

**The “I” in ICATs:
A closer examination of Interagency Case
Assessment Teams in British Columbia**

by
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Abstract

Integrated case assessment teams (ICATs) are a consortium of local agencies that respond to highest risk domestic violence cases using a collaborative approach. The underlying principle of ICATs is the belief that with coordinated intervention, injury or death resulting from domestic violence is predictable and preventable. This exploratory study examines the knowledge and experience of ICATs in British Columbia to better understand the role, functioning, and impact of ICATs in combating domestic violence. The results provide insight as to (i) the who and how of ICATs; (ii) the benefits and challenges to interagency collaboration; and (iii) potential qualitative indicators of success to measure the effectiveness of ICATs. The turnover and burnout of ICAT membership are briefly examined, followed by a discussion comprised of the recommendations from ICAT members on how the overall functioning of ICATs could be improved. Recommendations included training and peer mentoring; increased hours; coordinator positions; and the centralization of data and community education and outreach. Implications of the findings and future directions are also discussed.

Keywords: domestic violence; intimate partner violence; interagency case assessment teams; highest risk domestic violence cases; interagency collaboration; qualitative research

*I dedicate this thesis to my loving and supportive parents, John and Diana;
and to Sheryl, my favourite (and only) sister.*

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Table of Contents

Declaration of Committee	ii
Ethics Statement	iii
Abstract	iv
Dedication	v
Acknowledgements	vi
Table of Contents	viii
List of Tables	xi
List of Figures	xii
List of Acronyms	xiii
Chapter 1. Introduction	1
1.1. Community Coordination for Women’s Safety (CCWS)	4
1.2. Interagency Case Assessment Teams (ICATs)	5
1.3. Protocol for Highest Risk Domestic Violence Cases	6
1.3.1. Lee Inquest	7
1.3.2. Violence Against Women in Relationships (VAWIR) Policy	7
A Note from the Researcher	8
1.4. Purpose of the study	9
Chapter 2. Literature Review	11
2.1. Integrated Domestic Violence Court	12
2.2. Coordinated Community Response (CCR)	14
2.3. Narratives of front-line DV personnel: Law enforcement	15
2.4. Narratives of front-line DV personnel: Health care providers (HCP)	16
2.5. The intersectionality of collaborative approaches and front-line personnel narratives	17
2.6. Link to study	18
Chapter 3. Methods	20
3.1. Interpretive Phenomenological Analysis (IPA)	20
3.2. Reflexivity and Emotions	21
3.3. Data Collection	23
3.3.1. Recruitment	23
3.3.2. Participants	24
A Note from the Researcher	25
3.3.3. Interviews	26
Reflection	27
3.4. Data Analysis	28
3.4.1. Transcription Process	28
Reflection	28
Memoing	30

3.4.2.	Data Analysis Process.....	31
Chapter 4.	Results.....	34
4.1.	Relationship between VAWIRs and ICATs	34
4.2.	The Who and How of ICATs	35
4.2.1.	Clients of ICATs and Gendered Language	36
4.2.2.	Highest Risk Domestic Violence Cases	40
4.2.3.	The 19 Risk Factors.....	42
4.2.4.	Backwards Information Gathering.....	43
4.2.5.	Professional Discretion and Judgement.....	45
Reflection.....	46	
4.2.6.	Risk Management Plan.....	47
4.3.	Interagency Collaboration.....	49
4.3.1.	Challenges to Interagency Collaboration	51
Conflicting Mandates.....	52	
Investigative vs. Supportive Roles.....	54	
4.3.2.	Benefits of Interagency Collaboration	57
Agency/Macro level: Relationships and Mandates	57	
Central Hub: One-Stop-Shop	58	
Individual/Micro level: Reflexive Thinking	59	
4.4.	Measuring Success	60
4.4.1.	Show Me the Numbers	61
Number of Cases	62	
Number of Case Closures.....	63	
4.4.2.	Qualitative Indicators of Success	65
Offender Accountability: Monitoring and Resources	65	
Empowering Victims.....	67	
Harm Reduction	68	
4.5.	Churn and Burn	69
4.5.1.	Membership Turnover.....	69
4.5.2.	Burnout.....	70
Chapter 5.	Discussion.....	73
5.1.	What would funding be used for?	73
5.1.1.	Training and Peer Mentoring	73
5.1.2.	Increased Hours	75
5.1.3.	Coordinator Positions	77
5.1.4.	Centralization of Data and Community Outreach	78
Chapter 6.	Conclusion	79
6.1.	Implications of Findings	79
6.2.	Limitations and Future Directions	80
6.3.	Lessons Learned	85
6.4.	Concluding Thoughts.....	87

References.....	88
Appendix A. Informed Consent	93
Appendix B. Information Sheet.....	96
Appendix C. Recruitment Letter	98
Appendix D. Interview Guide	99

List of Tables

Table 1.	Victims of police reported IPV, by victim sex and province or territory, from 2017 to 2018 in Canada.....	2
Table 2.	Total number of victims of DV homicide, by sex, from 2008 to 2018 in Canada	3

List of Figures

Figure 1.	Victims of police reported IPV and non-IPV, by sex and year, from 2009 to 2018 in Canada.....	1
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List of Acronyms

CCR	Community Coordinated Response
CCRs	Community Coordinated Responses
CCWS	Community Coordination for Women's Safety
CJS	Criminal justice system
DV	Domestic violence
EVA BC	Ending Violence Association of British Columbia
ICAT	Integrated Case Assessment Team
ICATs	Integrated Case Assessment Teams
IPV	Intimate partner violence
MCFD	Ministry of Children and Family Development
RCMP	Royal Canadian Mounted Police
SFU	Simon Fraser University
UCR	Uniform Crime Reporting
VAWIR	Violence Against Women in Relationships
VSCPD	Victim Services and Crime Prevention Division

Chapter 1.

Introduction

IPV includes violent offences that occur between current and former legally married spouses, common-law partners, boyfriends and girlfriends and other kinds of intimate partners. Other kinds of intimate partners include persons with whom victims had a sexual relationship or a mutual sexual attraction (Statistics Canada, 2018, p. 25).

In Canada, there has been an observable downward trend in police reported rates of both non-intimate partner violence (non-IPV) and intimate partner violence (IPV) over the years (Statistics Canada, 2019). The police reported rates of IPV (total victims) in Canada decreased between 2009 and 2018 by 12% (see Figure 1). As illustrated in Figure 1 below, the rates for both IPV and non-IPV regardless of sex were somewhat stable in 2014 with a slight upward incline from 2015 onwards. For example, there was a 2% increase in police reported rates of IPV between 2017 and 2018 (Statistics Canada, 2018, p. 24).

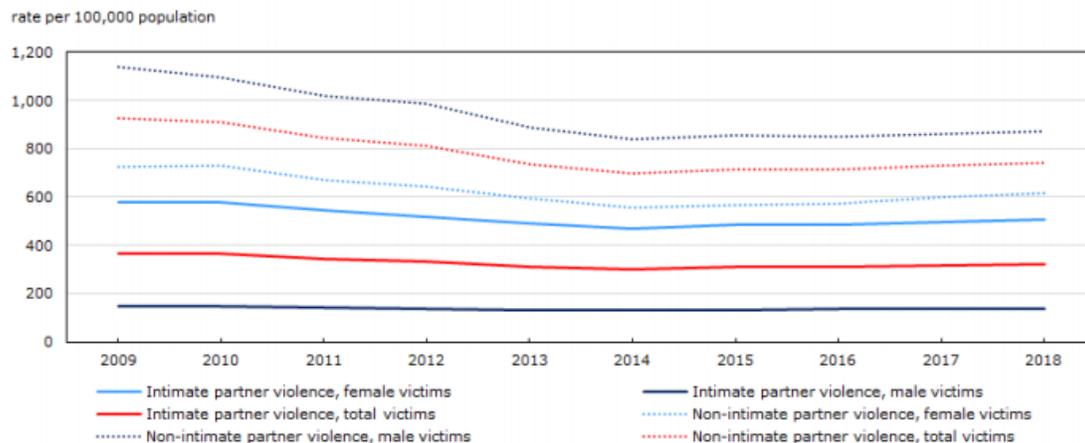


Figure 1. Victims of police reported IPV and non-IPV, by sex and year, from 2009 to 2018 in Canada

Note: Adapted from "Family violence in Canada: A statistical profile, 2018." By Statistics Canada, 2019. [Catalogue number 85-002-X] Retrieved from Statistics Canada website <https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2019001/article/00018-eng.pdf?st=tBqZyw8C>.¹

¹ Police reported rates of IPV are calculated on the basis of 100,000 population, aged 15 to 89 years, and exclude victims where the sex or the age was unknown or where the accused-victim relationship was unknown (see Chart 2.1 on p. 24).

IPV is the most common kind of violence experienced by women, with an overwhelming 8 in 10 police reported cases in Canada involving female victims (Statistics Canada, 2018, p. 24). While the decline in IPV rates between 2009 and 2018 was almost double among women (-13%) than among men (-7%), the rates of IPV during this timeframe are consistently higher among women than among men (Statistics Canada, 2018, p. 24). Comparatively, the rates of IPV for Canada saw an increase in 3% for female victims and a decrease of 1% for male victims from 2017 to 2018. British Columbia experienced an opposite effect, with a 1% decrease in female victims and a 1% increase in male victims from 2017 to 2018 (see Figure 2). Of note, in 2018, British Columbia had the second lowest rate of IPV with a decrease of 1% change in rate from 2017 to 2018.

Table 1. Victims of police reported IPV, by victim sex and province or territory, from 2017 to 2018 in Canada

Province or territory	2018						Percent change in rate: 2017 to 2018		
	Female victims		Male victims		Total victims		Female victims	Male victims	Total victims
	number	rate	number	rate	number	rate	percent		
Intimate partner violence									
Newfoundland and Labrador	1,149	505	323	146	1,472	328	2	5	2
Prince Edward Island	317	486	75	120	392	307	27	44	30
Nova Scotia	2,091	503	591	149	2,682	330	2	-3	1
New Brunswick ¹	1,743	583	439	149	2,182	368	12	-9	7
Quebec	17,351	498	5,164	149	22,515	324	1	0.2	1
Ontario	23,305	389	5,321	92	28,626	243	8	2	7
Manitoba	5,105	968	1,145	217	6,250	592	-0.3	-8	-2
Saskatchewan	4,763	1,066	1,156	253	5,919	655	-6	-8	-6
Alberta	10,816	626	3,080	176	13,896	400	-1	-1	-1
British Columbia	9,161	427	2,562	122	11,723	277	-1	1	-1
Yukon	264	1,591	93	548	357	1,063	-9	14	-4
Northwest Territories	922	5,396	221	1,210	1,143	3,233	12	12	12
Nunavut	947	7,483	153	1,133	1,100	4,205	10	5	9
Canada	77,934	507	20,323	134	98,257	322	3	-1	2

Note: Adapted from "Family violence in Canada: A statistical profile, 2018." By Statistics Canada, 2019. [Catalogue number 85-002-X] Retrieved from Statistics Canada website <https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2019001/article/00018-eng.pdf?st=tBqZyw8C>.²

However, despite the decline in reported IPV incidents over the years, the aggregate number of reported incidents of IPV victimization as well as the number of domestic violence (DV) homicides consistently illustrate higher numbers of female victims compared to their male counterparts. Of the 945 intimate partner homicides

² Police reported rates of IPV are calculated on the basis of 100,000 population, aged 15 to 89 years, and exclude victims where the sex or the age was unknown or where the accused-victim relationship was unknown (see Table 2.7 on p. 39).

which occurred between 2008 and 2018, an overwhelming number (n= 749, 79.3%) involved female victims (see Table 1). Although a relatively rare occurrence, “spousal homicide was the only category of homicide to increase in 2018 (+9 victims)” (Statistics Canada, 2018, p. 3). To put the total number of female victims of intimate partner homicide into perspective, homicide across Canada accounted for less than 2% of all violent crime in 2018 (Statistics Canada, 2017; Statistics Canada, 2018). The homicide rate in 2017 (1.80 victims per 100,000 population, +7% from 2016) was the highest Canada had seen since 2009, with BC as one of the major contributors having one of the most substantial year to year increases (+30) in the number of victims, largely due to firearm-related and gang-related homicides (Statistics Canada, 2017, p. 4).

