, weaknesses, and effects of the ICAT model. First, they were asked about the perceived strengths and challenges of the Co-Chair model. In total, 55 participants shared feedback on the perceived strengths of the Co-Chair model. The most common strength was the increased accessibility provided by having two well-trained and capable Co-Chairs (n = 12). This enabled ICATs to meet even if one Co-Chair was not available, and it increased access to a Co-Chair if a committee member needed more information, guidance, or feedback. Another theme that emerged from these comments centred on the balance of power that the Co-Chair model offered (n = 4). Participants felt that it was important to distribute leadership equally between the police and the community and that this approach offered some degree of neutrality. Related to this, another common theme was that the Co-Chair model ensured that differing perspectives would be heard regarding a referral (n = 7). These participants felt that the Co-Chair model meant that views from all members would be heard, increasing the diversity of perspectives shared from around the table. Another comment made by several participants was that the Co-Chair model facilitated collaboration and collective decision making (n = 6). The Co-Chair model was also seen as supporting the work of the Co-Chairs by sharing the load (n = 5) meaning that tasks were not assigned to just one person, they could collaboratively share the responsibilities associated with running an ICAT and hold each other and others accountable for seeing these responsibilities through. Of note, there were some negative observations indicating that some ICATs did not have an effective Co-Chair model. In these cases, the non-police Co-Chair either did not exist or existed on paper but felt as though they were not able to contribute as much to the role as the police Co-Chair was able to. An additional comment was that the non-police Co-Chair felt unwelcomed.

When asked to speak more specifically to the challenges of the Co-Chair model and what changes they would make to this structure, there were a range of different responses. Many participants stated that they were satisfied with the model and did not perceive the need for any changes. However, challenges with scheduling were noted as an issue by some participants. Although ICATs could technically hold a meeting with only one chair present, there was a preference to meet when both Co-Chairs were available. This could be an issue, particularly with police, when they had other responsibilities to manage besides the ICAT. Turnover of Chairs was also an issue, again, particularly with the police. In some cases, there was a lack of leadership stemming from the turnover, as there may be delays in filling the position, and a lack of familiarity with the expected role once the new Co-Chair came on board. Another comment made by several participants was that the Co-Chair model was not actually balanced, and that one Chair, often the police, tended to take the lead, which resulted in some people feeling as though decisions were not always made collaboratively. Communication was noted as an issue by some participants. For example, if the Co-Chairs were not communicating well with each other, there would be a lack of clarity for the other standing members about what was happening. This could occur when the two Co-Chairs had different goals or ideas about how to reach particular goals or outcomes. This led to confusion for standing members about what they were trying to achieve and how they were going to achieve goals. Consequently, conflicting goals were also noted by several participants as an issue they had experienced with the Co-Chair model. In summary, for the most part, participants did not share any feedback on the Co-Chair model or felt that it was working well, but, in some communities, the Co-

Chair model was not seen as being optimally effective, which contributed to confusion or frustration among members or a sense of imbalance of power.

Participants were asked to rate how effective they perceived their ICAT to be at information sharing between standing ICAT members. The response options were anchored by 1 (very effective) and 4 (very ineffective). The average ranking was 1.5 (SD = 0.6), which was midway between somewhat and very effective. Most participants ranked their ICAT as very effective (60.0 per cent) or somewhat effective (35.4 per cent); only three (4.6 per cent) ranked their ICAT as somewhat or very ineffective.

Another set of statements asked participants to reflect on various successes that their ICAT had. Here, participants were provided with 11 outcomes that their ICAT might have achieved and were asked to rank these on a scale anchored by 1 (Strongly Disagree) and 5 (Strongly Agree). As demonstrated in Table 10, there was very little variation in the average rankings. The statement with the highest average was that their ICAT had improved the management of highest risk files. All 70 participants who answered this question either agreed or strongly agreed with this statement. Overall, more than 9 out of 10 participants agreed or strongly agreed with each statement about the effects of their ICAT. Not surprisingly, given what was previously discussed, the statement with the lowest average ranking was about reducing the risk level of the perpetrators through relevant interventions. Still, 91.4% of participants agreed or strongly agreed that their ICAT had achieved this outcome.

TABLE 10: PARTICIPANT PERCEPTIONS OF ICAT OUTCOMES (N = 70 – 71)

To what extent has your ICAT…	Average	Strongly Disagree / Disagree	Strongly Agree / Agree
Improved the management of highest risk files	4.40	0	100.0%
Improved the communication between ICAT partner agencies	4.36	2.9%	97.1%
Reduced the risk to victims/survivors through relevant safety planning	4.34	1.4%	98.6%
Improved understanding and respect for ICAT partner agencies' roles and restrictions	4.31	2.9%	97.1%
Improved collaboration among ICAT partner agencies	4.30	4.3%	95.7%
Contributed to a shared responsibility among partner agencies	4.30	4.3%	95.7%
Improved cooperation among ICAT partner agencies	4.26	5.7%	94.3%
Increased uptake of services among victims/survivors experiencing relationship violence	4.23	2.9%	97.1%
Reduced the risk to families through effective information sharing	4.21	2.8%	97.2%
Improved my own understanding of risks related to domestic violence	4.20	8.6%	91.4%
Reduced the risk level of perpetrators through relevant interventions	4.06	8.6%	91.4%

Participants were asked to rank on a scale of 1 (Very Successful) to 4 (Very Unsuccessful), how successful or unsuccessful they felt their ICAT has been in achieving the mandate of using a collaborative approach to manage risk and safety from intimate partner violence. The average ranking was a 1.9 (SD = 0.8) suggesting that, overall, participants felt their ICAT was 'mostly successful' at achieving this mandate. Of note, eight participants (11.6 per cent) felt that their ICAT was mostly or very unsuccessful at achieving this mandate.

To explore some of the potential barriers to the effective operation of an ICAT, participants were provided with nine statements to rank along a scale of 1 (not at all a barrier) to 5 (an extreme barrier). Three of the statements received an average score nearing 3.5, meaning that these were approaching being somewhat of a barrier to success (see Table 11). These barriers tended to concentrate on the perpetrator of violence and the lack of services or means by which to address the perpetrator's underlying risk factors. These were the lack of means to encourage perpetrator uptake of interventions, lack of services relevant to addressing perpetrator needs, and the inability of Crown Counsel to sit as a standing member on the ICAT. More specifically, 26.8% of participants felt that the inability of Crown Counsel to serve as a standing member of the ICAT was an extreme barrier to success. In total, 15% of the participants felt that the lack of services relevant to addressing perpetrator needs and 12.7% felt that the lack of means to encourage perpetrator uptake of interventions were extreme barriers to success. The least likely barrier to success was having an insufficient number of ICAT meetings. On this issue, a slight minority (42.3 per cent) of participants said this was not at all a barrier.

TABLE 11: BARRIERS TO SUCCESSFUL OPERATION OF THE ICAT (N = 70 – 71)

To what extent is the following a barrier to the successful operation of your ICAT	Average
Lack of means to encourage perpetrator uptake of interventions	3.41
Lack of services relevant to addressing perpetrator needs	3.38
Inability of Crown to sit as a standing member on the ICAT	3.38
Lack of access to regular ICAT training	2.92
Victim/survivor unwillingness to engage with the ICAT	2.89
Lack of services relevant to addressing victim/survivor needs	2.68
Lack of awareness among other community agencies about the ICAT	2.42
Insufficient number of referrals made to the ICAT	2.13
Insufficient number of meetings	1.93

Participants were given space to share suggestions to improve the ICAT model and its operation. In total, 46 participants (54.1 per cent) did not share any feedback while another 16.5% said they did not have or were unsure of any suggestions. Among the remaining 25 participants, the main suggestion concerned training (48.0 per cent). Within this issue, the comments were varied. Some felt that their ICAT partners could be better trained. This included the need for a better understanding by agencies about confidentiality and information sharing, ongoing access to training to enable new members to be trained when there was committee turnover (including access to online training), training for all members to ensure that there was consistency in

approaches and processes, and more regular review or training about the ICAT mandate. One participant suggested that more training on the impact of trauma was needed to help ICAT members understand and appreciate how trauma can affect a victim's willingness and ability to engage in the ICAT process, and how this might negatively affect their decisions about aspects of their own safety planning. A different participant identified the need for training on coercive control.

Following training, another common theme concerned ICAT membership (20.0 per cent). Several participant suggestions focused on who was missing from the ICAT table, including Crown Counsel and Indigenous elders. Other participants commented on the frequent turnover of some members and the need for more consistency in membership, particularly among the RCMP, but this also applied, albeit to a lesser extent, to community members. Four participants (16 per cent) mentioned resources. These concerns were primarily focussed on the police. For example, the comments included needing more consistent leadership, dedicated time and funds to support training and engagement in the Co-Chair role and having sufficient police members available to attend ICAT meetings so as not to delay the meeting schedules.

