ENDING VIOLENCE
Association of BC

INTERAGENCY CASE ASSESSMENT TEAMS IN BC

PROVINCIAL FILE REVIEW REPORT OF HIGH RISK DOMESTIC VIOLENCE CASES

SEPTEMBER, 2015

A Report Prepared by:

CCWS
COMMUNITY COORDINATION
for Women's Safety

ICAT Capacity Building

It is with great thanks to the Ministry of Children and Family Development that EVA BC's Community Coordination for Women's Safety program is able to support more communities across BC to develop and maintain life-saving Inter-Agency Case Assessment Teams for high-risk cases of domestic violence. We knew these teams were saving lives, making a difference for British Columbians and also saving resources for the relevant systems involved; but now having completed this first preliminary provincial file review, we have solid evidence of the importance of these teams.

Enclosed in this preliminary provincial file review report is a summary of quantitative data and anecdotal information gathered from twenty-five communities that have an Interagency Case Assessment Team (ICAT) or who are in the process of developing an ICAT.

Of the twenty-five ICATs in existence, twenty-one ICATs are actively reviewing high-risk domestic violence cases. Their data is represented in this quantitative data report.

Communities that gave input:

1. 100 Mile
2. Burnaby/Coquitlam
3. Campbell River
4. Castlegar
5. Creston
6. Duncan (Cowichan Valley)
7. Fort St. John
8. Golden
9. Invermere (Columbia Valley)
10. Kamloops
11. Kelowna
12. Nelson
13. New Hazelton
14. North Okanagan (Vernon)
15. North Vancouver
16. Penticton
17. Prince George
18. Revelstoke
19. Salmon Arm
20. Saltspring Island
21. Sea-to-Sky (Whistler/Pemberton)
22. Sunshine Coast
23. Terrace
24. Vanderhoof
25. Williams Lake

1. ICAT CASES REVIEWED TO DATE

Total cases reviewed   639

Cases found to be **highest risk**   556 (87%)
(Highest Risk = "*at risk of grievous bodily harm or death*")

Total number of people involved   1701
(all victims including children and offenders)

Number of extended family members   56
identified as at high risk

Number of children identified as at high risk   662 (39%)

> **NUMBER OF CHILDREN IDENTIFIED AS AT HIGH-RISK**
>
> **662**

Number of Deaths   0

2. CHILD PROTECTION

Over a third of the total number of people involved in the high risk ICAT cases were children.

Communities report that of the 662 children considered in ICAT cases, only 46 (6.9%) were placed in care of the ministry while the case was active.

It is noted that there are significant regional differences with respect to the removal of children. The five northern communities (as defined by the Health Authority) reported twenty children placed in care which is equal to the number reported by the thirteen Interior communities.

Interior	475 children	20 placed in care = 4%
North	71 children	20 placed in care = 28%

Anecdotal information from the ICATs is mostly positive with respect to child protection removals being lower in ICAT cases than in previous cases prior to ICATs:

- As part of the ICAT team, the focus of MCFD workers has shifted from invasive measures (removals) to supportive services knowing that safety planning is being done and the victim is engaged.

- Child protection social workers are more informed in ICAT cases and therefore much more aware of the reasons behind the victims' decisions and are therefore better able to support them.

- As they are now part of larger teams through ICATs, child protection social workers are now more in tune with risk and better able to make appropriate decisions.
- As part of the ICAT process, non-offending parents are now more generally engaged with support services, therefore able to provide more family protection and seemingly willing to work on evolving safety plans which increases both her safety and that of her children.

- MCFD is aware that all the community agencies are working with the families to ensure their safety. A level of trust is built between the child protection social workers and other agencies that safety is the priority of all involved.

Two ICATs reported no change in the rate of removals for high-risk domestic violence cases. Both of these communities exist in regions of low removal rates to begin with and stated that the removals that took place may well have saved the life of the children involved. In another case, the removal was voluntary because the mother sought temporarily help as she felt that she couldn't cope and didn't think she could keep her children safe.

In some cases having children placed in care is a very positive move, one that ensures safety from violence when the mother has no capacity to keep kids safe.

In communities where it was reported that the rate of removal has remained the same, it was also reported that the return back to family has increased because of the ICAT and the enhanced support systems that are created.