Table 2. Total number of victims of DV homicide, by sex, from 2008 to 2018 in Canada

Year	Total victims		
	Females	Males	Total
2008	65	25	90
2009	70	22	92
2010	63	27	90
2011	81	14	95
2012	71	16	87
2013	59	14	73
2014	72	16	88
2015	72	13	85
2016	62	15	77
2017	67	14	81
2018	67	20	87
2008 to 2018	749	196	945

Note: Adapted from “Family violence in Canada: A statistical profile, 2018.” By Statistics Canada, 2019. [Catalogue number 85-002-X] Retrieved from Statistics Canada website <https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2019001/article/00018-eng.pdf?st=tBqZyw8C>.³

There has been considerable attention to domestic violence against females on a national scale with a heightened awareness and call for new resources to combat this phenomenon (Jaffe, Dawson, & Campbell, 2013, p. 138). Furthermore, the number of

³ Intimate partner homicide refers to homicides committed by legally married, separated or divorced spouses, common-law partners (current and former), boyfriends and girlfriends (current and former) and other intimate partners. Victims refer to those aged 15 years and older. Excludes victims of unsolved homicides, and victims where the sex or the age was unknown or where the accused-victim relationship was unknown (see Table 2.11 on p. 44).

community initiatives combating domestic violence stemming from grassroots and feminist organizations continues to grow. As evident in the overall decline in the number of reported instances of domestic violence over the years (see Statistics Canada, 2002; Statistics Canada, 2006; Statistics Canada, 2013; and Statistics Canada, 2018), arguably it would appear that such targeted responses to domestic violence are having an effect. One such feminist organization that has been integral in raising awareness of the prevalence of violence against women in relationships and has contributed to the observable decline in rates of reported domestic violence over the years is the Ending Violence Association of British Columbia (EVA BC). For the purpose of this thesis, domestic violence encompasses IPV (includes common law and dating relationships) and is intended to be gender neutral (Ending Violence Association of British Columbia [EVA BC] First Edition, 2015, p. 14). As defined in the EVA BC ICATs best practices manual (first edition):

Domestic violence is defined by ICATs as physical or sexual assault, or the threat of physical or sexual assault, against a person with whom there is or has been an intimate relationship, including both heterosexual and same-sex relationships. Domestic violence also includes other behaviour, such as stalking, threatening, mischief, neglect, deprivation, kidnapping, mental or emotional abuse or threats and violence towards children, extended family, loved ones, pets and property where the act was done to cause fear, trauma, suffering or loss to the intimate partner even if the individual is not the direct victim (EVA BC First Edition, 2015, p. 14).

1.1. Community Coordination for Women's Safety (CCWS)

The Ending Violence Association of British Columbia (EVA BC) provides vital support to anti-violence programs and communities across the province. EVA BC provides support to the Community Coordination for Women's Safety (CCWS) program, which supports responders and service providers in working together to increase women's safety in communities across the province. The CCWS program originated from a pilot project and is the fruition of consultation and coordination by EVA BC, with groups across the province seeking to improve their community response to violence against women. The original development and start-up of the CCWS program was a partnership between EVA BC and the Victim Services and Crime Prevention Division (VSCPD) of the Ministry of Public Safety and Solicitor General. Currently funded by the Ministry of Public Safety and Solicitor General, CCWS is solely managed by EVA BC with VSCPD now as an active Working Group participant (Ending Violence Association

of BC [EVA BC], n.d., para 5, Community Coordination for Women’s Safety [CCWS]). A provincial Working Group, comprised of a multitude of key sectors including the government, police, child protection, corrections, as well as Indigenous and community agencies, serves as guides to CCWS (EVA BC, n.d., para 3, “CCWS Services”).

CCWS assists communities in BC in “developing new models or improving upon existing models of cross-sectoral coordinated response to violence against women” (Ending Violence Association of BC [EVA BC], n.d., para 1, “Community Coordination for Women’s Safety [CCWS]”). Moreover, CCWS supports the coordination of responders to violence against women; identifies barriers to women’s safety and works to reduce or eliminate the barriers; conducts legal analysis and policy development; and provides training and operational support and development of best practices of Interagency Case Assessment Teams (ICATs). Servicing both rural and urban communities at a local level, the reach of CCWS extends to communities across the province with issues garnering provincial and national attention (EVA BC, n.d., para 1).

To date, there are coordination initiatives supported by CCWS in over 50 communities across BC, “many of which are in rural and isolated areas” (EVA BC, n.d., para 4, “CCWS”). As introduced on the EVA BC website, “these ‘coordination initiatives’, are groups working to increase women’s safety with a more coordinated local response to violence against women through the development of new coordination initiatives on violence against women, or by enhancing existing coordination initiatives” (EVA BC, n.d., para 2, “CCWS Services”). Two examples of coordination initiatives for which CCWS is offering coordination support for are Violence Against Women in Relationships (VAWIR) committees and Interagency Case Assessment Teams (ICATs) (EVA BC, n.d., para 1, “CCWS Services”).

1.2. Interagency Case Assessment Teams (ICATs)

So what are ICATs? An Interagency Case Assessment Team (ICAT) is a partnership of local agencies, including police, child welfare, health, social service, victim support, and other anti-violence agencies (EVA BC First Edition, 2015, p. 9). Depending on the community, the core membership of an ICAT may include: police; victim services (community and/or police based); probation (known in BC as Community Corrections); and child welfare agency (Ministry of Children and Family Development). Where

available, standing members of an ICAT membership may include representatives from: Transition House programs (including Safe Homes and/or Second Stage Housing); Stopping the Violence Counselling and/or Outreach programs; mental health; substance misuse programs; income assistance (Ministry of Social Development and Social Innovation); Indigenous community and organization representatives; hospitals, clinics, or physician's offices; settlement Programs; parole; Children Who Witness Abuse programs; BC forensic psychiatric services; schools; employee assistance programs; and local department of National Defence base staff (EVA BC First Edition, 2015, p. 26).

Utilizing an interagency collaboration approach, ICATs respond to referrals of "suspected highest risk domestic violence cases" with an aim to increase safety (EVA BC, n.d., para 1, "Integrated Case Assessment Teams (ICATs)"). A collaborative approach to managing risk and safety is achieved by: "(1) identifying risk using the BC Summary of Domestic Violence Risk Factors, an evidence-based risk assessment tool; (2) legally and ethically sharing risk-related information; (3) reaching an agreement regarding the risk level; and (4) creating a collaborative risk management plan that addresses victim safety and support and monitoring of perpetrators" (EVA BC, n.d., para 1, "Integrated Case Assessment Teams (ICATs)"). The underlying principle of ICATs is the belief that with coordinated intervention, injury or death resulting from domestic violence is predictable and preventable. "ICATs share the goal of wanting to develop a common understanding of domestic violence threat and a collaborative approach to managing risk and safety. ICAT members also share a desire to keep women, children and communities safer while supporting and monitoring the perpetrator" (EVA BC, n.d., para 2, "Integrated Case Assessment Teams (ICATs)"). The first ICAT was established in the North Okanagan in 2010. Since then, the number of ICATs in BC communities has continued to grow emphasizing the importance of a best practices protocol for managing highest risk domestic violence cases.

1.3. Protocol for Highest Risk Domestic Violence Cases

In this subsection, the Lee inquest and the VAWIR policy are introduced to better understand the protocol for which ICATs adhere to in managing highest risk domestic violence cases.

1.3.1. Lee Inquest

The Lee Inquest was a result of a murder-suicide that took place in Oak Bay, BC, in September of 2007. Peter Lee murdered his estranged wife, Sunny Park; their son Christian Lee; and Sunny Park's parents, Kum Lea Chun and Moon Kyu Park. Fourteen jury recommendations in total were made to the Chief Coroner of the Province of British Columbia from the Coroner's Inquest:

Special domestic violence units be set up regionally and coordinated with all stakeholders; on-going multimedia community based educational advertising program surrounding domestic violence be expanded and enhanced; develop a single domestic violence unit across all provincial jurisdictional lines and include all agencies and services; and SARA or BSAFER be used to train all involved service providers to a common standard in all criminal justice regions in the province" (Ministry of Public Safety and Solicitor General. (n.d.), "Verdict at Coroner's Inquest").

In response to recommendations from the Lee/Park Coroner's Inquest and the Representative for Children and Youth's report on the death of Christian Lee, the revised 'VAWIR Policy 2010' was launched in January of 2010 (Ending Violence Association of BC, (n.d.), "VAWIR Policy 2010") and is a critical cornerstone for the operation of ICATs.

1.3.2. Violence Against Women in Relationships (VAWIR) Policy

The title of the policy, 'Violence Against Women in Relationships' (VAWIR), is intended to recognize the vulnerability of women experiencing violence, with the majority of these offenses committed by men against women (Ministries of Public Safety and Solicitor General, Attorney General, and Children and Family Development, 2010, p. 6). Originally developed in 1993, the VAWIR policy "directs the justice and child welfare systems to emphasize the criminality of violence within relationships and to take the necessary measures to ensure the protection of women and children who may be at risk" (Government of Canada, 2020). As defined in the VAWIR Policy 2010 document:

Violence against women in relationships and alternative terms used when referring to domestic violence (including spousal violence, spousal abuse, spouse assault, intimate partner violence (IPV) and relationship violence) are defined as physical or sexual assault, or the threat of physical or sexual assault against a current or former intimate partner whether or not they are legally married or living together at the time of the assault or threat. Domestic violence (DV) includes offences other than physical or sexual assault, such as criminal harassment, threatening, or mischief,

where there is a reasonable basis to conclude that the act was done to cause, or did in fact cause, fear, trauma, suffering or loss to the intimate partner. Intimate partner relationships include heterosexual and same-sex relationships. (Ministries of Public Safety and Solicitor General, Attorney General, and Children and Family Development, 2010, p. 5, para 6)

The VAWIR policy is intended to encompass all domestic violence situations regardless of the gender of the offender or victim. Moreover, the VAWIR policy “sets out the protocols, roles and responsibilities of service providers across the justice and child welfare systems that respond to domestic violence and also reflects the operational policies of the various agencies involved” (Ministries of Public Safety and Solicitor General, Attorney General, and Children and Family Development, 2010, p. 6). The ICATs best practices manual and the VAWIR policy are cut from the same cloth, that is to say, the protocol from which ICATs operate on for managing highest risk domestic violence cases draws heavily from the existing VAWIR policy.

A Note from the Researcher

Domestic violence does not discriminate between gender, race, religion, age, or ethnicity. Drawing on an inference to the *Black Lives Matter (BLM)* movement, I reflected on the counter-argument of *All Lives Matter (ALM)* and the parallel comparison towards the use of gendered language, specifically with the emphasis on the implication that victims of highest risk domestic cases are overwhelmingly female. “Black lives matter’ can be construed as meaning something roughly along the lines of ‘Only black lives matter’” (Atkins, 2019, p. 1). Similar to how the BLM movement does not imply that *only* Black Lives Matter, feminist programs like CCWS and female-oriented initiatives like VAWIR committees (referred to as VAWIRs by participants) are not claiming that *only* women are victims of domestic violence. In drawing this comparison to BLM, it serves to illustrate why the focus on women as victims of domestic violence can be taken out of context by some interpreters to be exclusionary. To reiterate, domestic violence does not discriminate between gender, race, religion, age, or ethnicity. The purpose of this paper is not to continue to fuel the gendered debate, but rather, to respect and learn from the narratives as shared by front-line personnel who manage highest risk domestic violence cases day in and day out to continue the combat against domestic violence and domestic violence homicide.

1.4. Purpose of the study

To date, there has been no concrete feedback for ICATs other than the ICAT Research Project: Summary of Results, June 2018. Released on July 10th, 2018 as an information bulletin, the bulletin “provides a summary of a research project undertaken by EVA BC in 2015 in order to better understand the access to justice and increased safety related outcomes that Interagency Case Assessment Teams (ICATs) are achieving in the British Columbia” (EVA BC, 2018, ICAT Research Information Bulletin June 2018). As described by Sullivan (2017), there has been an increased need in justifying why domestic violence programs engage in the practices that they do to provide reassurance to grantors that funding will lead to positive change. This ‘justification’ also assists with policy making decisions and enables a continuous methodological examination of the target objectives and outcomes (i.e. accountability). In gathering the lived experiences of ICAT members, the valuable narratives of front-line DV personnel help demystify what ICATs are ‘all about’ and how these teams can enhance community responses to domestic violence. In addition to providing suggestions on transferable best practices with respect to implementing an interagency collaboration approach in handling highest risk domestic violence cases, the first-person narratives from ICAT members provide invaluable insight as to program shortcomings from an insider perspective. It is with high hopes that sharing the legacy stories of ICATs will serve to permanently record their service to the public as well as inspire future generations to uphold and partake in this important work.