Three participants made comments about each of the topics of meetings, awareness, and administrative/organizational practices. In terms of meetings, the comments were about needing to ensure that regular standing meetings were held rather than ad-hoc meetings, to keep the COVID-19 pandemic practice of holding virtual or online meetings, and about the importance of continuing to meet on occasion even without an ICAT referral predicating the need for a meeting. It was felt that holding meetings, regardless of whether there was a referral to assess, supported continued relationship building. While one participant suggested virtual meetings, **it may be beneficial for ICATs to use a mix of virtual meetings, as they may enable greater participation amongst the various team members, and in-person meetings at regular intervals** to facilitate and support the collaborative nature of ICATs and team building opportunities. One comment was made about the need to occasionally hold meetings only with government, and not community partners, because even with signed confidentiality agreements in place, government agencies governed by FOIPPA legislation still faced restrictions in terms of what information could be shared with community agencies. This feedback should be examined in more depth, as the purpose of the ICAT is to pause the usual restrictions on information sharing to ensure that all relevant information pertaining to safety in situations designated as highest risk is shared amongst appropriate parties. It is possible that more training addressing this specific issue can address this concern as it may reflect a misunderstanding about the effects of an ICAT on information sharing in highest risk cases.

Regarding the theme of awareness, several participants expressed the need for better community engagement and promotion with community partners about the role of ICATs and red flags they might come across that should necessitate a referral to the ICAT. As mentioned earlier, one way to achieve this increased awareness would be to engage community partners in ICAT training opportunities, so they can be introduced to the purpose and model of an ICAT and made aware and familiar with the types of cases that can be referred and how to refer them.

Three participants commented about elements related to the administration or organization of the ICAT. One participant commented that it was important for victim names to be shared in advance of the ICAT meeting, implying that this was not routinely done in their ICAT resulting in members

coming to the meeting either unnecessarily or unprepared. One participant suggested that it would be helpful to have a checklist or resource card that Co-Chairs and members could quickly check their actions against to ensure they were meeting the ICATs main objectives. A second participant indicated that it was important for all agencies to sign an MOU indicating that they understood the importance of prioritizing ICAT meetings. The third suggested that it was important to have only one authority running the meeting, as having multiple agencies try to run the meeting made it difficult. **This suggests the need for more training specifically for and addressing the role of the Co-Chairs.** Finally, one participant suggested the need to enhance the technological aspects of the ICAT model suggesting that a centralized portal where information could be shared securely would better streamline the ICAT process and cut down on the tediousness of the administrative work.

The last set of questions provided participants with the opportunity to share any final thoughts or information about their ICATs. In total, 27 participants shared their thoughts. Most commonly, these final comments focussed on training (29.6 per cent). Again, the comments spoke to the need for more regular training. One participant stated that they did not know that ICAT training existed, while another said that annual training would be beneficial. A third participant suggested that updated training was always welcome, while a fourth participant suggested that more frequent re-certification would be beneficial. Some felt that localized training would be best because it would allow for a wider array of community partners to participate and increase community awareness and understanding about when to refer cases, while others felt that larger training conferences would broaden their knowledge and facilitate network connections.

Five participants (18.5 per cent) made comments alluding to the effectiveness of their ICAT. On a positive note, several spoke about how effective and flexible they felt their ICAT was and the overall strength of the ICAT initiative. One participant felt that ICATs had come very far with improved coordination and collaboration among members, and that it could only continue to get better moving forward. Conversely, one participant commented that by the time their ICAT was typically able to meet, the victim had already been supported by the various partner agencies and so there was no need for further safety planning, or that ICATs would be called even when victims were unwilling to participate, which left them little room to effectively intervene.

Five participants mentioned meetings (18.5 percent). Two participants commented that their ICAT did not often meet because they were not receiving referrals regularly. While this could point to a lack of need, it may also imply a lack of community awareness and need for greater buy-in into the ICAT model. One participant struggled with a lack of clarity about membership or agency representatives noting that different agencies would regularly participate leading them to be unclear as to how decisions were made about who to involve or how to invite them. One participant commented about the benefits of being able to meet over a telephone conference, and how this allowed for participation even with very busy schedules. The final participant noted that many service agencies were currently understaffed and so it was difficult getting everyone to attend the meetings.

Four participants (14.8 per cent) shared feedback related to best practices. One comment on this topic was that Co-Chairs should review the protocols, especially relating to information sharing and privacy, at the start of each new ICAT referral to ensure formality of the meetings and appropriate

information sharing. Another comment was that ICAT members would like more clarity on when to close a file and how to determine that a victim was no longer in danger. One participant felt that having ICAT meetings at a police station was very intimidating, and they would prefer to meet elsewhere. A different participant felt that it was difficult to accomplish all the duties that they should complete for their ICAT as they were simply too busy to fulfill all their ICAT responsibilities. One additional comment focused on ensuring that ICAT members were at the table for the right reasons. Here, it was felt that some members attended ICAT meetings to support their own agency's investigations or to gather information rather than to share information to address risk.

The final main theme concerned collaboration (14.8 per cent), where participants spoke about the value of ICAT in providing them with support for the work that they did and increasing collaboration with others. For example, one participant felt that they were not working in a silo to address the needs of victims of intimate partner violence. However, other comments were more negative focusing on the effect that member turnover had on collaboration, developing trust, information sharing, and contributing to actioning ICAT recommendations or plans.

Recommendations

The interview and survey findings suggested that, for the most part, ICATs are operating well and achieving successes, such as increased participation in service uptake among victims, reducing risk to loss of life or severe injury resulting from intimate partner violence, and enhancing collaborative responses to intimate partner violence through efficient and effective information sharing. That said, there are areas where ICATs can be enhanced, for example, to encourage more consistency in practices, to ensure that its members are fully trained and adequately resourced, to objectively measure their successes, and to always be following the Best Practices manual. The following recommendations outline some areas for the province of British Columbia, ICAT Co-Chairs and members, and the EVA BC and the CCWS to consider.

ACCESS TO TRAINING

One of the consistent findings across the Co-Chair interviews and standing member surveys was a lack of training and a desire for more of it. Again, the lack of training opportunities in recent years can be attributed to the short- and long-term effects of the COVID-19 pandemic that resulted in restrictions in bringing people together, as well as general staffing challenges. As we exit the immediate urgency of the pandemic, trainings have begun again. Still, given challenges with access to training prior to starting work on an ICAT, there are several considerations that should be made about how best to provide training going forward.

There are numerous benefits to offering in-person training, particularly when trying to build camaraderie, common ground, and trust amongst team members. When possible, training should be offered in-person; however, this is not always feasible. Some alternative ways to offer training going forward may include separating the training content into a portion that can be completed asynchronously online (e.g., learning about the history of why ICATs exist in British Columbia and being trained on the 20-item Summary of Intimate Partner Violence Risk tool using case study

examples), and having a portion of the training that must be completed in-person (e.g., working collaboratively with agencies with different mandates, information sharing practices, conducting mock meetings to learn the processes). Another approach might be offering synchronous training sessions online for new ICAT members on a quarterly basis, so that if a full team training is not available or possible, new members can at least attend a session with other new members to learn about common practices for an ICAT and become familiar with the more complex information sharing rules. Consideration might also be given to providing a yearly online training session specific to Coordinators, who can share updates on practices and learn from each other new ways to manage the data. Similarly, there are benefits to holding yearly in-person training and information sessions for Co-Chairs that would allow them to come together to review Best Practices, new and promising practices, and to work through challenging examples as a group. Some ICAT Co-Chairs suggested that training for their team as a singular group was beneficial because it gave new teams or teams with many new members an opportunity to bond and develop trust. Others suggested that regional training was beneficial because it made effective use of resources and allowed Co-Chairs to hear about the general types of files that other local ICATs were handling, their common practices, and how they overcame challenges or difficult situations.

There are many training needs for ICATs, including training on being part of an ICAT, training on leading an ICAT, and general training about intimate partner violence specifically and domestic violence more broadly. To reduce the burden of training, it is also **recommended that a train-the trainer model be developed** so that ongoing training, especially for new Co-Chairs and members, is available in a timely fashion, preferably before Co-Chairs or members begin their work on an ICAT.

Several policing Co-Chairs indicated that they had received a Microsoft PowerPoint deck from RCMP "E" Division's Crime Prevention Section, which oversees the police response to intimate partner violence across the province. It would be helpful if this PowerPoint or accompanying resources provided the police Co-Chair with a clear list of tasks and expectations for them to fulfil, such as to add PRIME and CAD flags in the police records management system, or to conduct a B-SAFER risk assessment to ensure that all police Co-Chairs are following the recommended best practices. Providing this in a checklist format would provide police Co-Chairs with a clear set of guidelines to follow.

It is also important that agencies participating on an ICAT develop their own protocols for training their representatives that supplements the training provided by EVA BC/CCWS. This should include agency-specific training materials as part of their protocol for integrating a new representative into the ICAT model. Within these agency-specific protocols should be an outline of general expectations for that agency's contributions to the ICAT, clarity on information sharing, including why and how information that they cannot normally share with other agencies would be permitted in an ICAT, a requirement that they read the Best Practices manual prior to beginning their role, and allowances made for shadowing the current representative before taking on the role themselves.