3. RISK MANAGEMENT PLANS

100% of ICATs reported that they prepare a risk management plan for highest risk cases and these plans consider all children and extended family members identified as at risk. Some "children" in ICAT cases were adult children (19+ years). Others were

children who were not in the care of the victim or offender, for example, children placed with family in another community. Thus the degree of safety planning for each child varied. With MCFD at the ICAT table in all active communities, safety plans are in place for 100% of the children identified at risk.

Common safety planning and risk management components for the victim and her children include: ensuring safe housing and assisting with relocation if deemed necessary or desirable; increasing connection and support for the victim, often through community victim services; applying for crime victim assistance funding and other financial support provided through MSDSI; and placing a priority response alert on the police system for the victim's residence and workplace.

Common components of offender management include monitoring through Community Corrections and increased compliance checks by police. Several communities identify that there are a lack of offender supports available outside of Community Corrections making it difficult to monitor risk. MCFD is seen as an important part of offender management in that they can have contact with the offender when criminal court orders do not exist and Community Corrections does not have a role. The police in some communities are taking a more direct approach in putting more proactive monitoring in place. Isolated communities report difficulty when offenders are ordered to not return home but have nowhere to go and victims feel pressured to have them back in the home.

Communities report a great deal of creativity in their risk management of these highly complex cases. Examples that were provided:

- Engaging a public health nurse to partner with a MCFD child protection social worker to visit the home of a couple who had a new baby. This allowed the MCFD worker to develop a relationship with the offender.

- Police obtained a tracking warrant and provided surveillance of the offender.

- Having the fire department respond in rural areas where police response time can be lengthy.

- Having victims move elsewhere but make it appear they still live in the original home.

- Same day funds from MSDSI to assist with a variety of expenses to increase safety such as relocation or storage of belongings. MSDSI assisting to expedite wait periods on new applications.

- MSDSI assigning a worker to the offender to increase his support while another worker focuses on the victim.

- Finding community members to take in large animals (i.e., horses) so the victim can access safe shelter.

- Working with landlords to ban offenders from victims' property and to act as part of the safety plan.

- No-go orders to a whole region.

- Police working with offenders' families for monitoring of changes related to risk

- Connecting with Canada Border Services Agency to start deportation proceedings against offenders

- Working with ICATs in other communities when offenders and victims are separated. Great coordination of services, criminal justice response, child protection investigation and victim support.

- Band involvement to reinforce expectations of behavior in the home.

- Conditions obtained pertaining to social media use.

- Changing rock to gravel outside of windows to show footprints.

- Collaborative planning for returns for victim's court appearances.

- Community Corrections working to keep offenders residing in other communities where there is no access to victims.

- Practical safety plan items such as the victim having a safe word to text to a loved one, having 911 on speed dial under a friend's name and always having cash and the transportation (such as ferry) schedule available.

4. REFERRALS

Communities reported that the majority of their ICAT referrals came from:
    Police
    Victim Services (Community and Police Based)
    Community agencies
    MCFD/DAA

5. CRIMINAL CHARGES

Common charges that ICAT report include assault, assault with a weapon, breach of conditions, uttering threats, mischief, criminal harassment, sexual assault and unlawful confinement.

Some exceptional charges that ICATs are seeing go forward include: choking to overcome resistance, community peace bond breaches, arson, and assisting with a non-domestic violence related firearms case that kept the offender in custody for over 1.5 years.

One ICAT reported that it always charges for breach of conditions. Other ICATs report seeing longer remand times for offenders. Another ICAT works closely with Crown to put peace bonds in place when criminal charges do not proceed or when a victim retreats from supports.

One conviction on a criminal harassment file included specific conditions not to possess binoculars, spotting scopes and GPS tracking equipment.

One ICAT Reported:
In one of the first ICAT files the Crown was able to argue that despite the offenders lack of criminal history, his unpredictable behaviour in combination with his drug/alcohol use was sufficient to have him remain in custody long enough for an in depth mental health assessment that has been used and referred to in making decisions concerning contact with the victim and his children. There is no doubt in my mind that this has increased the safety of this victim and her children.

In addition to criminal charges, ICATs reported that having strict protective orders put in place by MCFD are playing an important role in risk management.

6. FURTHER VIOLENCE AND BREACHES OF COURT ORDERS

Only 60 of 556 (10.8%) active ICAT cases had breaches of court orders once the ICAT file was opened. Information was not collected in this preliminary file review on the type of breach that occurred but will be included in the more in-depth research, (ie: reporting, curfew, violation of no contact or no-go order).

Only 27 of 556 (4.9%) had further violence once the ICAT file was opened. Information has not yet been collected on what incidents occurred.