This study is exploratory in nature and serves as a starting point in identifying what is working to further strengthen community responses to domestic violence, and highlight what is not working such as areas that may require more in-depth investigation and further research (e.g., where Federal and Provincial funding could be more effectively applied). The importance of continued research into highest risk domestic violence cases to increase victim safety is integral in advancing the combat against domestic violence, especially against women and children as these groups are the most vulnerable and most in need of assistance. The primary research questions that this study aims to address are: (i) what are interagency case assessment teams? and (ii) how can the experiences and knowledge of ICATs help shape changes to policy and procedures to improve responses to highest risk domestic violence cases? Secondary

research questions include: (a) who do ICATs serve; (b) what are some of the benefits and challenges of interagency collaboration; (c) how effective are ICATs and to what extent (if any) can the effectiveness of ICATs be measured and evaluated; (d) how is the ICATs membership turnover and do ICATs experience burnout; and (e) what are some ways for ICATs to proactively prevent or ensure the smooth transition of membership turnover and/or to reduce risks associated with burnout. The primary research questions sought to explore ICATs in BC, with a focus on providing insight as to the impact of ICATs against cases at highest risk of domestic violence homicide and improvements that can be made to increase the overall effectiveness of ICATs. The secondary research questions supplement the understanding of the role and function of ICATs.

This introductory chapter provides background context to the origin of ICATs and emphasizes the purpose of the study. Chapter 2 explores the existing research on ICATs (albeit little to none); and highlights similar interagency and collaborative approaches and the importance of gathering the narratives from front-line personnel. The intersectionality of interagency collaborative approaches and narratives of front-line DV personnel is briefly discussed and a link to the current study is offered to frame the implications of the findings. The methods and methodology are discussed in Chapter Three. The data collection and data analysis process are more closely examined, and the qualitative importance of ethical considerations is reflected upon. The research findings are presented in Chapter Four. The results provide insight as to (i) the who and how of ICATs; (ii) the benefits and challenges to interagency collaboration; and (iii) potential qualitative indicators of success to measure the effectiveness of ICATs. The turnover of ICATs membership and perspectives on burnout are also briefly examined. Chapter 5 is comprised of a discussion of the possible recommendations to increase the effectiveness of ICATs. The sixth and concluding chapter presents implications of the findings, limitations and future research directions, and lessons learned. Final parting thoughts stress the importance of ICATs in managing highest risk domestic violence cases and advocate the continued research and funding of ICATs and/or similar initiatives in the combat against domestic violence to predict and prevent domestic violence homicides.

Chapter 2.

Literature Review

A review of the current literature finds extensive research on understanding the “what” and “why” of domestic violence, such as characteristics of victims and offenders, offender aggravating factors, barriers to reporting, and barriers for victims in leaving an abusive relationship. In the past, initiatives systematically targeted changing community attitudes and beliefs to reduce intimate partner violence. There has also been extensive legislative and policy reform. Past shifts in legislative and policy landscape illustrate the complexities and time related challenges associated with anti-violence service delivery (see Rossiter, Yercich, & Jackson, 2014 for shifts in legislative and policy landscape from 1982 to 2013). The shifts in legislative and policy landscape resulted in the increased sophistication of the anti-violence sector to include recommendations to increase coordination and collaboration efforts to ensure a consistent response to sexual and domestic violence against women; as well as the standardization of practices throughout the province (Rossiter et al., 2014, p. 26).

The adaptability of the anti-violence sector over time is exemplified in the anti-violence sector’s ability to adjust to new requirements and practices; the communication of information about relevant changes to its client populations; the education of other sectors about the significance of provisions and rights; and the increase in collaborative work efforts, such as the formation of coordination initiatives like ICATs in managing highest risk DV cases (Rossiter et al., 2014, p. 24). In exploring approaches to ending violence against vulnerable groups, Jackson, Yercich, Godard, and Lee (2018) suggest (i) flexible and responsive polices and (ii) regular policy review to adapt to needs of individuals accessing services. In addition, anti-violence sectors need to “examine and create their own policies and procedures, which need to be consistent with overarching policy intents” (Jackson et al., 2018, p. 176). By identifying barriers of change and making recommendations on how such change can be accomplished, recommendations can be “operationalized into action plans” (Jackson et al., 2018, p. 176). More specifically, similar to the importance of creating change through the development and implementation of rights-based policies and collaborative solutions for immigrant and

refugee women (Jackson et al., 2018, p. 175), like approaches centred around rights-based policies and collaborative solutions should be considered for the most at risk and/or most vulnerable client population (i.e. women and children).

Nonetheless, it would appear that for the time being, there are no concrete solutions on how specifically these changes to barriers to program effectiveness should be implemented other than proactively identifying potential barriers and providing recommendations to help inform policy makers and educate the general public. Widely accepted recommendations suggest that collaborated approaches by multiple agencies would be beneficial to combating domestic violence, with earlier suggestions of key aspects of a collaborative community-based model to include a focus on the victim and/or offender, be community based, have intensive case management, and encourage collaboration across agencies (see Quinn & Cumblad, 1994; Post, Klevens, Maxwell, Shelley, & Ingram, 2010). Examples of existing integrated responses include the integrated domestic violence courts in Canada and coordinated community responses (CCRs) in the United States.

In the next section, similar initiatives as ICATs which focus on interagency collaborative approaches (i.e. integrated DV court and CCRs) are first explored, followed by a closer examination of narratives of front-line DV personnel (i.e. law enforcement and health care professionals). Lastly, the intersectionality of interagency collaborative approaches and the narratives of front-line service providers are introduced prior to addressing the link of the literature reviewed to the current study.

2.1. Integrated Domestic Violence Court

A study conducted by Birnbaum, Bala, and Jaffe (2014) describes and provides a preliminary analysis on the first ever establishment of an integrated domestic violence court as a pilot project in Toronto, Ontario (i.e. Canada's largest city). The integrated domestic violence court hears both criminal and family proceedings that arise from a domestic violence situation. Using qualitative interviews with key professional stakeholders (judges, Crown, criminal and family lawyers, court support workers) and two victims and two offenders; aspects of co-ordination and information sharing are more closely examined to exemplify how systems can collaborate to better protect victims and advance the interests of children. On one hand, Birnbaum et al. (2014)

argue that a “separate silos” approach exposes children and women to continuing risk and results in poor outcomes for children, adding to the duplication of efforts; unnecessary expenses; and frustration for parents and professionals. On the other hand, these courts were established to allow prosecutors, police, providers of programs for abusers, and providers of service to victims to better co-ordinate their services. These courts also allow for judges and other professionals to gain familiarity with issues of domestic violence, and to monitor the progress of offenders (Moore, 2009 as cited in Birnbaum et al., 2014, p. 127). The paper provides an overview on the strengths and challenges of evaluating integrated domestic violence courts through an operational and research perspective. While courts are an integral part of the criminal justice system (CJS), the domestic violence court and CJS operate independently of the family justice process. Take for example, no contact orders. No contact orders imposed by the integrated domestic violence court and CJS serve to increase the safety of the victim (i.e. pro of contact order for integrated domestic violence court and CJS), but encourage the termination of the relationship, and/or distancing of the children from one or both parents (i.e. con for the family justice process). Some suggest that increased collaboration between community agencies and the courts can enhance victim participation and better hold offenders accountable, which may lead to reductions in domestic violence recidivism (Tolman & Weiz, 1995; Harrell 1991; Newmark et al., 2001 as cited in Birnbaum et al., 2014, p. 130). These researchers argue that more integrated and multi-pronged approaches to domestic violence cases are more effective and appropriate. More specifically, a “one judge for one family” approach allows for:

- (a) a more holistic and multi-disciplinary approach to family problems;
- (b) more effective judicial monitoring to increase accountability for the offenders and compliance with court orders;
- (c) improved judicial decision-making as a result of the judge having more information about the family; and
- (d) better access to and coordination of support services (i.e., legal and social services) for the victims and children. (Fritzler & Simon, 2000; Moore, 2009 as cited in Birnbaum et al., 2014, p. 131)

In comparison to a reactionary approach, a study of the CCRs in the United States of America by Post et al. (2010) focused on a more proactive approach in reducing intimate partner violence and on modifying knowledge and attitudes using cross-agency and community-based initiatives.

2.2. Coordinated Community Response (CCR)

Community co-ordination is the key to “mobilizing community leadership and resources and avoiding duplicative and counter-productive services” (see Babcock & Steiner, 1999; Danis, 2003 as cited in Post et al., 2010) with cross-agency and community-based initiatives considered to be the most effective means of achieving goals of self-sufficiency and positive social change at the local level. The results of the study by Post et al. (2010) suggest that there is lack of impact of CCRs on the prevention of IPV which is congruent with other similar community-based collaborations developed to address other types of social problems. Coordinated Community Responses (CCRs) are collaborative projects involving various community partners that aim to enhance community coalitions and coordinated community responses by “systematically target changing community attitudes and beliefs in an effort to reduce IPV” (Post et al., 2010, p. 77) through the offering of various educational outreach and services in a community. Examples of educational outreach and services that CCRs provide include: Services offered to survivors and batterers; school-based prevention; and broadcast or print media with messages (i.e., promoting support or help, creating awareness of criminal justice interventions, and informing causes of and magnitude of IPV). Post et al. (2010) support the notion that many challenges exist in measuring the effectiveness of CCRs in preventing IPV, further emphasizing that larger systemic social problems are left unaddressed. As echoed by An and Choi (2017), a level of difficulty exists in evaluating the effectiveness of CCRs for systems are constantly changing. However, changes in the relationships among key stakeholders were reported, as well as increased accessibility to the system (i.e. orders of protection) and its services (An & Choi, 2019, p. 398). Post et al. (2010) propose that components to measuring effectiveness would have to involve “conceptualizing and operationalizing constructs of capacity-building and collaborative response to IPV, identifying appropriate and objective measurements, and involving multiple stakeholders” (p. 401). Regardless, the question of how to effectively measure intrinsically subjective results such as perceptions, attitudes, and beliefs comparatively to statistically objective results to determine if there is a cause-effect relationship remains. Although recommended, integrated approaches in Canada and the United States have shown mixed results. In recognizing that although the effectiveness of a collaborative approach cannot be adequately quantified, it may be enough to acknowledge that there are some undeniable effects and impacts on a

qualitative level. It stands to reason then, that there is merit in examining perceived expectations for change (i.e. impact) through the lenses of front-line personnel who partake in recommended collaborative approaches. A closer examination of narratives of front-line DV personnel provide additional context as to how these supposed changes are progressing and helps with identifying potential areas requiring further research.

2.3. Narratives of front-line DV personnel: Law enforcement

Horwitz, Mitchell, LaRussa-Trott, Santiago, Pearson, Skiff, and Cerulli's study (2011) focused on the experiences with and responses to domestic violence by law enforcement. Past research involving domestic violence and police officers has centered around "arrest policies, victims' access and attitudes towards police, police attitudes toward victims and perpetrators, and gender differences between male and female police officers" (Horwitz et al., 2011, p. 618). As a result, examining the perspective of law enforcement is critical in providing a piece of the puzzle for a more holistic view for insight as to the thoughts and feelings of police officers about their role in intervening in instances of domestic violence (Horwitz et al., 2011, p. 618). The researchers were interested in the officers' frustrations, challenges, concerns, and perspectives relevant to the challenges inherent in responding to domestic violence (p. 620). More specifically, police officers were asked for their recommendations on how to reduce and ameliorate victims' willingness to use services compounded with the introduction of mandatory or pro-arrest policies (p. 618). The "best method" for delivery of responsive action has long been debated with a recent shift towards mandatory or pro-arrest as an alternative to counselling and social service actions as a means of policing intervention (Sherman & Berk, 1984 as cited in Horwitz et al., 2011). What remains consistent is a certain expectation that law enforcement will respond to and provide relief through police intervention for 911 calls, including domestic violence cases. In conjunction with legislative changes and the duty to enforce legislation, law enforcement personnel have become more relied upon as front-line responders to domestic violence than any other professional (see Horwitz et al., 2011) resulting in an understandably heightened interest in their perceptions (i.e. role and impact). The researchers interviewed 22 police officers with ranks ranging from leadership to frontline responders. Three themes emerged: Police practice patterns, chronicity and complexity of domestic violence, and future connections to larger systems. Police patterns referenced how officers became involved

in DV incidents from ascending order from the time of the 911 call to their appearance in court (i.e. responsibilities as front-line DV personnel). Chronicity and complexity of domestic violence referenced officers' perceived barriers to effective interventions and the perpetuation of DV (i.e. feelings of frustration towards the ineffectiveness of larger systems with a 'revolving door' analogy). Future connections to larger systems referenced recommendations by law enforcement to create desired changes and outcomes. Emphasis was placed on the specific and individual needs of front-line DV personnel including debriefing, feedback, and continuing education to ensure that appropriate referrals are continually made and that "stale curriculums" are updated with respect to the continued purposeful and meaningful engagement by front-line DV personnel (Horwitz et al., 2011).