ESTABLISH CONSISTENT PRACTICES REGARDING THE HIGHEST RISK DEFINITION

While there were a range of estimates, according to the Co-Chairs who participated in this study, most files that are referred for an ICAT review are ultimately designated as highest risk. Generally, this decision is made using the police SIPVR risk review tool. However, the criteria for what is considered highest risk has never been empirically established, and ICATs were using a range of practices to determine which cases should be considered highest risk. While structured professional judgement is an acceptable risk assessment practice, it was somewhat concerning that ICATs did not have a consistent definition of what would meet the highest risk designation. While a lack of clear definition of what is considered 'highest risk' does enable each community to determine their threshold for intervention and provides flexibility for communities with a larger number of referrals to set a higher threshold, lacking a designation of what is considered highest risk means that ICATs are not necessarily applying the same standard for risk, and that referred cases may be considered highest risk in some jurisdictions but not in all. Given that information sharing restrictions are essentially paused for cases designated as highest risk, it is important that this practice be implemented at least somewhat consistently regardless of the community where the case is being referred from. Again, it is important to balance the need for consistent practices against the need for communities to be flexible, depending on resources and rates of referrals. What is considered highest risk in a small rural northern community may not meet the threshold for a large urban centre. What is of greater concern is that ICATs are not interpreting the tool consistently. This could be addressed through greater clarity in the Best Practices manual for how to use the risk review template to guide decisions. For example, rather than count the number of risk factors present, the Best Practices tool may advise ICATs to examine the overall pattern of risks present and whether the level of risk appears to be escalating with consideration given to those items flagged as having a stronger empirical relationship to increased severity or lethality of violence. Related to this, training on why particular risk factors are present on the tool and why some have an elevated status when considering risk would be beneficial to ensure that ICAT standing members are interpreting the relevance of these risks consistently.

Currently, ICAT members do not rate the severity of the different risks that are present. However, given that many risk factors may be simultaneously present, and that similar risk factors (e.g., threats to harm or kill, recent separation) could appear in both highest risk and non-highest risk cases, it may be useful to consider the severity level, which can be based on the frequency of how often that risk factor is occurring, the impact that it has, and the ability to act on the risk. Again, the SIPVR is not designed to be used in this way as it is not a risk assessment tool, and its users are instructed to use more as a summary overview of the risks that appear to be present. In contrast, validated risk assessment tools, like the B-SAFER, enable more informed conclusions about the actual level of risk posed because they build into the assessment process a reflection of whether the risk is present, the ability to act on that risk, and the potential impact that it would have that culminates in a designation of low, moderate, or high level of risk. In contrast, while the SIPVR is based on the currently available evidence of factors that are empirically associated to increase the risk of intimate partner violence, the SIPVR itself has never been empirically evaluated in terms of its ability to guide risk review practices. It is a job aid that assists police officers in reviewing the risk present to inform their decisions about case management. As such, no cut-points have been established to enable the determination of what should be considered low, moderate, or high risk. It

is recommended that the province undertake an empirical review of the SIPVR to better understand its efficacy as a risk review tool and to determine whether this tool can potentially be adapted for use as a risk assessment tool with guidelines to support decisions about level of risk. Alternatively, as suggested below, the Best Practices manual may consider strongly encouraging the use of the B-SAFER risk assessment tool to inform conclusions about highest risk cases.

Establishing risk levels would also be helpful for ICATs in determining when it is appropriate to close an ICAT file. If a re-review of the current risks led to a lower determination of risk, then ICATs could have a more consistent understanding of when it is appropriate to close a file. This is discussed further in a subsequent recommendation.

USE OF THE B-SAFER AND ADDRESSING PERPETRATOR RISKS MORE DIRECTLY IN THE RISK MANAGEMENT PLAN

The purpose of an ICAT is to share information in situations where threats to life are plausible and potentially imminent. While there are often many relevant risk factors that the perpetrator is experiencing, such as substance abuse, mental health issues, or changes to status that are destabilizing (e.g., loss of employment), the focus of the ICAT appears to be primarily on the victim and any associated parties that may be threatened by the violence. ICATs will monitor the perpetrator's whereabouts and compliance with orders, such as no contact orders, but beyond this, there are few interventions that seek to directly address the factors that have destabilized them and triggered the pending violence. Rather, the victim's risks are addressed and managed, such as by connecting them with safe housing, provision of short-term emergency funding, or providing access to counselling. Presumably, the perpetrator's risks will be addressed should the file result in charges being recommended and approved followed by a subsequent court outcome. However, this appears to be a missed opportunity to leverage the perpetrator into accessing programming or other resources that can address their underlying risks. Of note, the initial research by Lau (2020) drew similar conclusions that ICATs perceived themselves as primarily being victim focused. However, the ICAT Best Practices manual states that the risk management plan that ICATs collaboratively develop should not only identify supports for the victims but should also include "monitoring, management and support for perpetrators" (p. 9). That said, given that ICATs will typically seek the consent of the victim but not inform the perpetrator that an ICAT has been convened, it may be difficult to achieve a focus on the offender's needs beyond what has been shared, often by the victim, as part of a police investigation or the risk review process. Still, one way to potentially address this is, as suggested above, to mandate the use of the B-SAFER risk assessment as a standard ICAT action item. The B-SAFER requires that the user collate relevant information, review and document whether the 15-risk factors are or have been recently present, propose case management strategies to address those risk factors, and draw an overall conclusion regarding the level of risk posed (Kropp et al., 2010).

The VAWIR policy's Protocol for Highest Risk Cases discusses the use of the B-SAFER but falls short of mandating the use of this tool to determine when cases meet the definition of highest risk. The B-SAFER takes much longer to complete than the SIPVR, which has resulted in many police officers and ICATs relying on the SIPVR to determine which cases meet their threshold for risk. However, as discussed numerous times throughout this report, the SIPVR is not a risk assessment tool, and it is

being used in a variety of different ways to justify when cases are considered highest risk, even though the SIPVR has never been validated in terms of its ability to differentiate highest risk cases from lower risk situations, whereas the B-SAFER is a validated risk assessment tool.

Further, although a police investigation is not required for an ICAT to convene, and the Best Practices manual states that a Report to Crown Counsel is a responsibility of the police member, rather than the ICAT as a whole, it was not uncommon for the ICATs in the current study or the prior studies to identify that charges being forwarded to Crown Counsel were a desired outcome and a measure of success. Yet, ICAT Co-Chairs and members expressed frustration that not all Crown Counsel understood what an ICAT implied and so failed to push for the offender management strategies that the ICAT desired. This is one area where the use of B-SAFER may increase the ICATs ability to clearly document and articulate the risk presented and the associated offender management strategies required to address and reduce that risk. For example, Step 4 in the Protocol for Highest Risk Cases as presented in the VAWIR (2010) policy outlines that:

> "*if* a B-SAFER risk assessment has been initiated, the Report to Crown Counsel should include investigation details, a summary of the B-SAFER risk assessment findings, victim (and others at risk) safety concerns, child protection concerns, *and opinion on risk including recommendations regarding protective conditions or the need for detention…*" (p. 61, emphasis added)

Therefore, the B-SAFER assessment provides more information to Crown Counsel than would be provided by the SIPVR because it enables the sharing of informed opinions about risk and associated case management strategies. Given this, it is recommended that, as part of their training for the ICAT Co-Chair position, all police Co-Chairs should receive training on the B-SAFER, and that emphasis be placed on the importance of conducting a B-SAFER as a standard part of the ICATs review of presented risk and discussion of risk management strategies. While ideally a B-SAFER assessment would be used at the outset to determine if a case is considered "highest risk", according to the standards of structured professional judgement, it may not be feasible, given delays in training and the time-consuming nature of the risk assessment process, to establish this as the recommended tool to determine whether an ICAT should accept a referral as highest risk. However, once an ICAT has accepted a file as highest risk, one task that should always be assigned to a Co-Chair is to complete a B-SAFER assessment or have one completed by a trained assessor that can be used to further understand the presented risks, the capacity to act on those risks, and the associated case management plan.[19] The police Co-Chair can then share their B-SAFER findings at a subsequent ICAT meeting and present this package of information as part of the police Report to Crown Counsel who can then use the information to articulate the risks presented and ask either that the perpetrator be detained or that relevant conditions be applied.

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[19] Generally, B-SAFER training for police is restricted to specialized police officers whose workload specifically includes overseeing or managing the police agency's response to intimate partner violence. Given the frequent turnover of these positions, it is possible that many current police Co-Chairs have never been provided with B-SAFER training. While priority should be given to training these officers, for agencies where this is not feasible, a team of B-SAFER trained members has been developed by the "E" Division RCMP's Crime Prevention Section who can assist in conducting these risk assessments (Ashton, personal communication).

Once a referred file has been designated as highest risk, this should trigger certain protocols that are perpetrator focused. For example, Crown Counsel should have a protocol in place for K-files that have been designated as highest risk by an ICAT that will trigger a set of conditions for when the perpetrator is released. This should include referrals to relevant programming, whether that be for substance abuse management, anger management, counselling to address prior traumas, access to support groups, or batterer intervention programs, such as BC Corrections' Respectful Relationships programming. In many cases, a no contact or protection order, such as an 810 recognizance (peace bond) that restricts communication and contact between the perpetrator and the victim, as well as potentially their children, would also be an appropriate protective measure that can be requested by Crown Counsel. Depending on the conditions, the peace bond may legally prohibit the perpetrator from accessing the family home for the stated period of time, providing the victim (and children) with a degree of separation while the risks posed by the perpetrator are addressed through monitoring and relevant programming. The use of a peace bond or other forms of no contact/protective orders may also encourage the perpetrator to accept referrals to programs that can address and reduce their risk.

