# Local Protocol for Reviewing Highest Risk Intimate Partner Violence Cases

## Purpose of the Protocol

The purpose of this protocol is to provide a framework for a coordinated and collaborative approach to assess the risk of serious bodily harm or death to victims/survivors of intimate partner violence (IPV). The same collaborative approach will be used to provide an enhanced safety plan and support system for the victim/survivor and proactive interventions with the offender.

## Definitions

### Highest risk

The designation of highest risk will be assigned to an IPV case when there is concern for serious bodily harm or death to either partner or other parties. The designation of highest risk is based upon, but not limited to, factors which have been specified in The BC Summary of Intimate Partner Violence Risk Factors (BC SIPVR).

### Determination of highest risk

For the purpose of referring cases to the ICAT, members of the ICAT will identify risk factors of situations they encounter, using the BC Summary of Intimate Partner Violence Risk Factors (BC SIPVR).

### Interagency Case Assessment Team (ICAT)

The core members of the ICAT are Police, Community-Based Victim Services (CBVS)/ community-based anti-violence worker, Community Corrections, and Ministry of Children and Family Development. The ICAT co-chair must be a police officer and a community-based anti-violence agency (e.g., CBVS).

The ICAT receives referrals from members at the table and members of the community via the ICAT's designated co-chairs. The co-chairs are tasked with leading and facilitating risk assessment, monitoring safety, and developing a risk management plan to support highest risk IPV cases.

## Legislation Guiding this Protocol

The sharing of personal information may be necessary to protect individuals, their children and other family members who have been identified or assessed as highest risk.

If possible and if it is safe, every effort should be made to obtain written consent from the victim/survivor before disclosing personal information to other agencies subject to this protocol. It is important to note obtaining consent is not always possible prior to the ICAT meeting.

Generally, consent is required before personal information regarding a victim/survivor can be shared with other agencies. However, applicable privacy laws, such as the Freedom of Information, Protection of Privacy Act, and the Personal Information Protection Act allow personal information to be shared without consent in certain situations:

◆ A case is referred to the ICAT co-chair via an ICAT member or community member within 24 hours, or as soon as possible, of being suspected highest risk. The information submitted will include victim/survivor(s) and perpetrator information, and children if any, relevant risk factors and other pertinent details necessary to manage risk.

◆ ICAT co-chair circulates case information to members of the ICAT and other service providers who have relevant information.

◆ An ICAT is scheduled as soon as possible. Prior to attending the meeting, relevant file information is reviewed, prepared, and summarized for the meeting by each member agency.

◆ A full review of risk indicators is completed using the BC SIPVR to identify the level of risk present. If the case is designated as highest risk, the process continues. If it is not designated highest risk, referrals to support services are made for safety planning purposes and the ICAT stops following the file collectively.

◆ If determined to be a highest risk IPV case by the ICAT, relevant agencies will be notified to ensure that enhanced response, safety plan and support systems are implemented, based on each agency's highest risk intervention procedure.

◆ The ICAT will review the case on a regular basis to monitor and track changes in safety and risk status as determined by the ICAT.

◆ Systemic issues will also be noted and addressed or referred to VAWIR where possible and appropriate.

| Agency name: | |
|---|---|
| Contact information: | |
| Date: | Signature: |

| Agency name: | |
|---|---|
| Contact information: | |
| Date: | Signature: |

| Agency name: | |
|---|---|
| Contact information: | |
| Date: | Signature: |

| Agency name: | |
|---|---|
| Contact information: | |
| Date: | Signature: |