2.4. Narratives of front-line DV personnel: Health care providers (HCP)

Williston and Lafreniere (2013) examined the perspective of health care providers (HCPs) with respect to patients and IPV. The perspectives of HCPs were reasoned to be based on the increasing recognition that the medical system is a venue for which victims of IPV and other forms of abuse can disclose and seek help (Williston & Lafreniere, 2013, p. 815). Moreover, the researchers were attempting to fill the gap in knowledge surrounding help seeking and disclosure in healthcare settings. They set out to interpret and make sense of health care providers' experiences when inquiring about and receiving abuse disclosures. More specifically, they asked what it is like for HCPs to ask patients about IPV and how HCPs respond to disclosures and non-disclosures of abuse was closely examined. The study had a total of 9 participants who completed their medical or nursing education in Ontario, Canada. An interview guide was developed to address the four following points:

(a) how HCPs view their role in asking about and caring for patients who are abused, (b) what it is like to ask patients about abuse, (c) how HCPs interpret and make sense of experiences in dealing with patients who disclose IPV in the course of their visits, and (d) how HCPs make sense of experiences in dealing with patients whom they suspect may be abused (Williston & Lafreniere, 2013, p. 817).

The two main results are as follows: 1) Asking and disclosure as a journey (metaphorical destination transportation); going to a new place (hidden experience that may be

resistant or blocked); charting unmapped territory (regardless of frequently or infrequently travelled, feeling of unknown and uncertainty); resisting the journey (different angles need to be explored while maintaining respect for the story teller's comfort and willingness to share); and 2) Disengaging in order to engage; abuse is not curable (refrain from providing solutions and courses of action, recognizing limitations of ability to remedy problem of others); and approaching the patient's reality (examines own self-motivations and empathy helps in caring for own emotions and helping patients). The paper also emphasizes the importance of training health care providers to respond flexibly to sensitive situations as unhelpful responses can inhibit the likelihood of disclosure and help seeking behaviour. Interestingly, statistics indicate that "women who experience IPV are equally likely to talk about abuses with nurses and physicians as they are to law enforcement" (see Statistics Canada, 2011 as cited in Williston & Lafreniere, 2013, p. 815). This equal willingness of female victims of IPV to talk about abuses with nurses and physicians as they are to law enforcement suggest that front-line personnel are uniquely positioned to provide assistance to those seeking help when it comes to victim narratives and voluntary disclosure, possibly capturing more accurate statistics (i.e. victimization rates and details with respect to barriers to police-reported instances).

2.5. The intersectionality of collaborative approaches and front-line personnel narratives

Similar to physicians, nurses, and allied health professionals, all of whom "occupy an institutional position ideally situated to facilitate and receive disclosures of abuse and to provide support for battered women" (Plichta, 2007 as cited in Williston & Lafreniere, 2013, p. 814); ICATs are a specialized response "team" with specialized skillsets in combating highest risk domestic violence cases. Arguably, studies have a vested interest in both the victims and perpetrators. Comparatively, little work has examined the perspectives of service providers, and even less work has examined the perspectives of front-line service providers utilizing an integrated approach. Quinn and Cumblad (1994) examined service providers' perceptions of interagency collaboration in their communities, with a focus on children with emotional behavioural disorders. Goals were to reduce or eliminate out of community placements (local model) as well as to embody best-practices features such as interagency collaboration. Collaboration was

defined as "a style for interaction between at least two co-equal parties voluntarily engaged in shared decision making toward a common goal" (Friend & Cook, 1990, p. 72 as cited in Quinn & Cumblad, 1994, p. 110). This study differs from others as information on service providers' existing perceptions of interagency collaboration were collected prior to their involvement/participation; allowing participants to draw solely from their perspectives and not experience or a combination of the two. By collecting existing perceptions prior to involvement/participation, it provides (a) a baseline of measurement in the changes to service providers' perceptions; (b) system planners information to improve collaboration efforts; and (c) a way of measuring whether changes in collaborative practices correlate with changes in child and/or family status (Quinn & Cumblad, 1994, p. 110). The results allowed the researchers to draw inferences and make comparisons (e.g. baseline/control group) as to whether direct-service providers would hold similar or dissimilar views about interagency collaboration. The findings of the study suggest that service providers are committed to serving youth, but barriers inhibit their ability to do so. More specifically, ineffective programs were not being eliminated and agency-specific funding mechanisms and service mandates were inhibiting barriers. Results also show substantial room for improvement to interagency approaches (i.e. areas of services, family issues, policy issues, collaboration, case coordination, and funding) and a lack of specific types of services (Quinn & Cumblad, 1994, p. 114).

2.6. Link to study

The specialization of ICATs in handling domestic violence cases with highest risk designation is unique. As previously mentioned, to date there has been no concrete feedback regarding the effectiveness of ICATs other than the *ICAT Research Project: Summary of Results, June 2018* (see EVA BC, 2018, ICAT Research Information Bulletin June 2018). The focus of studies on integrated domestic violence courts and coordinated community responses suggests a shift in acceptance of interagency and collaborative approaches as a response to combating domestic violence. Moreover, "evaluators and service providers have spent decades developing methods and strategies to evaluate domestic violence programs" (see Sullivan, 2011; Riger et al., 2002 as cited in Krieger, Gibbs, & Catbush, 2020, p. 1). One such non-standardized approach in evaluating effectiveness of programs is the use of narratives of front-line

personnel (e.g. law enforcement and health care providers) who are charged with administering and upholding this critical service to gauge effectiveness. Subjective experiences of ICAT members are important in exploring what is working, what is not working, and what can be recommended for changes to policy and procedure. There exists a disconnect between women's support for abuse-related inquiries, HCPs' professed interest in IPV as a health issue, and HCPs' actual practices in discussing abuse, which may contribute to infrequent identification and disclosure of abuse in health care settings (Williston & Lafreniere, 2013, p.814). In contrast, ICATs bridge this gap with highest risk designation cases, receiving disclosures and providing support to those who need it the most through the recommendation of individualized risk management plans with an overall goal of harm reduction (i.e. prevention of injury and/or death).

Chapter 3.

Methods

The research methods and methodology are discussed in this chapter. First, the theoretical influence of interpretive phenomenological analysis (IPA) is presented. Next, reflections on the qualitative importance of ethical considerations and being reflexive in qualitative research are shared, followed by an overview of the data collection process. The chapter concludes with a discussion of the data analysis process.

3.1. Interpretive Phenomenological Analysis (IPA)

The core of qualitative research is “understanding the subjective meanings that individuals give to their social worlds” (Hesse-Biber, 2017, p. 39). IPA is “a qualitative method designed to investigate how individuals interpret and make meaning from experiences. It is an inductive approach wherein theorizing and interpretation is derived from, and grounded in, the participant responses” (Smith, 2004 as cited in Williston & Lafreniere, 2013, p. 818). In addition to applying aspects of an ecological framework (see Heise, 1998; Belsky, 1980; Bronfenbrenner, 1986 as cited in Birnbaum et al., 2014, p. 134) to understand human experience and behavior within ‘a person in-environment’ framework (see Bronfenbrenner, 1986; Germain & Gitterman, 1996 as cited in Birnbaum et al., 2014, p. 134); IPA was applied to explore the perceptions and lived experiences of ICAT members. Similar to the studies conducted by Morgan and Wells (2016) and Williston and Lafreniere (2013), an IPA approach was applied to “subjectively interpret the experiences of the participants and capture what was significant to them” (Morgan & Wells, 2016, p. 406).

As proposed by Smith (1996), “in implementing an IPA approach, one may be able to obtain a richer account of how the person is thinking about, and dealing with, complex health-related questions with respect to health psychology” (p. 265). Likewise, this approach can be applied beyond health psychology to provide insight and understanding of how ICAT members think about and deal with highest risk domestic violence cases. In adopting an IPA approach, one can immerse oneself in the social worlds of their participants (i.e. person in-environment framework) from an ‘insider’s

perspective' (see Conrad, 1987). Based on the notion that some questions (i.e. what are the perceptions and experiences of front-line DV personnel) may be more wholesomely addressed by employing a qualitative methodology and taking into an account the specialization of ICATs in managing highest risk domestic violence cases. Adopting a qualitative methods approach (i.e. IPA) allows for meaningful inferences to be made, especially in the pursuit of understanding the role, function, and impact of ICATs on a larger context (i.e. combat against domestic violence and domestic violence homicide). Although Smith (1996) argues that one cannot completely or directly immerse themselves in the social world of their participants, the exploration of the views of participants through the researcher's own conceptions is essential to the process. To account for the researcher's conceptions (i.e. subjective reality), Smith (1996) implores researchers to undertake a reflexive approach so that researchers can avoid "disenfranchising the voice of participant" (Smith, 1996, p. 264) and introducing researcher bias (i.e. the researcher's own pre-existing assumptions and conceptions of the content).

3.2. Reflexivity and Emotions

Insider status is a trait, characteristic, or experience that the researcher shares with research participants (i.e. commonalities); whereas outsider status is the differences (e.g. race, gender, social class, educational level, expertise, and so on) between the researcher and participants (Hesse-Biber, 2017, p. 146). As expressed by Hesse-Biber (2017), "one's status as insider or outsider is fluid and can change even in the course of a single interview" (p. 132). In fact, I did experience this fluidity between an insider and outsider status, which elicited a greater degree of reflexivity on my part and enabled me to approach the data collected and data analysis process with a more open and critical mindset.

With respect to insider status, my involvement with the *ICATs Research Project* in the capacity as an assistant to the contractor of the project was crucial in developing rapport with related parties (EVA BC and CCWS) and in the recruitment of participants. My gender (i.e., female), also assisted in establishing fertile grounds for open dialogue as EVA BC and CCWS both have strong women-oriented approaches. However, due to the specialization of the topic being discussed (e.g. experience and/or knowledge of ICATs), I also felt like an outsider. I lacked familiarity with ICAT lingo/jargon (i.e. differing

knowledge levels), and it was difficult for me to confidently attest that I fully understood the day in the life as an ICAT member (i.e. differing experience levels). More specifically, there were times I felt like an imposter - as if the participants knew that I was “not one of them” and had to over-simplify the content. In contrast, my outsider status may have been advantageous in that I probed and asked for clarification on things that one “may have otherwise taken for granted as shared knowledge” (Hesse-Biber, 2017, p. 133). For example, in asking participants for their definitions of key terms instead of taking it directly from the best practices manual. There was great variation in participant definitions which added to the meaning of their work to them. If not for my outsider status, I may have made assumptions and missed out on obtaining more fruitful and embodied narratives.

In reflection, in embracing both my insider and outsider statuses, participants were more willing to disclose and were more forthcoming with disclosure, resulting in a greater collection of data and understanding of the feelings behind the content shared. In being cautious of making assumptions that would detract from the voice and feelings of the participants, I was able to more fully account for and reflect on the authenticity of the data collected and have a greater degree of confidence that more fruitful and embodied responses were captured.

I agree with Hannem’s (2014) understanding that emotions are inevitable throughout the research process and additional research into the role of emotions in criminological analysis is needed, as “emotions in research are best utilized through conscious and careful reflection, and recognition of the researcher’s emotional response(s) can provide valuable cues for situating social discourse and contextualizing the research findings” (p. 283). In approaching this study with an awareness of my “emotion culture of origin” and dual identity as an insider and outsider, I was in a better position to account for any emotional reactions that I may have had to the topic and to the participants. Moreover, I was able to process these feelings and reactions as a part of the analytic process for more reflexive findings (Hannem, 2014, p. 282). In other words, the exploration of participant and research emotions alike through reflexive practice can provide valuable context in understanding the research process and research findings.

Try as one might, our perspectives and interpretations of content are influenced by our own personal experiences and knowledge. Felices-Luna, Kilty, and Fabian (2014), “challenge the idea that research can be wholly neutral and objective or disconnected from the material realities and, in some instances, the politics of the researcher and the research process” (p. 327). Likewise, it would be ignorant of me to dismiss the notion that there could be multiple interpretations of the same content. I do not claim that I am impartial in this study, nor am I suggesting that my observations are absolute. I am offering one of many possible interpretations, giving meaning to the content as I perceive and make meaning of it through my own critical lens. To me, being reflexive means being aware of and transparent with the lens in which the data is collected, analysed, and subsequently interpreted. Being reflexive goes beyond acknowledging personal opinions, values, and beliefs by recognizing that while there are no singular absolute findings – that the process in which the perspective is obtained is sound, and that the perspective presented is plausible as one possible interpretation of the content.