As an aside, given the threat to life safety that they are deemed to pose, it is an interesting consideration whether a perpetrator who has been designated as highest risk through an ICAT process should be given a reverse onus status enabling them to be held in custody unless able to demonstrate that they are not a risk. In 2019, Bill C-75 introduced a reverse onus standard in cases involving intimate partner violence. For individuals with a prior conviction related to intimate partner violence, new charges for offences against an intimate partner will trigger a reverse onus where the accused party will need to demonstrate why they should not be detained. Given that the ICATs designate files as highest risk when they are viewed as posing a significant threat to engage in severe or lethal violence, the argument could be made that to preserve life, the presumption should be to detain the individual unless they can demonstrate they are not a threat. However, there are several important caveats to consider. First is the need to establish a validated process for designating an individual as highest risk. Given that ICATs are not currently using a consistent or validated process to make this determination, there may be concerns about the accuracy of the decisions about who is considered a highest risk case. Further, according to the current sample, while most ICAT referrals had prior police involvement, it is possible for files to be referred to ICATs directly from the community for concerns about someone's safety, even if a criminal offence has not technically occurred or been reported to the police. As one example, coercive controlling behaviour is not currently criminalized in Canada, although it has been in some other jurisdictions (Gill & Aspinall, 2020). While these behaviours may raise concerns about the potential for future lethal violence, for example, should the victim attempt to end the controlling relationship, a crime may not yet have occurred, meaning that the grounds to detain someone in custody are not present. Moreover, there are likely considerable challenges involved in adding a reverse onus aspect to the Canadian Criminal Code for what is ultimately a provincial program. Still, given the presumption that these perpetrators meet the highest risk status for threats to life towards an intimate partner, further exploration into the possibility of establishing a reverse onus or a similar approach to automating the restriction of a highest risk perpetrator's movement should occur.

There was also a need for more clarity around the risk management plan. The mandate for ICATs focuses on the ability to identify and manage risk for severe, and potentially lethal, cases of intimate

partner violence. Based on the data gathered from the ICAT members and Co-Chairs, everyone involved with an ICAT recognizes that intimate partner violence is a complex phenomenon with numerous risk and vulnerability factors interacting to affect the severity of the situation. What was less clear was how this information was used to develop a risk management plan and how this differed from the victim-focused safety plan. Many participants referred to safety plans when discussing their role in supporting the victim. The ICAT Best Practices manual specifies that a victim who is referred to an ICAT should already have a safety plan in place, which has often been put together by a community agency, such as a victim service worker. Therefore, the mandate of the ICAT is not to develop the victim-centred safety plan. Rather, as demonstrated in Appendix 11 of the Best Practices manual, the risk management plan could more accurately be described as a summary of action items for each standing member to complete, and the components may focus more heavily on perpetrator supervision and management, given that a safety plan for the victim should already be in place. Some participants in this study appeared to focus on addressing perpetrator risk and ensuring victim safety through the coordination of services and supports for both perpetrators and victims, while others focused exclusively on the victim and developing intervention plans targeted at addressing the victim's vulnerabilities and needs. As outlined in the Best Practices manual, there should be more of a balanced approach to developing and implementing the risk management plan such that the victim's needs are being addressed and supported, while there is simultaneously adequate oversight and intervention with the perpetrator to address and reduce the risks they are presenting with.

ESTABLISH CLEAR MEASURES OF SUCCESS

When asked to define what successful ICAT outcomes might be, ICAT Co-Chairs offered a range of responses, including that the risk level had been reduced, that the victim was no longer in a relationship with the perpetrator, that the victim had been connected with services, and/or that the perpetrator was in custody or had been charged. Success could also mean that the ICATs were handling the right kind of cases. As mentioned above, there was some support for this last aspect in the study conducted by Kinney and Lau (2018). However, to be more certain of this, a sample of ICAT files should be compared to a sample of non-ICAT files to determine whether the ICAT files are indeed presenting with higher risk. Success can also mean that loss of life is avoided; however, this outcome has not been systematically studied and would require that a longitudinal study be conducted on ICAT files compared to non-ICAT files with similar risk factors present. Success can also be defined as closing files that no longer meet the highest risk designation, as this would indicate that the ICAT had achieved their mandate of reducing risk. While ICATs may define one measure of success as the closure of files, it is important that future research obtain a clear picture of whether and after what duration of time these files need to be re-opened. In other words, once ICATs have reduced risk to the point that they are comfortable closing the file, do these files tend to remain closed? It is also important to note that reasons for file closure may also include situations where the victim is not willing to engage, and the ICAT has exhausted their attempts to connect with and support the victim. In this case, it might be better to designate the file as 'stayed' rather than 'closed' as the risks have not necessarily been addressed or modified, and the ICAT members

may continue to work individually to establish a connection with the victim that may result in future uptake of services.

There does not need to be a singular measure of success. However, it would be helpful to identify what some successful outcomes may look like so that, at an annual administrative meeting for an ICAT, members can reflect on where they achieved these successes and where they may need more attention or resources going forward. Establishing a more uniform set of measures of success might also be beneficial in both aligning the mandate of ICATs across British Columbia and helpful in demonstrating to the province the value of ICATs. To this end, it is recommended that ICATs ensure that some of their measures of success are victim-centred outcome measures to capture ICATs mandate for enhancing victim/survivor safety.

PROMOTE AWARENESS OF ICATS MORE BROADLY AT THE COMMUNITY LEVEL

Promoting awareness of ICATs at the community level is critical. In this study, 10 of 11 ICAT Co-Chairs estimated that 90% or more of the files being referred to their ICAT had a prior history of police involvement for intimate partner violence. Yet, the 2016 Coroner's Inquest into domestic violence homicides in British Columbia between 2011 and 2015 revealed that of those who were killed by their intimate partners, which were primarily women, only approximately one-third had ever previously reported their victimization to the police (British Columbia Coroners Service, 2016). In other words, there are many serious cases of intimate partner abuse that are simply not coming to the attention of those who are in a position to reduce that risk. There are numerous barriers to reporting intimate partner violence to the police. Those who are not comfortable formally involving the police do have the option to seek services from shelters/transition homes or other anti-violence agencies, such as community-based victim services, who typically work out of community agencies. However, the inquest revealed that rather than report violence to these agencies, most often the victims of an intimate partner violence homicide talked only to their friends and family about their victimization. Therefore, it is critical to promote more awareness of resources, such as ICATs, to community members more broadly so they can understand the purpose of these teams and know how and when they could refer themselves, a friend, or a family member that they are concerned about.

One option to support this broader level of awareness would be to implement programming, such as Western University's Neighbours, Friends, and Family program. This program has been implemented in Nelson, British Columbia, as the Neighbours, Friends, Family, and Colleagues program, given that co-workers may also be able to support those who are experiencing violence at home (Vincent, private communication). Developing a B.C. version of this program that speaks to the wide range of resources available to help families experiencing intimate partner violence, including reference to the more than 50 ICATs operating across British Columbia, may result in increased referrals from families experiencing violence but who have not previously reported that violence to the police. Similarly, the Be More than a Bystander campaign, which is an initiative led by EVA BC and the BC Lions, seeks to address the issue of gender-based violence and raise awareness about how to prevent and respond to violence in schools, the workplace, and communities.

While it is important to increase the number of files being referred to ICATs that have not had prior police involvement for intimate partner violence, it is unclear at this time how police would subsequently manage their role in a file where the victim does not want their involvement. As it is rare for cases to come through an ICAT without prior police involvement, whether the police would determine that they have the authority and responsibility to act on the information shared by the victim with the community agency and what would subsequently be shared with the police in a highest risk situation, is unclear. Ideally, the ICAT members would work with the victim to support them in moving towards a position where they were comfortable accepting a criminal justice intervention (i.e., an arrest and charge recommendations); however, police may believe that they have the obligation to initiate this process should they receive information suggesting that the victim is at-risk of experiencing severe or lethal harm from their partner, whereas the victim may not be receptive to this level of police involvement.

Furthermore, when asked to define what kinds of files were typically being referred to ICATs, there was often a heavy reliance on more physical indicators of violence, such as an increased frequency of violence, strangulation, and assault causing bodily injury, which suggests that the more nuanced forms of intimate partner violence, such as those involving coercive control, stalking/harassment, or other forms of intimidating and isolating behaviours, were not being referred or designated as highest risk. This is consistent with other research on police understanding of risk assessment in the context of intimate partner violence, where greater emphasis was given to the more physical aspects of victimization over the more nuanced components, including coercive control (Gill et al., 2021). Again, this is concerning because many women who were killed because of intimate partner violence never reported victimization to the police before (British Columbia Coroner's Service, 2016). Further, some never experience prior physical violence until the point when they attempted to end their relationship with a coercively controlling partner (e.g., Barlow & Walklate, 2022; Sheehy, 2018; Stark, 2013). In other words, non-violent abusive relationships can also pose a serious threat to life, yet these cases do not appear to be referred to or reaching the highest risk level established by ICAT. Promoting greater awareness of ICATs at the community level, as well as enhancing understanding about the risks posed by non-violent yet intimidating behaviours, such as coercive control, should increase the number of referrals received and considered as highest risk by ICATs.