Although the above data lacks the full context of what occurred it is noted that both the number of breaches and further violent incidences are extremely low when considering that these are among the most violent relationships in the province.

ICATs report varying opinions on whether the ICAT reduces breaches. The majority feel that ICATs do reduce breaches and propose this because:

- Victims are supported and the conditions are clearly explained. Victims are made aware of what a breach is and what to do when one occurs.

- MCFD educates victims about the negative effects of violence on the children. The parent then sees the children as victims and are more likely to report breaches and work with the system.

- Assessment and ongoing monitoring of de-stabilizers for the offender is part of ICAT work. This then mitigates escalating risk.

- Better direction to the offender is provided by probation/bail supervisors to provide boundaries and awareness of what offender may believe is acceptable contact.

- Closer monitoring of drug and alcohol conditions takes place with ICATs.

- Offenders recognize the increased monitoring and tend to obey conditions.

Some ICATs report that breaches do not decrease and explain that this may be a positive thing as the victims are more likely to report breaches when they feel well supported and they are engaged in and accountable for their own safety plan.

One ICAT Reported:
Increased monitoring may result in {more} reports and evidence of breaches. For example in one file the offender was assessed as being at extremely high risk to be violent while under the influence of drugs/alcohol and for this reason RCMP/corrections/health made an extra effort to monitor and forward breaches to Crown. Crown was able to use the assessment to support sentencing for breaches.

7. HEALTH INDICATORS

Number of ICATs that reported from each Health Authority

Fraser Health	1
Interior Health	13
Northern Health	5
Vancouver Coastal Health	3
Vancouver Island Health	3

Not all ICATs reported on health indicators as this is not information that was being specifically collected. The communities that did report health related indicators stated

that much of their data was an estimate. Therefore the data below should be considered as approximate.

Victims were affected by:

Mental Illness	19%
Physical injury	52%
Physical disability	4%
Victims that recently used emergency health services	26%

Other health related barriers that were reported: substance use, anxiety, PTSD

Offenders were affected by:

Mental Illness	44%
Physical disability	3%
Offenders that recently used emergency health services	5%

Other health related barriers that were reported: substance use, FASD

8. ICAT MEMBERSHIP

The following agency/sector types are members of ICATs.

Police	20
MCFD/DAA	20
Community Corrections	19
Transition House/Safe Home	18
Police Based Victims Assistance	18
Community Based Victims Assistance	13
Health/Mental Health/Public Health	13
STV/Outreach Worker	7
Indigenous/First Nations Agency	6
Children Who Witness Abuse	6
MSDSI	5
Multicultural/Newcomer Agency	2
Forensic Psychiatry	2
Parole	1

Several ICATs report that they bring in other agencies as required to fully assess a case. Examples were some of the above agencies in addition to school district personnel, emergency room nurses, First Nation services, private counsellors and other community agency personnel.

9. COORDINATING COMMITTEE

Twenty-two of the twenty-four ICATs that provided information in this area report having a VAWIR or coordinating committee that focuses on domestic violence. One of these communities is actively working towards rebuilding their coordinating committee.

10.   OVERALL SAFETY

All the ICATs that provided anecdotal information on their cases felt that the ICAT process increases victim safety. The ICATs report that:

- Child protection social workers are better able to understand some of the barriers that might exist for victims and this leads to increased MCFD support for the family.

- Ongoing case review leads to adjustments of the risk management plan making them stronger.

- ICATs create greater awareness of stressors impacting offenders and the subsequent impacts on the safety of victims.

- The safety planning that with an ICAT is done is more in depth and the files are monitored until the risk level drops. The community agencies are aware of high risk cases and are able to assist in a timely manner as risk escalates.

- Information sharing ensures that the team has the information they need to accurately assess risk and to create risk management plans that mitigate all risk factors. Accountability to the team ensures that all agencies provide the follow up services they have committed to.

- Victims reporting they feel safe and empowered allowing them to follow through with the court process knowing that professionals are there supporting them. Victims are also educated and learn the cycle of abuse and do not feel so isolated.

Communities note that safety is improving for lower risk cases as well due to having the ICAT team in place and strong relationships between agencies.