3.3. Data Collection

Next, the data collection process (i.e. recruitment of participants, sampling, and the interview process) is discussed. Ethics approval was obtained from Simon Fraser University (SFU)’s Research Ethics Board on February 24, 2017. A letter of support from the Ending Violence Association of British Columbia (EVA BC) was also obtained with EVA BC garnering attention to and awareness of the study. A designated liaison with EVA BC acted as a gatekeeper and assisted with the participant recruitment process by reaching out to available ICATs in the region.

3.3.1. Recruitment

Two rounds of recruitment were facilitated by the gatekeeper, who assisted in distributing a ‘call for participants’ (see appendix C) via e-mail to prospective participants. Criterion sampling was used to recruit participants. As the purpose of this study was to gain insight from individuals who are knowledgeable and experienced with ICATs, participants were recruited from various ICATs in the province (e.g., ICAT team members and related personnel). The inclusion criterion was that participants had

experience and/or knowledge of ICATs. Interested participants identified themselves to the gatekeeper, and the gatekeeper forwarded the principal investigator's (PI) contact information to the interested participants. This was the extent of the gatekeeper's involvement with the recruitment of participants. To preserve participant anonymity, the gatekeeper was unaware whether interested individuals who reached out and were given the PI's contact information actually contacted the PI, or which specific individuals from which specific ICATs participated in the study.

Information packages containing an introductory letter (see appendix B), verbal consent (see appendix A), and a list of questions (see appendix D) were sent out by the PI after contact was made with prospective participants. Participants then confirmed that they were still interested in participating after reviewing the documents, and a mutually convenient date and time for an interview was subsequently arranged. Questions for the interview were formulated based on key terminology from the first edition of the ICATs best practices manual. The ICATs manual is a guide of the best practices surrounding highest risk designated domestic violence cases for case assessment teams through an interagency collaborative approach. At the time this research was conducted, a second edition of the ICATs best practices manual was being developed. The second edition was released in June of 2017.

3.3.2. Participants

Twelve ICAT members participated in the study and each participant self-identified as having experience and/or knowledge of ICATs. As recruitment was facilitated by the gatekeeper (i.e., a "call for participants" invitation was sent to the mailing list of ICATs in the region), there exists a high degree of confidence that the inclusion criterion was upheld (i.e. current and/or past ICAT members). Participants were further asked to confirm their involvement and/or knowledge of ICATs at the beginning of the interview by giving a brief introduction on how they are/were involved with ICATs.

Due to the highly specialized role and function of ICAT members, in-depth descriptions of study participants (i.e. other identifying information such as gender, age, length of involvement with ICATs, role/position within an ICAT, and agency affiliation) were not reported as the safeguarding of participant identity to minimize risk to the participants was a significant priority to me as a researcher. The specialization of ICATs

would make participants easily identifiable by their peers and potentially across agencies. To further protect the confidentiality of those interviewed, participants were asked to select a pseudonym (i.e. false name) and were informed that any identifying information disclosed during the interviews would be removed during transcription.

In general, there was approximately equal membership representation from core and standing members. More specifically, participant voices included a mix of investigative bodies (n= 3, 25.0%); system support workers (n= 7, 58.3%); and anti-violence sectors (n= 2, 16.7%). To the best of my approximation, 10 of the 12 participants were on 'active' ICAT teams. While the remaining two of the 12 participants were not on an 'active' ICAT team at the time of the interview, the gatekeeper ensured that all participants met the inclusion criterion (i.e., current and/or past ICAT member with knowledge of and/or experience with ICATs).

A Note from the Researcher

With respect to my promise of confidentiality and ethical duty to safeguard information, I chose not to include job titles and/or member affiliations to protect the identities of my participants and to minimize the risk of the identity of participants to be discovered. Given the degree of confidentiality of information I strove to maintain and what details are important to relate to for the reader, I felt it may have been redundant in adding another individual identifier (i.e. participant roles and/or member affiliations) to participant quotes, as referring to participants by identifiers was already achieved with the use of a pseudonym name as selected by participants. While the added measure of not identifying the job titles and/or member affiliations of each participant provides some anonymity to the participants, there exists a balance required to protecting the identities of individuals who participated in the study and providing context to the reader on the composition of the participants to better represent and to further add confidence to participant narratives. Taking this balance into consideration, I chose to provide a contextual overview of the participant voices represented on an aggregate level as opposed to using another individual identifier. For this reason, participant quotes will only have the pseudonym name as the sole participant identifier present.

3.3.3. Interviews

Semi-structured interviews were conducted over the telephone, ranging from 33 to 60 minutes in length and took place between March and May of 2017. All participants were made aware that telephone and electronic mail (e-mail) were not confidential mediums and participants were asked to affirm that they accepted all associated risks. Informed consent to participate was reviewed with participants (see appendix A) and verbal consent to be audio recorded and contacted post interview was obtained prior to the beginning of each interview. Of the 12 participants, one did not provide consent to be audio-recorded.

For the one interview without audio-recording consent, detailed handwritten notes were taken by the PI, and subsequently entered into Microsoft Word prior to their destruction (i.e. notes were destroyed using a paper shredder). The transcript was then sent to the participant for review. Minor changes were added by the participant, and the finalized document was sent back via e-mail to the PI to be stored along the audio-recordings on a password-protected and encrypted universal serial bus (USB).

The remaining eleven interviews were recorded using a digital recorder in m4a format. Audio-recordings were then transferred to a password-protected and encrypted USB and stored in a locked filing cabinet at a secure location. The interviews followed the same format, with an introductory segment from participants affirming their involvement with ICATs (e.g. knowledge and experience of ICATs criterion). A series of open ended questions, closed ended questions, and prompts were used to encourage dialogue and sharing. While some participants preferred to follow the questions guide closely, others talked freely about ICATs and were encouraged to do so. Content discussed included: The definition of interagency collaboration and its associated benefits and challenges; participants' opinion on the impact of ICATs and possible indicators of success/effectiveness; membership turnover and burnout, and what could be done to help (e.g. suggestions/areas needing improvement or further research, what additional funding would be used for).

While all participants were offered the opportunity to add additional comments and/or feedback at the end of the interview, participants who provided consent to be audio recorded were not offered a chance to review their final transcript. In hindsight,

going one step further beyond inquiring if participants had anything they wished to add or would like to revisit at the end of the interview may have elicited more information sharing (i.e. as per the one interview participant who did not consent to be audio-recorded and required detailed handwritten notes). Validation of the authenticity of their audio recordings could have resulted in a higher degree of confirmability and dependability of the transcripts and ultimately the end study results.

Reflection

In the early interviews, I caught myself on occasion being agenda-focused as opposed to engaging in active listening (see Hesse-Biber, 2017, p. 123). Examples of my agenda-focused behaviour were focusing on taking detailed notes in the event an audio recording became corrupt and focusing on the next question to complete the interview within the allotted timeframe (i.e., 45-60 minutes). In doing so, participants may have felt dismissed or unappreciated and the quality of the results may have suffered (e.g., missed probing moments; participants can become non-responsive and disinterested). Having this reflexive moment early on enabled me to become mindful of my own agenda and address my fears and concerns. In recognizing that silence may be a time for individuals to process what they have heard, to formulate their thoughts, or manage feelings and/or emotions that may arise – I was able to utilize mini breaks in the conversation to jot down detailed notes. Instead of focusing on the questions (e.g. the guide is only a guide after all), the participant was the one who decided where to go with the conversation, and probing questions were used to encourage more embodied responses and to keep the discussion going with respect to time considerations. More often than not, the flow of the conversation naturally progressed in the order of the interview guide (see appendix D). Perhaps this had to do with the participants having access to the interview guide in advance for reference and can speak to preparedness for the interview by the participants as well as PI. This simple gesture of ensuring participants were informed and had access to the reference material surely resulted in richer discussions and ultimately more optimal data for analysis. As suggested by Holstein and Gubrium (1995), interview schedules should be used as guides and not as scripts. The interview process should be flexible with the flow of the interview adapting to responses given by participants so that rich dialogue can occur. The presence of an interview schedule is not meant to inhibit the sharing of information, but rather a subtle reminder for both the researcher and participant alike to practice constraint in disclosure

with respect to the breadth of the research topic to ensure that the primary research questions and purpose of the study remains within scope during the interviews.

3.4. Data Analysis

Next, the analytic process is discussed. The transcription process is first examined as a form of initial data analysis, followed by a closer examination of the data analysis process (i.e., coding) from which the final themes of the study emerged.

3.4.1. Transcription Process

The content from the 11 audio recordings totalled 10 hours 35 minutes 22 seconds and the sole participant reviewed transcript (i.e. 1 participant did not consent to be audio recorded) produced the qualitative data for this analysis. The interviews were transcribed verbatim minus the “uh and ums”. ExpressScribe version 6 was used to slow down the speed of the audio recordings by 40 to 50% and all content were entered into Microsoft Word for word processing. The audio recordings had to be converted into mp3 format using VLC Player due to format compatibility restraints with ExpressScribe. Participants were made aware of and gave verbal consent for the interview transcripts and typed notes to remain accessible post successful thesis defence for a maximum of five years to allow for publication and/or presentations at conferences purposes. This five-year retention period allows for the opportunity for the data to be revisited should follow-up research be conducted in this field, including future projects and studies with the data.

Reflection

The transcription process for me was a form of initial analysis, which was essential in the fostering of my first impressions, thoughts, and intuition. I take this opportunity to explain the decision-making process of how I got the audio recordings into codable form. Specifically, I was asked by a peer why I was so adamant on using the traditional method of transcribing, which is “described as the most labour-intensive part of the process, with one interview hour normally taking anywhere from 4 to 6 hours or more to transcribe” (Palys & Atchison, 2012, p. 359). Indeed, it was suggested that I use processing software to lessen the burden of this labour-intensive process. Albeit news to me, researchers can and have been using automated transcription processes using

voice recognition software to get interview content into codable form. One such automated transcription process, which was suggested to me by my peer, is Dragon Naturally Speaking (DNS). As described by Palys and Atchison (2012), upon installation of DNS, a training process would be initiated as part of the set up (approximately 15 minutes) that would enable the program to recognize the researcher's unique speech. Researchers could then simply input a taped interview to the program for transcription. While this could potentially yield an error-filled copy that could possibly require almost as much time to edit as traditional transcription, there are suggestions to mitigate this. Similar to the traditional method of transcribing by slowing down the speed of the recording with the assistance of software (such as ExpressScribe), Palys and Atchison (2012) found that by speaking out the recording into DNS, the transcription was "remarkably accurate" and decreased the total time required for transcription from the 1 hour of interview from 4-6 hours to about 1.5 hours" (p. 359).

So why the traditional method of transcribing and not DNS? To be honest, this speaks to my inexperience with qualitative research as much of my prior undergraduate endeavors placed a heavier emphasis on quantitative approaches. As mentioned by Palys and Atchison (2012), there may be an element of university administration influence, such that quantitative software is promoted over qualitative software. In addition to grappling with my personal discomfort with using automated transcription software as opposed to the traditional method, I was grappling with considerations of ethical issues and possible resistance/discontentment from my participants. First and foremost, I did not know how my participants would feel and/or react as I did not specify how their narratives would be transformed into codable form. Moreover, my first impression on the use of automated transcription software like DNS is a form of academic dishonesty, cutting corners if you will, to save time. After careful consideration, I came to the conclusion that I simply did not wish to automate such an intimate and human process and decided to use the traditional method of transcribing audio-recordings verbatim.

In deciding to use the traditional method of transcribing audio-recordings verbatim, I must clarify that I am not against the use of technology to facilitate research. I agree with the exploration of digital possibilities as our world is becoming increasingly more technologically advanced and understand the need for open and honest discussion on the use of technology with participants to enable greater transparency with the

handling and safeguarding of research data (see Payls & Atchison, 2012). I must admit, the traditional method of transcribing interviews into codable form was indeed very time consuming. It was a daunting task and presented itself as a challenge for me – especially as a newer, less experienced qualitative researcher with my sole experience of qualitative research from a graduate qualitative research course. Nonetheless, while my total transcription time was lengthy and perhaps slower than for what others might be, selecting the traditional process enabled me to best preserve the authenticity of the participants' responses. In my opinion, I was able to more accurately reflect the thoughts and feelings of the participants without distorting their meaning and/or intention, more fully demonstrating my respect and appreciation of my participants and their narratives. For future considerations, I would have a greater degree of transparency with my participants regarding the use of non-traditional methods, whether it be through academic consultation or obtaining explicit verbal consent from research participants.