ASSIGN THE CO-CHAIR ROLE TO A COMMUNITY AGENCY AND THE COORDINATOR POSITION TO POLICE-BASED VICTIM SERVICES AND PROVIDE FUNDING SUPPORT

The Co-Chair model is typically a sworn police member balanced with a community agency. The benefits of this include a balance of power and assurance that 'both sides' will be heard. However, some of the ICATs we spoke to had government agencies sitting in the community Co-Chair position. This did not seem to be a concern to the ICATs that we spoke with, but it is not consistent with the intended balance. Whenever possible, the Co-Chair role should be filled by a community representative; however, this may not be possible, given that community-based victim services and transition houses/shelters do not exist in all communities where there is an ICAT. Further, it is important to provide stability and support for this position through funding. It is recommended that the government maintain a pool of funding that community agencies holding a Co-Chair

position can apply to in order to support the portion of their work that is dedicated to being an ICAT Co-Chair. Having this additional financial support may then also encourage the hiring of additional part-time staff to take over the workload that the ICAT Co-Chair is not otherwise able to engage in because of their ICAT responsibilities.

When it comes to the ICAT Coordinator, in the sample for this project, many ICATs did not have someone appointed to this role, and some of the Co-Chairs were not aware that this was a position that should or could be part of an ICAT. In the absence of a Coordinator, the Co-Chairs took on this work themselves as they believed it was part of their duties. For example, many of the police Co-Chairs explained that their typical responsibilities as Co-Chair included setting up and notifying members about meetings, taking notes at the meeting, receiving updates on files, and preparing the initial risk review. As set out in the Best Practices manual, these are all duties that should be assigned to the Coordinator. While the community Co-Chair can hold the coordinator role, the Best Practices manual specifically outlines that the Coordinator position should not be held by the police Co-Chair. Given the fact that many police Co-Chairs indicated that they were doing this work, more clarity needs to be provided about the role of the Coordinator position and who should hold it.

Generally, the Co-Chairs felt that having someone assigned to the Coordinator position would be very helpful because it would reduce the administrative demands on them. For example, one of the police Co-Chairs estimated that, on the day of an ICAT meeting, they would spend around eight hours doing ICAT related tasks, such as paperwork. As this ICAT met every couple of weeks, this was a substantial work and time commitment. More generally, nine police Co-Chairs who filled out a pre-interview survey estimated that 12% of their workload was ICAT related, or approximately half a day of work (4.8 hours) of a typical 40-hour work week.

When ICATs did have a Coordinator position assigned, it was often appointed based on who volunteered for the position. To some extent, it makes sense for at least some of the responsibilities of this position to be held by the police-based victim services worker. This position should be mostly administrative, where the Coordinator should set meeting dates and agendas, circulate the summary information prior to the meetings, transcribe and organize meeting notes, and add updates to the file as action items are completed. The police Co-Chair can then focus on compiling the initial risk review based on the information present in the investigative file, presuming there has been police involvement, or the community Co-Chair can complete the initial review, presuming the family has not had a recent police contact. The Co-Chairs can then meet to discuss whether the referral should be presented to the ICAT based on the available information.

There are benefits to having the Coordinator position held by someone from either police-based victim services or from community-based victim services. Each ICAT should determine for themselves what makes the most sense for their ICAT. The authors of this report recognize that assigning the Coordinator role to a police-based victim service worker could result in a power imbalance, as two of the main three ICAT positions would be held by a police organization. Given that police-based victim services typically work in the same physical office space as the police Co-Chair, this may result in greater collaboration between the two and the civilian Co-Chair feeling excluded from discussions and decision making. However, the very nature of the police-based victim service worker being physically situated in the same office space is one main reason for recommending that the Coordinator position be assigned to the police-based victim service worker

as it means that the police-based victim services worker will normally have greater access to the relevant information and ability to store the hardcopy or electronic files associated with the ICAT. They can ensure that the notes are held confidentially and not taken offsite, and that all records are purged as needed. Another benefit of assigning this role specifically to the police-based victim service worker is that this workload could be officially integrated into their job description and compensated for accordingly. This is important because many Co-Chairs indicated that the work they did on an ICAT was 'off the side of their desks' and not actually part of their job description. They also advised that it would be important to commit funding to this role, which could be provided by the province of British Columbia if this workload was integrated into one's job description. Finally, many police Co-Chairs are often already doing the workload of the Coordinator, so it would be fairly simple to hand this responsibility to someone in the same agency. That said, while the Best Practices manual does allow for a police-based victim service worker to hold the Coordinator position, some ICATs might prefer the position be held by a community agency member to achieve a greater balance of power. Further, some victims of intimate partner violence do not want police involvement and prefer to work directly with a community agency; however, the administrative duties of the Coordinator would not require them to meet directly with the victim for this particular part of their role. Still, for the reasons listed above, it is recommended that the administrative role of Coordinator be assigned to the police-based victim service worker, who can then work closely with both the police and non-police Co-Chairs to coordinate the committee. Regardless of where the Coordinator position is held, it is also recommended that the Coordinator hold a police security clearance level that allows them to review and have access to the police data relevant to the ICAT file.

However, it is important that this position come attached with training. For example, police-based victim services workers who take on the ICAT Coordinator role should be given access to training on intimate partner violence and trauma-informed practice. It would also be beneficial to run a virtual training event specific to the Coordinator position every year where all Coordinators can be trained in common practices and share best practices and lessons learned. Having an assigned Coordinator may also benefit future research. Currently, there is no expectation that ICATs report back to any overseeing agency (whether that be EVA BC/CCWS or RCMP "E" Division) about annual statistics. To that end, it is also recommended that ICATs adopt some data coding practices to better facilitate an understanding of current trends that could inform needed areas for training or for additional resource development. As part of their future role on an ICAT, the Coordinators could be shown how to document some key data throughout the year that can be reported annually to EVA BC/CCWS and RCMP "E" Division. The key data would include: the number of ICAT members, agencies represented as standing members, and any guest agencies attending meetings that year; any turnover of membership that would indicate a need for training, which would allow EVA BC/CCWS and the RCMP "E" Division to prioritize the delivery of training across the province; the name, agency, and contact information for current Co-Chairs; a summary of current trends that might indicate a need for training (e.g., an increase in male victims, same-sex partners, or files involving coercive control); and basic statistics on the ICATs operations, including number of files referred, number designated as highest risk, length of time files were open, and main outcomes, including the number and range of services families were connected to, and any charge recommendations and court outcomes resulting from the ICATs involvement. This information

could be used to develop brief reports, fact sheets, or infographics that quickly summarizes the work of ICATs in British Columbia over the course of the year, enabling the quick communication of relevant information and the monitoring of trends associated with highest risk files. Moreover, this is an integral component of quality control. While the Best Practices manual allows for variation in ICAT structures, it would be beneficial to ensure greater consistency in terms of common practices. Adding this level of information sharing would provide EVA BC/CCWS with greater oversight over how the ICAT model is being deployed in communities across British Columbia and would enable them to address when practices are straying from the intended Best Practices.

MODERNIZE THE DATA MANAGEMENT

Referral forms, risk review templates, meeting notes, and risk management plans are all documented, for the most part, using paper, which is then physically stored in a locked filing cabinet at the police agency. The information is presumably stored this way to maintain privacy and confidentiality of the files, and to ensure information is not placed on the police record management system where it may then be erroneously accessed by others who are not part of the ICAT or made subject to disclosure as part of an investigative file. However, there are ways of securely modernizing this data storage. For example, the information could be tracked using Microsoft Excel or Access, both of which can be locked with a password. Considered superior for managing data (i.e., assisting with entering and organizing data and offering an easy search function), Microsoft Access may be more accessible for those who are less familiar with entering and managing data. A few ICATs appear to be keeping notes on a laptop that remains in the detachment in the locked filing cabinet. At least one ICAT has developed a spreadsheet for use in tracking information about the files. Modernizing the data storage would facilitate annual reporting and tracking of key statistics. Coordinators could be trained, for example, by RCMP "E" Division on how to use the spreadsheet, and they could report general statistics each year to the province.

INCREASING INDIGENOUS REPRESENTATION ON ICATS

All communities in British Columbia are located on Indigenous lands, yet very few of the ICATs that participated in this study had a representative from the Indigenous community on their committee. There were various reasons given for this, and there are very real practical reasons why it may be difficult to have consistent participation from an Indigenous community or agency. However, it is important that Indigenous voices, perspectives, and resources are represented on an ICAT. Some ICATs invite Indigenous representatives as guests to the meeting when there is a relevant case being discussed. In areas where there are many independent Indigenous nations present, this strategy may be particularly useful and should be encouraged as a Best Practice. In other communities, the challenge may lie more with a lack of resources and the inability of the Indigenous community to regularly commit a representative to attend the meetings. If it is not possible to have an Indigenous representative attend the ICAT meeting, ICATs may consider establishing a liaison who has been accepted by the community. This person would be knowledgeable about that community's history and cultural practices and informed about the available resources. The liaison

would be able to represent the potential ways the Indigenous community could support the victim or provide programming for the perpetrator.

It is important that the ICAT committee build strong networks and relationships with local Indigenous communities so that ICAT members are aware of their practices and resources, and are comfortable reaching out to Indigenous communities when there are relevant individuals that would benefit from being connected with their community, regardless of whether the Indigenous community or agency is a standing member on the ICAT. To foster this, it is recommended that as part of their annual administrative meeting or during monthly meetings where there are no files that require review, ICAT Co-Chairs invite Indigenous communities to present to ICAT members on the various resources the community may have available to support families experiencing intimate partner violence.