One ICAT reported:

Our favourite success story demonstrates exactly how it should work. The victim and her children were accessing numerous resources and had initial police contact; however, each agency was receiving only one small and often very different pieces of information. Separately these pieces were almost insignificant but together, once discussed at ICAT, we realized there were several red flags resulting in a very high risk assessment. As a result, where no further police action would have occurred, we were able to investigate further and create buy-in from the victim. We subsequently arrested the accused, interviewed him, obtained a confession and were able to increase our monitoring ability of him while we awaited Crown's decision, which was much easier for Crown as we were now able to provide them a full picture/context. It was a perfect, well rounded example of what ICAT is for and what it can do.

11. ICAT SUCCESSES

The twenty-one communities with active ICATs reported a great number of successes in increasing victim safety, holding offenders accountable through the criminal justice system, lack of continued offences and breaches, keeping non-offending parents and children together through collaborative safety planning, increasing community capacity to respond effectively and consistently to high risk domestic violence cases, improved relationships between agencies which benefits all cases of domestic violence,

Some examples of specific successes:

- A case that involved a couple from different countries brought several outside agencies and people together including Canada Border Services Agency, a local university, parents living in another country and Canadian Immigration to ensure the safety of this couple. Due to information sharing it was believed a breach of conditions had occurred. RCMP attended the accused's residence and located the victim. The accused was arrested and immediately went in front of the courts. Crown Counsel was able to get a conviction through the courts, and the accused was deported within 2 days of the court decision.

- All cases of one ICAT have been successful: the victims are safe, have left their abusive relationships and/or relocated and none have re-united with the offenders.

- Bringing agencies together to monitor open cases reveals more information that can be investigated and has led to more criminal harassment charges being brought forward.

- Two victims have been reunited with their children since their removal and placed in housing, provided more support services, have regained confidence and trust with the agencies involved.

- One victim with medical and mental health issues has been re-housed, obtaining the necessary medical treatment needed due to more services being available to assist her.

- One victim and child with mild mental health issues have been re-housed and have obtained more assistance with outreach workers and programs to assist them with their daily needs.

- An elderly woman was placed in a care home and her husband was deemed as not a fit caregiver.

- In one very brutal assault the victim was not willing to engage with community services. Working together, corrections, RCMP, transition house and CBVS managed to introduce the CBVS worker to the victim in the community at an opportune time. The outcome for this victim is that her current situation and engagement with community resources is very positive. It is unlikely that this would have occurred without discussion and planning at the ICAT table.

12. SUPPORT NEEDED FOR ICAT

The ICATs that provided information for this report very clearly stated the need for funding for ICATs. A common theme was core provincial funding for the coordination and administration of ICATs.

Support for ongoing training and networking opportunities was also proposed. Items such as records management and new ideas for safety planning were listed as areas where further training was needed for established ICATs.

Communities were interested in having networking opportunities and proposed in-person meetings such as was held for the ICAT best practices roundtable or a specific conference which would connect ICATs around the province.

CCWS was credited by many communities with providing ongoing support for ICAT teams.

13. ICAT BEST PRACTICES MANUAL

Most ICATs had reviewed the Best Practices document and also provided very positive feedback. It is seen as thorough, well organized and easy to understand. Communities that are starting or continuing to develop their ICAT report that the manual is providing valuable information and express their appreciation for the templates provided in the appendices. The information on legal and privacy issues has assisted team members to feel confident in participating in the ICAT process. Communities report that they will be reviewing the manual as a team in order to improve their local process.

APPENDIX: ICAT FILE REVIEW QUESTIONAIRRE

Community Coordination for Women's Safety (CCWS) on behalf of Ending Violence Association of BC is in the process of gathering information from existing Interagency Case Assessment Teams (ICATs) in order to provide statistics and anecdotal data on the experiences of ICATs as part of a research initiative funded by the Law Foundation of BC.

We are requesting that you, as chair or coordinator of your community's ICAT, complete the following form and return it to us via email by **August 21, 2015**. We understand that some items may be difficult to answer depending on your level of data collection; please answer what you can.

This form is designed to be filled in on the computer, but print and fill by hand if you wish. We expect it to take about 30 minutes to complete. If you have any questions about the information being sought please call:

Debby Hamilton: 778-475-6164

Thank you for your time and assistance with this important project.