Memoing

As mentioned previously, to account for my subjective reality and to avoid “disenfranchising the voice of participant” (Smith, 1996, p. 264), I engaged in frequent memoing during the data collection and throughout the data analysis process. As defined by Hesse-Biber (2017), “memoing, or memo writing, is the writing of documents that track any ideas the researcher comes up with when reading notes, interviews, and so on” (p. 338). First introduced to the concept of memoing as journaling by a professor and my mentor in an advanced qualitative research methods graduate course, I found myself frequently journaling so that I could be more sensitive with the information and thinking of multiple ways in which I could present it. I wanted to avoid introducing researcher bias (i.e. the researcher’s own pre-existing assumptions and conceptions of the content) and compromising the interpretation and meaning of experiences of the participants. After conducting each interview, I took the moment to memo first impressions that I had of the interview. Throughout the transcription process, I engaged in further memoing to capture similar and contrasting point of views, conflicting feelings that I may have had with the content shared, and took a note of connections or links of the content to current world events (i.e., BLM and the gendered debate for domestic violence).

In being aware of and recognizing my own opinions and biases, such as what differences can shape how I go about conducting and interacting with participants in the interviews (see Hesse-Biber, 2017, p. 131); I had a greater acuity to my emotional intelligence (i.e. self-awareness, empathy, motivation, social skills, self-regulation) which broadened my willingness to listen and learn. I was able to avoid introducing researcher bias by recognizing, examining, and understanding how my subjective reality could intervene in the research process (see Hesse-Biber, 2017, p. 134), which yielded a more comprehensive analysis of the data.

3.4.2. Data Analysis Process

The transcripts were first analyzed without the use of analytic software, followed by introductory computer-assisted data analysis. As expressed by Bazeley and Jackson (2013), possible disadvantages of using software is that “it places a relative distance between researchers and their data in that software creates a distance that hinders the analysis process; and the oversimplification of qualitative data analysis, with the software supplanting the researcher” (as cited in Hesse-Biber, 2017, p. 260) . While in agreement with Hesse-Biber (2017) that “the software does not replace the researcher in the research process”, there are distinct advantages (p. 260). In addition to offering a means of organizing data and housing the data in a central location (Hesse-Biber, 2017, p. 260), the process of searching for and calling up specific content is convenient (e.g. search function, word frequency, identifying “like” words). While introductory computer assisted data analysis was explored, the bulk of the data analysis was completed without analytic software. Nvivo10 and later Nvivo 11 processing software was used to identify the frequency of words such as: Victim (client-oriented), interagency (I in ICATS), interagency collaboration (ICATs core), and highest risk (what ICATs is all about). In addition, a larger theme centered around “feelings” was identified, through re-occurring words such as trust and safety when participants were discussing interagency collaboration. Again, a more traditional process was selected as the majority of the text analysis was completed without using analytic software. In doing so, I firmly believe I was able to attain a greater appreciation for my participants and their narratives that they shared with me.

The data analysis process progressed from (1) identifying common words, themes, or concepts from first impressions, thoughts, and intuition; to (2) presence of

topics, underlying meanings, and relationships such as patterns were considered and placed into categories; to (3) the gradual merging or collapse of categories based on relationship (concurrence, antecedents, or consequences) to form the final groups and clusters (see Hesse-Biber, 2017).

Going by the progression of and utilizing the broad pre-determined groups in the interview protocol (see appendix D), the content was loosely organized naturally into introduction, knowledge, interagency collaboration, and experience groupings. It was difficult to distinguish between experience and knowledge as often there would be significant overlap with participants drawing on both their knowledge of and experience with ICATs to provide a more wholesome response. In following the pre-determined grouping of the text in the interview protocol, this enabled a preliminary breakdown of the transcriptions into manageable “chunks” as most interviews followed the same progression through the interview protocol.

From the systematic iterative reading of the transcripts, common words, themes, and concepts from first impressions, thoughts, and intuition were identified. Next, overlapping topics or related points were categorized together (Hesse-Biber, 2017, p. 310). Similar to open coding where potential codes are identified until saturation is reached to a point in process where no new codes could be generated from the data (see Creswell, 1998 as cited in Horwitz et al., 2017, p. 621) and like codes are collapsed together into code families; like categories were then grouped together and placed under one overarching cluster theme. Once themes within each transcript were identified, they were cross-matched and compared to themes across all transcripts. Using a progression of descriptive to categorical to analytical coding (Hesse-Biber, 2017, p. 260), the focus was to reduce the amount of content within each theme based on the relevancy of the content for further analysis (e.g. similarities and differences).

Moreover, inferences were drawn based on comparisons following “textual analysis arguments” (Hesse-Biber, 2017, p. 261), which are patterns that are observed to be different or contradicts general accepted understanding or assumption. These patterns show “how ideologies are conveyed and supported through text, and help identifies internal contradictions within that may lead to different possible interpretations” (Hesse-Biber, 2017, p. 261). For example, in Chapter 4, participants discuss disadvantages to interagency collaboration in a roundabout way (e.g. disadvantages are

rephrased as challenges instead). In addition, not a single participant admitted to experiencing burnout directly, but made inferences to burnout and how they themselves are mindful of their overall health and mental well-being (e.g. offering suggestions and sharing stories of how they proactively engage in activities to maintain sanity and self-care).

Chapter 4.

Results

This chapter presents the study results: (1) the who and how of ICATs including the distinction between VAWIRs and ICATs; (2) the challenges and benefits of interagency collaboration; (3) indicators to measure success/ICAT effectiveness; and (4) churn and burn with respect to membership turnover and burnout. The relationship between VAWIRs and ICATs is first introduced as the two are closely intertwined to better understand the role of ICATs.

4.1. Relationship between VAWIRs and ICATs

To better understand the importance of ICATs and to provide insight as to why there is a need for ICATs when a similar response to domestic violence already exists (i.e. VAWIR committees), participants were asked if there were any pre-existing community coordinated responses in their community. Almost all the participants immediately responded with VAWIRs and were forthcoming with its introduction.

VAWIR is like the mother ship, it has the larger group of members and it's the one that holds all the systemic issues for a community and tries to get those solved through sub-community work. (Bobbette)

For VAWIR, we are not responding to specific cases, but more wanting to look at the gaps and trends in the community. (Leitch-Leach)

When asked to describe how VAWIRs differ from ICATS, VAWIRs were identified as being more general (macro) with a focus on trends and identifying systemic gaps or barriers; whereas ICATs were more specific (micro) with a focus on the individual such as a particular case and the people involved specific to that individual case.

VAWIR does more general community awareness, gaps in resources, looking at prevention, looking at what the community might do to improve for families experiencing in general. For ICAT we are doing very specific work with specific files. (April)

The big difference is, we look at the issue of domestic violence or gender-based violence, but we don't look any specific cases. It's more

generalized, we look at trends, we look at victims, and if there's glitches with systems. (Rose)

Emma referenced the degree of involvement for VAWIRs compared to ICATs:

The VAWIRs are made up of executive directors of the same organizations or partners but they are not actually front line, they don't have contact with these clients ... it's more about what we're noticing in some of our ICAT files, or what we're noticing in our community there's a lot of ... like sort of like, blanket statements... the ICATs is specific to the individual and what's going on for them and how to keep them safe... we're talking about names, case files, and it's a much more confidential meeting ... (Emma)

Similarly, Bobbette touched on the specificity and references made to individual cases by ICATs as opposed to VAWIRs. In addition, Bobbette offered a glimpse into the origin of ICATs and how it correlates with VAWIR:

We had no protocol to be able to talk about [specific] cases. We did not know how to do it. VAWIR made it into a project to come up with a way to do that and that became ICATs. So if you are looking at a community that has a VAWIR and an ICAT, specifically ICAT reports into VAWIR. (Bobbette)

Given that the protocol for highest risk domestic violence cases is grounded in the VAWIR policy, it was important to examine the relationship between VAWIRs and ICATs. While participant responses highlighted the relationship between VAWIRs and ICATs, there was an explicit emphasis on the importance of having both VAWIRs and ICATs as they are separate entities with have different scopes. Next, a closer examination of ICATs, specifically who ICATs serve and what ICATs are, is explored to better understand the role and function of ICATs.

4.2. The Who and How of ICATs

In examining who is served by ICATs, general references were made to clients as well as extensions of the clients to the client's family and in particular, children:

So at the table, the entire family or anyone who is at risk is the client. (Bobbette)

The vast majority of our files have children involved. I think they are equally our clients. We don't often have contact with them the same way we have contact with their mother let's say. But they're certainly a consideration in our discussions.

It was evident from participant references to 'clients' as who they serve and who was a part of the ICAT process that ICAT members regarded themselves as providing a service in the capacity of front-line personnel:

... and it's people, it's agencies that are actually working kind of the front lines... (Emma)

... having permission to speak about that client to the other service providers, so that the best service can be provided. (Rose)

However, a reference to a possible hidden agenda or an underlying self-serving purpose by the agencies involved also emerged:

I think the lot of the community partners would like to say the client is being served by ICATs but I think sometimes that that's not the case... I sometimes think that the ICATs does not serve the client. (Emma)

When asked to elaborate on this conflicting piece of information:

Maybe [ICATs] serves the community agencies – I just feel like we have work that needs to be done and that somehow, we are keeping that client safe and sometimes that's true and sometimes it's not. Sometimes we presume too much as a collaborative group. (Emma)

The interesting part about this reflection piece shared by Emma, is that other participants also touched on the perceived effectiveness of ICATs as well as mentioned interagency collaboration as an indicator of success. Emma's suggestion that sometimes ICATs presume too much as a collaborative group, may have been a subtle indicator of possible challenges to interagency collaboration, which is discussed more in subsection 4.3.1 (re: challenges to interagency collaboration) later on in the chapter.

4.2.1. Clients of ICATs and Gendered Language

Further compounding the classification of victim versus offender/accused was the use of gendered language. More specifically, references to the victim and/or client implied 'female' and references to the offender/accused implied 'male'. While not specifically stated, this distinction was eluded to in the participants' choice of wording:

I know that there has been a lot of research as well as a lot of discussion that ICATs look after the safety of the women and their children but there isn't an emphasis on the offender or accused. And I would have to say that from my perspective, that's fairly accurate. (Emma)

We definitely 100% need to put some focus on the accused, however, I don't think that's an ICAT role. I think it's another role. I don't know – we're really dealing with this a lot – it's a big conversation in our community – it's that the males technically don't have any resources. (Molly)

One plausible explanation on the acceptance of gendered language links back to the origin of ICATs and how it stemmed from VAWIR, which as its name suggests, has an emphasis on violence against women often perpetrated by men. Alternatively, general confusion remains as there are multiple terms ranging from domestic violence, intimate partner violence, and gender-based violence which are used interchangeably with no single agreed upon definition. Participants were asked to elaborate on their interchangeable use of victim referencing females and offender/accused referencing males:

ICATs serve the community at large, not just the victim or the offender. But the fact of the matter is, women are overwhelmingly the victims and the men the offender. (Jasper)

Awareness exists that both men and women can be victims/offenders but the statistics available suggests a focus on females typically as victims. (Jane, no audio)

As Leitch-Leach explains, while ICATs serves non-gender specific highest risk cases, the clients of ICATs are predominately female:

... we predominately serve women and children, but we do provide support to males, such as if a male has experienced sexual assault or he has experienced family violence, domestic violence, we will try to extend ourselves not within the transition house in terms of shelter but within the counselling programs and I think the fact that we have had these conversations earlier on really help. (Leitch-Leach)

The current empirical data supports these claims, which indicates that the majority of domestic violence victims self-identify as female, with reported perpetrators overwhelmingly as male (EVA BC, 2018, ICAT Research Information Bulletin June 2018, p. 3). From Statistics Canada (2013):

Overall, men were responsible for 83% of police-reported violence committed against women. Most commonly, the accused was the woman's intimate partner (includes both spousal and dating) (45%), followed by acquaintances or friends (27%), strangers (16%) and non-spousal family members (12%). This contrasts violent crimes against men, where intimate partners were among the least common perpetrators (12%) (Sinha, 2013, p. 8).