CROWN COUNSEL POLICY AND TRAINING

Many jurisdictions across British Columbia do not have specialized K-file Crown Counsel whose workload focuses solely on intimate partner violence. While there are opportunities for training on intimate partner violence, such as through yearly continuing education sessions and a best practices manual for Crown Counsel regarding intimate partner violence cases, there is no mandatory requirement for training on intimate partner violence. Given this, there may be many Crown Counsel in British Columbia who have not received any additional specific training about the complexities of abusive relationships or the dangers posed by certain acts, such as strangulation or coercive control. Training on intimate partner violence would be beneficial for all Crown Counsel in British Columbia given the frequency with which these files occur in all communities. However, it is also recognized that ICATs do not exist in all communities across British Columbia. One recommendation, therefore, is that Crown Counsel who work in jurisdictions where an ICAT is present and who are likely to receive ICAT-related files should be required to have read the Crown Counsel best practices manual for intimate partner violence and have completed at least one continuing education session on intimate partner violence.

While there is a Crown Counsel policy concerning intimate partner violence (IPV 1), it appears from the interviews as though some Crown Counsel still review these files through the lens of 'convictability' and not with the specialized understanding of these nuanced relationships. Of note, despite an updated policy being released in 2022,[20] the Crown Counsel Policy on Intimate Partner Violence does not include any reference to ICATs. It is recommended that this policy be updated to include a paragraph summarizing the intended purpose and main activities of an ICAT. Again, while it is recognized that not all Crown Counsel will work in communities where there is an ICAT, it is important to develop common knowledge among Crown Counsel about the mandate and activities of an ICAT, why and how they designate some intimate partner violence files as highest risk, and what the implications of that highest risk designation should be. Currently, the policy only states that police may identify some situations as highest risk, but not how that risk is defined, the fact

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[20] https://www2.gov.bc.ca/assets/gov/law-crime-and-justice/criminal-justice/prosecution-service/crown-counsel-policy-manual/ipv-1.pdf

that an ICAT may be collaboratively working to document or address those risks, or what role Crown Counsel may be able to play through ensuring certain conditions are in place. Reference to 'risk' is only currently discussed in the context of determining when an alternative to prosecution may be acceptable or when deciding on whether to ask for the perpetrator to be detained. In these cases, the policy only directs Crown Counsel to consider the relevant risk factors or that, if they have a difference of opinion regarding the necessity for remand or recommended bail conditions, that the Crown Counsel consult further with the police to determine why the police officer believes bail should not be given or why certain conditions are not requested. It is recommended that, in addition to providing an explanation about the purpose and activities of ICATs, that the policy also recommend that Crown Counsel request that a B-SAFER be completed by the police because of the added information this risk assessment tool can provide about risk for subsequent severe or lethal victimization and the recommended offender management strategies.

ANNUAL IN-PERSON AND ADMINISTRATIVE MEETINGS

There is no one-size fits all ICAT, although the Best Practices manual outlines many of the expected practices that an ICAT should follow. One area where more flexibility is needed concerns meeting frequency and format. Some ICATs hold weekly or monthly meetings as they have enough new referrals and ongoing file monitoring to warrant meeting this often. However, other ICATs only meet as needed or perhaps just a few times per year. Given this, a formal meeting schedule for all ICATs is not recommended. Moreover, some jurisdictions found it easier to meet online given the geography of their jurisdiction, while others had returned to meeting in-person because they felt meeting in-person led to better discussions and team building. Again, these practices need to be flexible to meet the needs of each community and ICAT. With that said, it is recommended that every ICAT hold at least one annual in-person administrative meeting. The purpose of this meeting is to re-connect the team, allow for relationship building, to integrate any new members, and to review their successes and challenges over the prior year. For example, they can review difficult cases and what strategies or thoughts they may have had about how to approach that case since it was initially handled by the ICAT. They can review their statistics and identify areas where there are emerging trends. For example, strangulation files were becoming increasingly common for several ICATs; this may indicate a need for training to ensure that ICAT members understand the physical and mental health risks that strangulation poses, and that they are aware of which resources to call upon (e.g., forensic nurses) when they receive such a file. Therefore, during the annual administrative meeting, members can discuss training needs and desires. They can also review their membership list to determine whether any additional agencies should be invited to become standing members, to discuss new agencies in the area that they may consider calling on as a guest or resource, and to discuss workload concerns and strategies to manage these. The Best Practices manual also recommends that self-care practices be promoted amongst ICAT members. Given this, an annual meeting could serve as a discussion platform to share ideas around how to engage in self-care and minimize risks of burnout.

Of note, the Best Practices manual already outlines the need for an annual administrative meeting. However, not all ICATs indicated that they were doing this. It may be helpful for EVA BC/CCWS to send a yearly reminder to ICAT Co-Chairs to schedule their annual meeting. If this can be done

before the annual in-person Co-Chair meeting, then Co-Chairs could be expected to share a summary of their annual meeting with each other, thereby incentivizing them to ensure that this meeting is held every year and increasing the value of the annual Co-Chairs meeting.

ICAT ATTENDANCE BY THE INVESTIGATING OFFICER

Many ICATs were pleased with the standing member agency makeup of their ICAT. Generally, they felt that their standing members regularly attended and participated in meetings, and understood and believed in the mandate of the ICAT. There were some suggestions made regarding additional members that could be added, such as Indigenous agencies, Crown Counsel participation, and mental health representatives, but, for the most part, their committee membership appeared to be working well. The ability to invite other agencies as guests generally served their needs when they felt that other agencies should be present at the table.

However, one recommendation in this area would be that, whenever possible, the investigating police officer related to a referral should be invited to attend the ICAT as a guest. Scheduling ICAT meetings around their availability may prove difficult, but having the police officer present whenever possible would allow them to contribute to the discussion based on what they saw and learned during their investigation and would also serve two educational purposes. First, it would enable the police officer to understand the complexities of domestic violence more broadly, and to appreciate that a singular moment of violence in the context of an intimate relationship is not a simple stand-alone event but typically part of a larger more consistent pattern of abuse. Second, it would promote the officer's understanding of the purpose, mandate, and activities of an ICAT. This would increase their awareness of when a file should be referred to an ICAT and may also prepare them to one day themselves be the police Co-Chair should their career pathway take them towards this portfolio.

CLARITY AROUND CLOSING AND RE-OPENING FILES

Some Co-Chairs expressed that they were under pressure to close files as quickly as possible. Others indicated that their committee preferred to err on the side of caution and left files open as long as needed to ensure the risks had been fully addressed. As discussed above, there were a range of different practices used by ICATs to decide when it was appropriate to close a file. Some would redo the risk review and then form a group consensus about whether to keep the file open longer or close it. Some would close the file when particular risks had been reduced; for example, if the perpetrator had been given a jail sentence or left the country. It is recommended that the Best Practices manual provide some clarity on what the best practices are when determining whether it is appropriate to close a file.

Some files subsequently needed to be re-opened following a closure. There did not appear to be much consistency in how this was done, with some ICATs re-opening the same file and then updating the risk information and risk management plans, while others would open a new ICAT file and start fresh. ICAT Co-Chairs did not perceive there to be any particular benefits to using one process over another; however, in practice, these will lead to different patterns in the data. In effect,

opening a new ICAT file for the same individual may not be interpreted as 're-opening' a file, which may lead to an overestimation of 'success' for some ICATs. Some ICATs would open a new file if there was a new police investigation for a subsequent act of intimate partner violence, while others would do so if it was a new calendar year. It is also unclear what protocols would be followed when a file was 're-opened'. For example, if a file was re-opened but the ICAT had experienced standing member turnover during that period, it is not clear whether the new ICAT members were privy to the confidential information that was shared in a prior ICAT. In this case, it may be best to open a new file, but ensure that it is linked to the previous one. It should also be an established practice to conduct a new risk review form when a file is reopened as many risks may remain the same, but some may have changed and/or escalated. For example, the level of harm may have increased to include harm with a weapon or strangulation, or the perpetrator may have experienced a recent job loss or change to mental health status that has contributed to their destabilization. Having access to the old risk review template should help ICAT members understand what risks have changed and in what ways, which may suggest priority areas for intervention or the need to ensure Crown Counsel push for the perpetrator to be held in custody.

In short, it is recommended that the Best Practices manual provide some clarity around when to re-open a file versus creating a new file. For example, ICATs may want to re-open the file if a new police report is issued within three months of the file being closed because this suggests that the risks present were not adequately addressed and many of the same risks may still be present. In contrast, it may be a better practice to always open a new linked ICAT file whenever there is a new police report or new referral following the closure of a file. In this case, it is important to keep these files linked either by the perpetrator or by the victim so that there is clarity around the "100% success rate" of closing files as reported by Lau (2020). Whatever practice is preferred, the Best Practices manual should provide some clear guidelines around the expectations of file closures and re-opening of a previous or new linked file and provide training to address these practices.