Person completing this form:

Agency and position:

Phone Number:

A. General Information and Statistical Data from your ICAT:

1. Name of committee:

2. Police Chair's name:

3. Community Chair's name, title and agency:

4. Communities served by your ICAT:

5. Name of police detachment:

6. Health Authority for your area:

7. Month and year of first ICAT case:

8. Total number of ICAT cases reviewed to date:

9. Number of cases found to be high risk:

10. Does your ICAT prepare a safety plan for all cases assessed as high risk?

    a. ☐ Yes   ☐ No   (to check: double-click box and click on "checked")

11. Number of cases found to not be high risk:

12. Does your ICAT prepare a safety plan for cases assessed as not high risk?

    b. ☐ Yes   ☐ No

13. Total number of people associated with all ICAT cases (all offenders and victims):

14. Number of children associated with all ICAT cases (children at risk):

15. Number of children whose safety was considered in Risk Management/Safety Plans?

16. Number of extended family members found to be at risk and included in Risk Management/ Safety Plans:

17. Number of children associated with active ICAT cases taken into care by MCFD:

18. Number of victims affected by the following (approximate):
    Mental Illness:

Physical injury:

Physical disability:

Other health related barriers:

19. In how many of the cases did the victims/offenders recently use emergency health services (ie: were seen at hospital or clinic)?

Victims:

Offenders:

20. Number of offenders afflicted by the following (approximate):

Mental Illness:

Physical disability:

Other health related barriers:

21. Number of active ICAT cases that had breaches of court orders (once the ICAT file was opened):

22. Number of cases that had further violence once the ICAT file was opened:

23. Number of cases that had further violence once the ICAT file was deemed not high risk and closed:

24. Number of cases that were re-referred to ICAT after being closed:

25. Does your ICAT have a connection to Crown?

   a. ☐ Yes   ☐ No

   b. If Yes, in what capacity does your ICAT have a relationship with Crown (i.e.: ex officio, advisory, sits at ICAT table for case assessment, etc)?

26. Some communities bring all referred cases to the ICAT table for information sharing, risk identification and limited group consensus about risk level. In other communities suspected cases are first assessed by police for risk level and then brought to the ICAT table if police believe it to be highest risk. In your community are all cases suspected to be highest/high risk brought to the table for information sharing and risk identification?

   a. ☐ Yes   ☐ No

b. If No, how is it determined that a case is brought to the ICAT table?

27. We would like to know where your referrals come from. By your estimate, which agencies make the:

Most referrals:

Second most referrals:

Third most referrals:

28. Has your ICAT received training from CCWS/RCMP?

    a. ☐ Yes   ☐ No

    b. If yes, how many sessions?

29. Have you received telephone or email support/consultation from CCWS?

    a. ☐ Yes   ☐ No ☐ Don't know

30. Does your community have a VAWIR or other coordinating committee that focuses on violence against women?

    a. ☐ Yes   ☐ No

B. Which of the following are ICAT Members in your community:

☐ Police
☐ MCFD/DAA
☐ Community Based Victims Assistance
☐ Police Based Victims Assistance
☐ Community Corrections
☐ Income Assistance
☐ Other (please list):

☐ Transition House/Safe Home
☐ Health/Mental Health/Public Health
☐ Indigenous/First Nations Agency
☐ Multicultural/Newcomer Agency
☐ STV/Outreach worker
☐ Children Who Witness Abuse

C. The next questions are anecdotal. Please provide as much information as you can.

1. In general, which of the 19 risk factors do you find to be most prevalent in your ICAT cases?

2. In general, what are the most common components of the Risk Management/Safety plans prepared by your ICAT? (ie: safe shelter, financial, relocation, offender monitoring, offender support, etc.)

3. In general, what are the most common components of offender management/support utilized by your ICAT?

4. Risk Management/Safety plans often creative in order to reduce risk in highly complicated cases. Please provide some examples of creative safety plan components that your ICAT has used:

5. Please give some examples of criminal charges that have stemmed from your ICAT cases, including any unusual charges, protective orders or exceptional sentences that have occurred:

6. Do you believe that victims and children are kept safer by ICAT? Please explain and give examples of why you believe this:

7. Do you believe that breaches of conditions are reduced once a case is referred to ICAT? Please explain and give examples of why you believe this is happening:

8. Do you believe there is a reduction in the number of children removed by child welfare once there is an ICAT risk management plan in place? Please explain and give examples of why you believe this is happening:

9. Please give examples of successes your ICAT has seen:

10. Please give examples of how ICATs could be better supported by CCWS and other stakeholders:

11. Have you had a chance to review the ICAT Best Practices Document?

    a. ☐ Yes ☐ No

    b. If Yes, what is your impression of the document?

Once completed, please email this form to Debby Hamilton at dhamiltonccws@shaw.ca or fax to Debby's attention at 604-633-2507

Thanks!