In relation to IPV homicide, “female IPV victims continue to be murdered at a rate four times greater than for male IPV victims” (Statistics Canada, 2014 as cited in BC Coroners Service Death Review Panel, 2016, p. 13). Consistent with DV rates of victimization and DV homicide, the narratives of participants support the finding that generally with a female victim, the offender is male. The low reported instances of males as victims of highest risk domestic violence cases is also reflected in Jane and Molly’s account of their cumulative ICATs workload:

Of the cases [in the lifetime of my involvement with ICATs], perhaps only 1 or 2 cases where the victim has been male. (Jane, no audio)

I have not seen – we have not had any male clients in the ICATs. Now I don’t think I would say that represents what’s happening in the community. (Molly)

As eluded to by Molly, although the ICATs workload reflects the research and statistical inferences on a disproportionate number of violence against women in relationships compared to their male counterparts, ICAT members express that men in relationships are not immune to domestic violence. ICAT members acknowledge and point out that males could be the victim, and that females could be the offender/accused in homosexual and heterosexual relationships alike:

There is gendered language and we recognize this ... we wanted to keep the focus on violence against women because predominantly that’s what it is, but we’re also recognizing that it does sometimes happen for men as well and women do use violence whether it’s against a male partner, or some women do it, or if it’s in a same sex relationship. We’ve tried, we’ve had these conversations early on so that we have a shared understanding of this, so even though we are using gendered language we are not ignorant of the fact that women can be violent as well and they can be a primary aggressor. (Leitch-Leach)

[We] acknowledge the difficulties faced by male victims: Reporting, increased tolerance for violence to males stemming from culture/societal norms ... females as aggressors... (Jane, no audio)

We don’t want to close our minds off to the fact that there are women who are highest risk offenders, and women do use violence. And we know that. It’s highest risk domestic violence that is being served here, not gender based, even though the crime really is gender-based. (Jasper)

Undoubtedly, participants recognized there are male victims of domestic violence. However, the collective voices of the participants suggest that victims of domestic

violence are largely female and therefore, the majority of their ICAT's workload involve female clients. Consistent with gender-role stereotypes that male perpetrators were more capable of injuring victims and female victims were more likely to suffer serious injury (Seelau & Seelau, 2005, p. 363), empirical research backed by recent national statistics support the notion that incidents of domestic violence "typically" have a female victim and a male perpetrator. From Statistics Canada (2013):

Intimate partner violence, which was nearly four times higher for women, was characterized by physical assaults and the use of physical force rather than weapons. About half (51%) of female victims of intimate partner violence suffered some type of injury (Sinha, 2013, p. 8).

Notwithstanding gender and its interaction with highest risk, participants stated as a matter-of-a-fact the incidences (or a lack thereof) of highest risk designation with male victims and female offenders/accused:

Most of our high-risk files that we open have all but one, have been where a female was the victim. We've had one where a male was the victim and the primary aggressor was a female. (Leitch-Leach)

We've had several where they were the same sex with female relationships, where the female was both the offender and the victim. (Leitch-Leach)

Participants also acknowledged that research is scant and critically under-examined for highest risk cases involving same-sex relationships (e.g. male victim, male offender and female victim, female offender), which would suggests that future research could explore new and improved best practices to address "atypical" cases and expand on the available literature.

In contrast to the ICAT research project completed in June of 2018, which discussed in detail the involvement of children and youth in ICAT cases, whereby "children and youth were identified as "at risk" in over 75% of the cases submitted" (EVA BC, 2018, ICAT Research Information Bulletin June 2018, p. 3); narratives of participants did not focus on children. This shift in focus away from children could be attributed to the reporting format (e.g. children as secondary clients) and confidentiality considerations with respect to age (e.g. youth). Nonetheless, careful and strenuous considerations are given to cases involving children when it comes to highest risk designation and risk management planning. Children with respect to their influence on

ICATs will be discussed in greater detail later on in subsections 4.2.3 and 4.2.6 (re: 19 risk factors and risk management plan).

Further to the disproportionate number of women and children as victims of domestic violence (see Dragiewicz, 2012; Johnson & Dawson, 2011 as cited in Birnbaum et al., 2014, p. 119), “lower income, immigrant, visible minority or Aboriginal women and their children” face special challenges (see Lundy, 2012, p. 413; Canadian Centre for Justice Statistics, 2009, p. 24; and Canadian Centre for Justice Statistics, 2013 as cited in Birnbaum et al., 2014, p. 119). Notably, no participants mentioned income status, or clients with immigrant status or as a visible minority. Of the twelve participants, only one participant narrative mentioned ethnicity:

Research shows that the majority of victims of serious or lethal domestic violence are women and as you likely know there is a higher rate of serious violence against Aboriginal women... (Joseph)

While the intersectionality of domestic violence, gender, and ethnicity were only mentioned briefly in passing by Joseph, future research could examine this trifecta relationship and provide insight as to whether additional specialization in handling these domestic violence cases is required. For now, it appears that the key determining factor in whether a case ends up in an ICAT workload rests on the case's risk designation. Accordingly, questions about decision-making and risk designation, the risk factors considered, information gathering, and reductions to highest risk designations were asked. Next, the 'how' of ICATs is explored in our pursuit to understanding the impact of ICATs in combating domestic violence and domestic violence homicide.

4.2.2. Highest Risk Domestic Violence Cases

So ICAT only deals with highest risk cases, and we define highest risk as the risk of grievous bodily harm, so someone that is harmed in an irreparable way, or it would take a long time to recover from or death. That is the definition. (Bobbette)

As defined in the ICATs best practices manual and consistent with the BC VAWIR 2010 Policy, the term 'highest risk' refers to domestic violence cases when there is a concern for serious bodily harm or death. Highest risk designation is based upon principles of the

Spousal Assault Risk Assessment⁴ (SARA) and the B-SAFER⁵ tools (EVA BC First Edition, 2015, p. 46). The term ‘highest risk’ is “not meant to minimize the seriousness of domestic violence that is not designated as highest risk” (EVA BC First Edition, 2015, p. 15). Cases which are not designated as highest risk are still monitored and supported through “the usual police, child welfare, and anti-violence agency safety and support plans and mandates”, but without the information sharing enabled collaborative approach of ICATs (EVA BC First Edition, 2015, p. 24). In other words, designating cases as highest risk allows for a best suited response in managing those who are most at risk through the collaboration of services and resources.

The following two participant quotes highlight the fluidity of defining highest risk cases, but at the same time, accentuate the seriousness and gravity of the designation:

...when we accept a file, we’ve made a determination that the risk is very high for bodily harm or fatality for the individual and the likelihood of harm occurring is escalating and there’s a real immediate need for planning for that person. (Joseph)

We certainly are not doing ICAT assessments on every domestic violence file. Like there is no way we could do that. We started and continued to really be focusing on only the highest risk files. And by that, is someone, even if someone – accused has no history or violence or some of the more typical things we see in ICATs, if somebody believes that there is serious concern or risk of death or harm we do the assessment. (April)

So how is highest risk designation determined for cases? Determination of highest risk is consistent with principles of the ‘B-SAFER’, an assessment tool developed by international experts in risk assessment, which is currently used by police in BC (EVA BC First Edition, 2015, p. 46). It is based on a continuum of risk identification factors as outlined in the BC Summary of Domestic Violence Risk Factors (EVA BC First Edition, 2015, p. 16) and as set out in the 2010 VAWIR Policy (EVA BC, 2018, ICAT Research Information Bulletin June 2018, p. 3).

⁴SARA is an assessment tool developed by P. Randall Kropp, PhD and Stephen D. Hart, PhD, international experts in risk assessment. Community Corrections and Parole use this tool in BC.

⁵B-SAFER is an assessment tool developed by P. Randall Kropp, PhD and Stephen D. Hart, PhD, international experts in risk assessment. Police use this tool in BC.

4.2.3. The 19 Risk Factors

Of the participants, Bobbette was the most knowledgeable and best able to speak to the founding of the 19 risk factors and the part the factors played in their development into the ICAT best practices manual:

For ICATs, the tool that has been promoted in the province by Justice and by Child welfare has been the 19 risk factors. So when we look at the 19 risk factors, they have been validated through research, and this is through death inquests, and said okay in all of these cases these are the factors that popped up most frequently – there is lots of research about how they correlate and are involved – so we look at the 19 and that is our tool. It is similar to others to across the country, Ontario for example uses a tool for inquests, but we just it for cases. (Bobbette)

Bobbette goes on to explain the significance of having a set of risk factors and their implications:

We really stick to the 19 risk factors and consider them as a whole. These reports go to Crown, and they don't want a different set of risk factors every time. We need to be consistent with what we are looking at and we are putting forward. (Bobbette)

This continuum of 19 risk identification factors as outlined in the BC Summary of Domestic Violence Risk Factors is comprised of four main categories: 1) relationship history, 2) complainant's perception of risk, 3) suspect history, 4) (suspect's) access to weapons/firearms. However, the scoring system is not based purely on dichotomous 'yes' or 'no' check boxes; but rather, a high degree of professional discretion and judgement is involved after careful consideration of all the information gathered (i.e. risk factors, victim vulnerability, and perpetrator behaviour) to determine the designation.

Most of the, the files that we designated as highest risk, all have significant risk factors that such as strangling, choking, stalking, death threats and the offenders typically exhibit highly controlling behaviours. They are assaultive, often have mental health and addiction issues. (Leitch-Leach).

As victim vulnerability is primarily assessed by examining perpetrator behaviour, the process in which information is gathered to determine risk designation can be regarded as 'backwards'. Although the focus is on the victim, the information gathered has a heavy focus on the offender.

4.2.4. Backwards Information Gathering

Bobbette provides an explanation on the perceived 'backwards' process in which ICATs go about gathering information to determine highest risk designation cases:

It's a bit backwards – the victim gives us the most of our information. Of the 19 risk factors, 16 are on the offender. We are relying on the victim's information or records from police and child protection or health, to try to put the puzzle together on who the offender is and what kind of risk the victim is in. We are relying a lot on the victim's account on what triggers the offender, what the victim's experience has been in past episodes, and anything that the offender has told the victim about themselves. It's a bit backwards as we get all the information from the victim, but what we are studying are about the offender. I mean it is hard ... and you don't know, you can't ask the offender, so it can be quite confusing. (Bobbette)

Bobbette alludes to how information gathering can be confusing and perceived as backwards as the observations or experiences of the clients is based on the past, which inform ICATs of the risk to the clients in the present. Leitch-Leach explains that in addition to having an element of threat to serious bodily harm and/or death (aggravating, offender based), other factors such as access to resources, familial and community involvement in the present are also considered (mitigating, victim based).

We do use the 19 risk factors and there are some that are recognized as being highest risk of the highest risk and so we're looking at the combination of those and we're looking at who the victim is in terms of her capacity, what kinds of supports does she have and how is she able to access those supports and whether there are other factors that... for example: One of the things that we recognize in our community because of the size of the community and because of the family relationships that often exist, particularly within the First Nations populations, then we are also looking at how, are there other ways in which she may be at risk through his monitoring of her and other people who may be involved. (Leitch-Leach)

While participant narratives did not go in-depth into the specifics of the information gathered, this provides insight as to the difficulties faced by ICAT members in assembling bits and pieces of information and the importance of experience with handling domestic violence cases. Below, I show that the crux of information gathered is highly dependent on information sharing which is integral in interagency collaboration within ICATs.

Information sharing has always been a contentious subject: Certain mandates with respect to legislation may prevent the sharing of information (e.g., investigative roles). A fine balance exists between legislative restrictions and importance of information sharing (e.g. need to know basis). Challenges around information sharing are centered around concerns regarding confidentiality and privacy, as well as the degree in which information needs to be shared and with which parties so that accurate recommendations can be formed based on as much 'need to know' information as possible (Jaffe et al., 2013, p. 147). Furthermore, there is an emphasis on balancing diminishing returns (whereby uncovering new or critical information at some point is no longer cost and time effective), with the thoroughness for information and fact finding (Jaffe et al., 2013, p. 147). Despite recognizing the challenges to and the benefits of information sharing, ICATs have come to terms with the value of information sharing, stressing a need for an integrated approach with utmost transparency to effectively manage risk and reduce harm.

While identifying risk factors may appear straight-forward and participants have expressed confidence in the assessment tool, there is no consensus on whether or not these 19 risk factors can be applied to variants in the relationship dynamic (i.e. male victims and female offenders/accused):

We have worked with women from same sex relationships. It is in many ways, very similar to a heterosexual relationship as far as the abuse and violence goes. (Rose)

I have no doubt that males are being abused I don't think that would put them into highest risk though. Definitely different considerations and factors than females. (Molly)

Further research is possible to investigate whether these 19 risk factors are the gold standard across the board – inclusive of gender, ethnicity, and socio-cultural norms. Evident in our CJS, we can see the warnings of a “one-size-fits-all” approach with disproportionate representation of select groups involved in our CJS (i.e., Aboriginal and Black people). At best, this may be a “one-size-fits-most” approach that can do with some fine tuning and frequent updates to content.