UPDATING THE LANGUAGE IN THE BEST PRACTICES MANUAL

Two Best Practices manuals have been released for the ICAT, with the most recent version being published in 2017. Even with the recent modifications, there are still some areas where the Best Practices manual could benefit from being updated. One potential issue regarding language is that the ICAT manual frequently uses the term 'domestic' violence rather than intimate partner violence. For example, in the Best Practices manual Section 3, an ICAT is currently defined as receiving "…referrals of suspected highest risk cases of domestic violence…" (p. 9). It should be made clear that ICATs only receive referrals for intimate partner violence. Although through their review of who is at risk, ICAT members may identify potential collateral victims, such as children or parents of the victim, whose needs could also be addressed as part of the risk management plan, it should be made clear for those who may not be familiar with the kinds of cases that an ICAT will receive and review that cases that primarily involve child abuse, elder abuse, or 'honour'-based violence are not referred to ICATs; this clarity can be provided by using the term intimate partner rather than domestic throughout the Best Practices manual. Relatedly, the Best Practices manual refers to the BC Summary of Domestic Violence Risk Factors; however, this tool was recently updated and

released as the BC Summary of Intimate Partner Violence Risk Factors, thus more accurately reflecting the intended population with whom this tool should be used.

Another shift in language to consider is to move away from the term violence to instead refer to intimate partner abuse. While intimate partner violence is a widely accepted term in practice and in scholarship, it also reflects an emphasis on the physical or sexual aspects of an abusive relationship, excluding other forms of abuse, such as coercive controlling behaviours. Adapting to the term intimate partner abuse in the Best Practices manual and subsequent training may help ICATs to perceive that even non-violent forms of abuse may require their review and attention.

Limitations

The current study built on the previous research findings reported by the CCWS (2015), Kinney and Lau (2018), and Lau (2020). Two of the strengths of the current study were that a majority of ICATs were represented in the data in some format, and ICATs from all four policing districts participated in this study. However, there were some limitations. While information about community was collected in both the interviews and survey responses, the results were not analyzed with reference to community to protect the identity of the participants. It is important to understand the challenges associated with running an ICAT in large urban centres where there may be more than sufficient resources in the community available, but where the sheer number of referrals may be more than an ICAT can efficiently manage. It would also be valuable to understand how these challenges compare to more rural or remote areas where the number of referrals may be lower, but access to resources, and even ICAT membership, may be more challenging to coordinate. Related to this, as participants on the survey were asked to provide the name of their community to enable an estimate of how many ICATs were represented in the data, to protect confidentiality and the identity of the participants, they were not asked to report their home agency. Therefore, we were unable to analyze the responses based on what sector the participants were from, which may have provided some informative findings. As many ICATs continue to maintain only paper-based records, it was not feasible to collect and analyze this data, particularly given the effect of the COVID-19 pandemic on staffing and related resources. Further, while we asked survey participants to share their community, this was not a requirement and so many chose not to. As we were unable to identify all communities that participated in the current study, this limited our ability to understand the unique challenges to operating in rural/remote communities. While all communities with an ICAT were contacted and offered participation in the study, participation was voluntary. It is possible that those who agreed to participate had an ICAT that was functioning well, and that we did not hear as frequently from those where the ICATs were struggling to operate. Establishing some information reporting parameters going forward and providing more oversight to the functioning of ICATs will help to provide a more representative picture of the structure, processes, and strategies of ICATs in British Columbia.

Conclusion

When considering the current findings alongside that of the previous studies, ICATs are viewed by standing members and Co-Chairs as a beneficial program that supports victim safety and reduces the immediate threats posed to them through intimate partner violence. ICATs have provided valuable opportunities for cross-sectoral collaboration that continue beyond the immediate setting and appear to have improved working relationships among many agencies that support families involved in violence. Although there were some variations, the Co-Chair model was generally seen to provide an appropriate balance of power enabling criminal justice, government, and community-based agencies to play equal roles in reviewing and determining risk, as well as collaborating on risk management.

Overall, the objective of the current study was to examine ICAT practices in view of what is recommended in the Best Practices manual. One important caveat is that while the Best Practices manual provides a summary of the suggested structure, processes, and strategies of an ICAT, the manual also states that there is no one size fits all model because of the different rates of intimate partner violence and available resources present in the communities across British Columbia. Given this, there was some variation in the findings. Still, for the most part, ICATs appear to be operating as expected by receiving referrals that are quickly reviewed before risk management plans are collaboratively developed and implemented with the intention of reducing threats to life. Information sharing appears to be occurring as expected, though ICATs would like to ensure access to more timely training going forward, particularly in this area and for members who have joined the committee since the COVID-19 pandemic. While there were common practices shared by ICATs, there were also inconsistencies that suggested the need for greater oversight over the operations of ICATs in communities across British Columbia. Further, there are areas where ICATs can enhance their practices going forward to better align with the Best Practices manual, including more timely access to training for new members, training on the risk factors that are being used to determine highest risk status, clarity on closing and re-opening of files and improving interventions for perpetrators. There are also places where the Best Practices manual and ICAT model can be enhanced. This includes integrating the use of the B-SAFER to more consistently approach risk assessment decision making modernizing the way information about ICAT cases are documented, and in particular, ensuring there is funding in place to support the administrative roles of ICAT Co-Chairs and Coordinators.

While some of the main goals of ICATs, which include reducing siloes and increasing interagency communication, appear to have been successfully accomplished, there is also a need to evaluate the ICAT model against other intended outcomes, namely of reducing threats to life and enhancing safety. As discussed throughout this report, ICATs are primarily victim-focused, and while some ICATs have been able to connect the perpetrator with interventions, this appears to be less common than ensuring the victim has been connected to relevant supports, resources, and programs. While ICATs generally close files due to the immediate threats to safety having been reduced to lower levels, the lack of perpetrator interventions combined with a lack of data regarding how commonly files are re-opened means that the longer-term effects of ICAT interventions have yet to be empirically assessed. Related to this, it would be beneficial for future research to establish the relationship of the risk factors present on the SIPVR to re-offending patterns to determine whether

empirical risk levels can be established for this tool. Similarly, it would be valuable to analyze PRIME and CPIC data to explore recidivism rates for those involved in an ICAT file as part of a program evaluation. However, there are several caveats to keep in mind, including that intimate partner violence is often not reported to the police, that approved charges relating to intimate partner violence offending often result in stays of proceedings rather than convictions, and that investigative files concluded in PRIME are affected by retention periods and so may subsequently provide inaccurate profiles of recidivism (see McCormick et al., 2022, McCormick et al., 2023 for a more in-depth discussion of this issue). Still, it would be helpful, with these caveats in mind, to conduct a study that examines the trajectories of perpetrators whose files have been managed by an ICAT to understand what extent their risks for subsequent violence have been addressed by an ICATs involvement. In addition to these more objective measures, it would also be important to seek feedback on the experiences of victims who have been referred to an ICAT to better understand their experiences with the program and to address some of their main barriers to participation. This is especially important for marginalized populations. suggest that while there are areas to improve upon, the ICAT model has been very well received by communities across British Columbia and has resulted in enhanced information sharing and coordinated responses to intimate partner violence.

References

Alaggia, R., Regehr, C., & Rishchynski, G. (2009). Intimate partner violence and immigration laws in Canada: how far have we come? *International Journal of Law and Psychiatry, 32*(6): 335-341. doi:10.1016/j.ijlp.2009.09.001

Aujla, W. (2021). "It was like sugar-coated words": revictimization when South Asian immigrant women disclose domestic violence. *Affilia: Journal of Women and Social Work, 36*(2): 182-203. DOI: 10.1177/0886109920916038

Barlow, C. & Walklate, S. (2022). *Coercive Control*. Routledge.

Barrett, B.J., Peirone, A., & Cheung, C.H. (2019). Spousal violence and evaluations of police performance in Canada: does police contact matter? *Journal of Family Violence, 34*: 199-211. https://doi.org/10.1007/s10896-018-0017-x

Belfrage, H., Strand, H., Storey, J.E., Gibas, A.L., Kropp, P.R., & Hart, S.D. (2012). Assessment and management of risk for intimate partner violence by police officers using the Spousal Assault Risk Assessment Guide. *Law & Human Behavior, 36*: 60-67. DOI 10.1007/s10979-011-9278-0.

British Columbia Coroners Service. (2016). *Report of the Chief Coroner. BC Coroners Service Death Review Panel: a review of intimate partner violence deaths 2010-2015.* https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/intimate-partner-violence2010-2015.pdf

British Columbia Representative for Children and Youth. (2009). *Honouring Christian Lee. No Private Matter: Protective Children Living with Domestic Violence.*

Cattaneo, L.B., Stylianou, A.M., Hargrove, S., Goodman, L.A., Gebhard, K.T., & Curby, T.W. (2021). Survivor-centered practice and survivor empowerment: Evidence from a research-practitioner partnership. *Violence Against Women, 27*(9): 1252-1272. https://doi.org/10.1177/1077801220935196

Community Coordination for Women's Safety. (2015). *Interagency Case Assessment Teams in BC: provincial file review report of high risk domestic violence cases.* Ending Violence Association of BC.

Cotter, A. (2021). Intimate partner violence in Canada, 2018: an overview. *Juristat, 41*(1): 1-23. https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00003-eng.pdf

Dawson, M. & Piscitelli, A. (2021). Risk factors in domestic homicides: identifying common clusters in the Canadian context. *Journal of Interpersonal Violence, 36* (1-2): 781-792. DOI 10.1177/0886260517729404.

Domestic Violence Death Review Committee. (no date). *Domestic Violence Death Review Committee 2018 Annual Report*. Toronto, ON. https://www.ontario.ca/document/domestic-violence-death-review-committee-2018-annual-report

Echeburúa, E., Fernández-Montalvo, J., de Corral, P., & López-Goñi, J.J. (2009). Assessing risk markers in intimate partner femicide and severe violence: a new assessment instrument. *Journal of Interpersonal Violence, 24*(6): 925-939. DOI 10.1177/0886260508319370.

Gill, C. & Aspinall, M. (2020). *Understanding coercive control in the context of intimate partner violence in Canada: how to address the issue through the criminal justice system?* Research Report submitted to the Office of the Federal Ombudsman for Victims of Crime, Department of Justice Canada. Retrieved from https://www.victimsfirst.gc.ca/res/cor/UCC-CCC/Research%20Paper%20on%20Coercive%20Control%20-%20April%202020.pdf

Gill, C., Campbell, M.A., & Ballucci, D. (2021). Police officers' definitions and understandings of intimate partner violence in New Brunswick, Canada. *The Police Journal: Theory, Practice, and Principles, 94*(1): 20-39. DOI: 10.1177/0032258X19876974

Glass, N., Laughon, K., Campbell, J., et al. (2008). Non-fatal strangulation is an important risk factor for homicide of young women. *The Journal of Emergency Medicine, 35*(30: 329-335. DOI 10.1016/j.jemermed.2007.02.065

Goulet, S., Lorenzetti, L., Walsh, C.A., Wells, L., & Claussen, C. (2016). Understanding the environment: domestic violence and prevention in urban Aboriginal communities. *First Peoples Child and Family Review, 11*(1): 9-23.

Hoffart, R. & Jones, N.A. (2018). Intimate partner violence and intergenerational trauma among Indigenous women. *International Criminal Justice Review, 28*(1): 25-44. DOI: 10.1177/1057567717719966

Ibrahim, D. (2019). Police-reported violence among same-sex intimate partners in Canada, 2009 to 2017. *Juristat*. https://www150.statcan.gc.ca/n1/pub/85-002-x/2019001/article/00005-eng.htm

Interagency Case Assessment Team Best Practices Advisory Team (2017). *Interagency Case Assessment Team best practices* (2nd edition). https://endingviolence.org/resources/icat-best-practices-guide-2nd-edition-2017/

Kinney, B. & Lau, S. (2018). *ICAT Research Report 2017. A closer look at Interagency Case Assessment Teams in select regions in British Columbia: form and function.* Institute for Canadian Urban Research Studies.

Kropp, P.R., Hart, S.D., & Belfrage, H. (2010). *Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER), version 2: User manual*. Vancouver, British Columbia, Canada: ProActive ReSolutions.

Kulkarni, S. (2019). Intersectional trauma-informed intimate partner violence (IPV) services: Narrowing the gap between IPV service delivery and survivor needs. *Journal of Family Violence, 34*, 55-64.

Langenderfer-Magruder, L., Whitfield, D.L., Walls, N.E., Kattari, S.K., & Ramos, D. (2016). Experiences of intimate partner violence and subsequent police reporting among lesbian, gay, bisexual, transgender, and queer adults in Colorado: comparing rates of cisgender and transgender victimization. *Journal of Interpersonal Violence, 31*(5): 855-871. DOI: 10.1177/0886260514556767

Lau, S. (2020). *The "I" in ICATs: A closer examination of Interagency Case Assessment Teams in British Columbia*. Unpublished Master's thesis, Simon Fraser University.

Martin, T.E., Gover, A.R., & Langton, L. (2022). The relationship between formal help-seeking and sexual orientation among victims of domestic violence. *Journal of Interpersonal Violence, 0*(0): 1-27. DOI: 10.1177/08862605221080150

Matias, A., Gonçalves, M., Soeiro, C., & Matos, M. (2019). Intimate partner homicide: a meta-analysis of risk factors. *Aggression and Violent Behavior, 50*: 1359-1789.

McCormick, A.V. (2020). *The BC Summary of Domestic Violence Risk (SDVR) Factors: updated review of the literature.* Unpublished report.

McCormick, A.V., Cohen, I.M., & Davies, G. (2022). *The Complexities of Investigating and Clearing Harassment Related Intimate Partner Violence Files.* Centre for Public Safety and Criminal Justice Research. Submitted to the Office of Crime Reduction and Gang Outreach. http://cjr.ufv.ca

McCormick, A.V., Davies, G., Haarhoff, T., & Cohen, I.M. (February 2023). *The perils of using police data to understand criminal pathways.* Presented at the Annual Meeting of the Western Society of Criminology, Vancouver, British Columbia

McKenzie, H.A., Varcoe, C., Browne, A.J., & Day, L. (2016). Disrupting the continuities among residential schools, the Sixties Scoop, and child welfare: an analysis of colonial and neocolonial discourses. *The International Indigenous Policy Journal, 7*(2): 1-24. DOI: 10.18584/iipj.2016.7.2.4

Messing, J.T., Campbell, J., Webster, D.W., Brown, S., Patchell, B., & Sullivan Wilson, J. (2015). The Oklahoma Lethality Assessment study: a quasi-experimental evaluation of the Lethality Assessment Program. *Social Service Review, 89*(3): 499-530.

Myhill, A. & Hohl, K. (2019). The "golden thread": coercive control and risk assessment for domestic violence. *Journal of Interpersonal Violence, 34*(21-22): 4477-4497. DOI 10.1177/0886260516675464.

National Inquiry into Missing and Murdered Indigenous Women and Girls. (2019). *Reclaiming power and place: The final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls.* Retrieved from, https://www.mmiwg-ffada.ca/final-report

Nesset, M.B., Bjørngaard, J.H., Nøttestad, J.A.,Whittington, R. Lynum, C., & Palmstierna, T. (2017). Factors associated with police decisions on immediate responses to intimate partner violence. *Journal of Interpersonal Violence, online first,* 1-18. DOI 10.1177/0886260517706762

Robinson, A.L. & Howart, E. (2012). Judging risk: key determinants in British domestic violence cases. *Journal of Interpersonal Violence, 27*(8): 1489-1518. DOI 10.1177/0886260511425792.

Rossiter, K., Yercich, S., & Jackson, M. (2014). *Assessing the complexities and implications of anti-violence service delivery in British Columbia.* Report prepared for the Ending Violence Association of British Columbia https://endingviolencecanada.org/wp-content/uploads/2014/10/Complexities-of-AV-service-delivery-FREDA_lowres.pdf .

Shearson, K. (2021). Seeking help from police for intimate partner violence: applying a relationship phase framework to the exploration of victims' evolving needs. *Journal of Interpersonal Violence, 36*(3-4): 1745-1771. https://doi.org/10.1177/0886260517744185

Sheehy, E. (2018). Expert evidence on coercive control in support of self-defence: The trial of Teresa Craig. *Criminology & Criminal Justice, 18*(1): 100-114. https://doi.org/10.1177/1748895817733524

Smucker, S., Kerber, R.E., & Cook, P.J. (2018). Suicide and additional homicides associated with intimate partner homicide: North Carolina 2004-2013. *Journal of Urban Health*, *95*:337-343. DOI: 10.1007/s11524-018-0252-8

Smye, V., Varcoe, C., Browne, A.J., Dion Stout, M., Josewski, V., Ford-Gilboe, M., & Keith, B. (2021). Violence at the intersections of women's lives in an urban context: Indigenous women's experiences of leaving and/or staying with an abusive partner. *Violence Against Women, 27*(10): 1586-1607. DOI: 10.1177/1077801220947183

Spencer, C.M. & Stith, S.M. (2020). Risk factors for male perpetration and female victimization of intimate partner homicide: a meta-analysis. *Trauma, Violence, & Abuse, 21* (3); 527-540. DOI: 10.1177/1524838018781101

Stark, E. (2013). The dangers of Dangerousness Assessment. *Family and Intimate Partner Violence Quarterly, 6*(2), 13-22.

Storey, J.E., Kropp, P.R., Hart, S.D., Belfrage, H., & Strand, S. (2014). Assessment and management of risk for intimate partner violence by police officers using the Brief Spousal Assault Form for the Evaluation of Risk. *Criminal Justice and Behavior, 41*(2): 256-271. https://doi.org/10.1177/0093854813503960

Truth and Reconciliation Commission of Canada. (2015a). *Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada*. Retrieved from https://nctr.ca/records/reports/#nctr-report

Truth and Reconciliation Commission of Canada. (2015b). *Truth and Reconciliation Commission of Canada: Calls to action.* Retrieved from https://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=web&cd=&ved=0CAIQw7AJahcKEwiY9oiPsOT_AhUAAAAAHQAAAAAQAw&url=https%3A%2F%2Fwww2.gov.bc.ca%2Fassets%2Fgov%2Fbritish-columbians-our-governments%2Findigenous-people%2Faboriginal-peoples-documents%2Fcalls_to_action_english2.pdf&psig=AOvVaw1c12ypJhOGPbFvQyJSlw5R&ust=1687987102765462&opi=89978449

Whitehead, J., Dawson, M., & Hotton, T. (2021). Same-sex intimate partner violence in Canada: prevalence, characteristics, and types of incidents reported to police services. *Journal of Interpersonal Violence, 36*(23-24): 10959-10988. DOI: 10.1177/0886260519897342

Wiener, C. (2017). Seeing what is 'invisible in plain sight': policing coercive control. *The Howard Journal of Crime and Justice, 56*(4): 500-515. DOI 10.1111/hojo.12227

Wuest, J. & Merritt-Gray, M. (1999). Not going back: sustaining the separation in the process of leaving abusive relationships. *Violence Against Women, 5*: 110-133.