4.2.5. Professional Discretion and Judgement

When it comes to frequency of domestic violence in family cases, “in some of these cases, it is clear that there has been domestic violence; in other cases there is a significant dispute about whether domestic violence occurred, or about its nature, extent and effects” (Birnbaum et al., 2014, p. 125). Imagine then, the great amount of strain specialized personnel like ICATs have in determining highest risk cases for assessment. Dilemmas arise when there are limited resources and only those deemed with the highest (or most urgent need) of these resources should receive it (e.g. triaging). This example highlights the importance of exploring perspectives of those individuals who are tasked with this decision-making responsibility and moral burden. The reflective narratives of the participants acknowledging “atypical” cases exemplifies the validity of the wealth of experience and knowledge that ICAT members possess and must draw upon daily to exercise their professional discretion and judgement in handling these cases. Participants shared the application of the 19 factor risk assessment tool on how highest risk designation for ICAT cases are reached:

It is not a scoring system, it is about professional judgement – how these risk factors interact and how present day circumstances will contribute to those risk factors such as making threats with a weapon, but he doesn’t own a weapon – we look at how probable at the event. We do not just say yes or no to the checklist but will it be put into action and any factors that are triggers or contributing factors to escalation for risk. Taking a good hard look at the context around the factors and how it can escalate or deescalate risk. (Bobbette)

No, there is no one sort of ticky-box that would then make it no or yes. It’s a combination of all of the conversations based on how the feel or cumulative – some of us know these individuals as well and we have to factor in basically where we think this is likely to go based on the risk factors. We follow the risk assessment that is the ICAT risk assessment. We go through all of the criteria of that and make a determination based on that information we have at the table. The things that we really consider are escalation and we certainly consider like prior history of the offender in terms of not only the type and level of violence also access to and use of weapons. Things like mental health, whether there is a drug and alcohol issue we consider whether or not he has breached orders in the past, attempted regulated contact with victim. We look at all of these criteria and make a determination how we all feel what the likelihood of serious harm and we vote. (Joseph)

In line with risk assessment, factors surrounding the client are also considered. As mentioned previously by Bobbette, 16 of the 19 risk factors are offender oriented –

meaning only 3 of the 19 risk factors focus on the victim. Referenced by Leitch-Leach, support for and access to resources by the client is a primary driving factor.

This is a challenge because we work with women, many women have high risk, and so recognizing what's bumping it up to highest risk category can be challenging. Certainly, when we are talking about and assessing risk at the table and strategizing around what can be done to increase safety, one of the pieces that we are often looking at is family members. So when we're looking at risk, we are extending it also to who is in her circle of support that he may target if he can't get to her. (Leitch-Leach)

However, similar to instances when key players in the CJS such as judges and law enforcement have little to no discretionary power (re: mandatory minimums and mandatory arrest and detention policies), ICATs may have no choice but to take action when it comes to safety and well-being.

It's always the client's desire first, but lethality will trump that and that's what we use. If it's lethal, we will breach confidentiality, your desires, to prevent that. But short of that, we will maintain confidentiality and we won't be forcing anybody into anything but making suggestions or options. (Rose)

Reflection

Due to my involvement in an assistant to the project contractor capacity for the ICATs Research Project, I had prior knowledge of and access to the 19 risk factors as well as the risk management plan template as used by ICATs. Some questions may arise around why the number 19 and how the risk factors were determined or selected. Bobbette alludes to the notion that this content is backed by studies, validated through research and death inquests (such as Ontario), and are recognized and actively used within the province by Justice and Child Welfare.

While the focus of this study was not to question the validity of the assessment tools and procedure of ICATs, this should not be viewed as blind acceptance (i.e. presumed validity of the 19 risk factors). The exploration of the 19 risk factors and its efficacy as an assessment tool is an entirely different beast all together that future research could tackle in improving services provided by initiatives similar to ICATs and ICATs alike.

4.2.6. Risk Management Plan

The biggest advantage we have with ICATs is the safety plan we are creating for them. (Emma)

After providing a glimpse on how the information is gathered (i.e. from the offender, for the victim) and the multi-shaded grey areas requiring professional discretion and judgement for interpretation, participants were asked how highest risk was addressed. In particular, participants spoke about a risk management plan, and emphasized that while the plan is created using information from the offender, the plan is intended for the victim to manage risk and reduce harm.

Risk management is the process of managing the risks that are identified in a risk assessment. Risk management generally includes both victim and perpetrator factors, as well as community vulnerability factors that may affect the safety of victims, their children or others including the perpetrator. (EVA BC First Edition, 2015, p. 17).

Regardless of the gender and/or sexual orientation of the client, participants viewed their role and function as decreasing highest risk in the relationship, assisting both the client and the perpetrator by mitigating serious bodily harm and/or death by targeting known contributing factors.

The goal of every ICAT is to come up with a risk management plan. So we go through and we assess the risk, and take a look at what is present and we start looking at how we can deescalate those certain pieces. Risk management plan goes hand in hand with the risk review but it's the piece that we never leave a table without – those are the things that helps save lives. Everyone at the table is contributing what their agency can do. It's different for each person and/or case; that is why we need all these creative brains at the table. Sharing is the role that we play. (Bobbette)

Everyone's on the same page... things rarely fall through the cracks... we all bring our own lenses in and it helps us formulate a really strong risk management plan. (Elizabeth)

In comparison, risk management plans are like safety conferencing initiatives which focus on women and children and promote their safety in a coordinated and inclusive response. Comprised of informal and formal networks, safety conferencing initiatives are an opportunity to educate and design “feasible and culturally respectful” actions through the sharing of resources. Ideally, these safety conferencing initiatives reshape connections and enables an individual to make sound choices (see Burford & Hudson,

2000; Merkel-Holguin, Nixon, & Burford, 2003 as cited in Pennell & Francis, 2005, p. 677).

Rose provides insight as to what happens with uncooperative clients (i.e. unsound choices) after a safety plan is recommended:

Nothing happens if victims do not listen to or abide by the safety plan. It's up to them. We will try as much as possible to engage them in some helpful services, but if they ignore us, that's fine. We do it until the point of becoming a pain, we don't want to be troubling her anymore, but yes, we do make quite an effort. Like if she isn't contact us, we phone, or we phone and she doesn't return the call we leave messages. We can send snail mail to her address if there is something like information we need to get to her, like if we are closing the file or something like that. So we will try our hardest to engage her, and if she doesn't engage we continue to look at the risk because the risk can still be very high as she is not engaged in stopping it. This is not a reason for us to go away. (Rose)

The fluidity of risk and its on-going assessment and management independent of client acceptance and/or implementation is addressed in the ICATs protocol:

The protocol acknowledges that risk is dynamic in nature. Risk factors can change rapidly when new developments occur, or new case information is discovered. Once a case is identified as highest risk by police, this protocol comes into effect and with it, enhanced provisions for information sharing and case management. When it is determined that a case is not highest risk, partners to this protocol continue to work collaboratively to enhance victim safety and manage offender accountability according to the overall intent of the Violence Against Women in Relationships Policy (Ministries of Public Safety and Solicitor General, Attorney General, and Children and Family Development, 2010, p. 63).

In summary, collaborative efforts to enhance victim safety and manage offender accountability continue for cases not designated as highest risk and for uncooperative clients with their case designated as highest risk alike. The fluidity and dynamic nature of risk is what requires specialized responses from initiatives like ICATs so that domestic violence and domestic violence homicide can be predicted and prevented. The next section takes a closer look at the 'I' in ICATs: The interagency aspect of interagency case assessment teams with an emphasis on the individual ICAT members and their perspectives.

4.3. Interagency Collaboration

ICATs are comprised of various agencies that collaborate together to assess cases involving domestic violence. More specifically, cases are assessed through information sharing, and only those cases designated highest risk become a part of the ICAT workload.

At the community level, collaboration is needed for developing interagency policies that ensure a comprehensive, coordinated delivery system. At the individual case level, collaboration is needed for developing, implementing, evaluating, and adapting individualized treatment plans in response to the child's and family's evolving needs (Epstein et al., 1993 as cited in Quinn & Cumblad, 1994, p. 110).

An integral component of ICATs is interagency collaboration. The literal definition of interagency and collaboration are: "occurring between or involving two or more agencies (Merriam-Webster, (n.d.), "Interagency") ... to work jointly with others or together especially in an intellectual endeavor" (Merriam-Webster, (n.d.), "Collaborate"). Participants were asked to provide their own definition of interagency collaboration drawing from their knowledge of and/or experiences with ICATs. Although responses varied widely, all definitions encompassed the literal definition of interagency and collaboration (i.e. two or more agencies working jointly).

There would be a significant number of stakeholders at the table who have an investment in not only the community but also an investment in the outcome of what the ICATs team is supposed to be in place to deal with. That there would be a broader range of involvement from different agencies as possible. (Joseph)

Interagency collaboration is a group of dedicated respectful sharing of information between the relevant agencies whose shared goal is to provide a complete story and personal experience. (Katie)

Beyond the literal definition, participant responses included how information could be shared (i.e. full disclosure), drawing on elements of safety, trust, teamwork, and openness:

I think when it comes to the interagency collaboration it's really everybody feels safe and comfortable and there is a level of trust where you can have full disclosure and know that it's not going anywhere and that everyone can really come up with a really good decision on where everybody's at – all the people involved. (Molly)

Interagency collaboration is communication and being able to come together as a team through the different community partners that are involved and coming up with a plan to keep people safe... getting together all the relevant people to ensure that all the information is obtained and doing that confidentially as well. (Kayla)

Although the ICATs best practices manual does not provide a definition of interagency collaboration, there are clear directives on information sharing with particular emphasis on a 'need to know basis' related to privacy. For instance, "the collection of personal information must be for a reasonable and authorized purpose and the personal information must be relevant to that purpose" (EVA BC, First Edition, 2015, p. 16). Participant responses also touched on the goal or desired outcome of interagency collaboration, with respect to risk management and safety planning for the clients:

Teamwork, openness – coming to the table willing and ready to share information that is pertinent to a specific case and also willing and open to help problem solve the issues in those cases and work together to find mitigating factors to the risk that have been presented. (Bobbette)

It's really about the agencies coming together and being able to share. Groups and community partners getting together and sharing information about particular clients, particular families, in order to keep them safe, and it's the collaboration in terms of trusting the other partners that we can share this information with trust and privacy. (Emma)

Other responses also considered offender accountability, reducing risk, and a reduction in duplication of services:

Interagency collaboration is the coming together of agencies that work with the offender and victim, to share information relevant to safety and risk and it's with a specific intention to increase safety to victim and kids if there are children, and where possible to have eyes on the offender and to be more aware of what's happening for him and his actions. And supporting him to get help and accountability. (Leitch-Leach)

Interagency collaboration is all the agencies involved with the victim and the accused working together towards a common goal of increasing safety and reducing risk. Also defining and clarifying whose role and who is doing what to hopefully identify gaps and eliminate missing things and to keep a goal or reaching a goal on track. So that collaboration for me involves the working together, sharing of information of common goal of increasing safety and reducing risk, but define and clarify roles and actions so that we are not duplicating services. We are looking after our own mandate but working effectively with other agencies. (April)

This extension on the definition of interagency collaboration speaks to the purpose of ICATs, which is “to increase safety and reduce harm that results from domestic violence” (EVA BC First Edition, 2015, p. 10). The bringing together of organizations is complex, requiring “commitment to address issues such as training, communication, roles and responsibilities, cultural competency, logistical problems, and awareness of partner needs and priorities” (see Azzi-Lessing & Olsen, 1996; Fazzone et al., 1997 as cited in Coll, Stewart, Morse, & Moe, 2010, p. 64). ICAT members face a multitude of client, system, organization, and intrapersonal related challenges (Barrington & Shakespeare-Finch, 2014, p. 1697). Participants were asked to share what they perceived to be disadvantages to interagency collaboration. Overwhelmingly, participants responded that they did not perceive any disadvantages, but alluded to possible challenges instead.

4.3.1. Challenges to Interagency Collaboration

As with any sort of group work, there is an unwritten expectation for all parties to get along and to contribute equally towards the collective common goal. At first glance, the narratives of participants suggested that ICATs are in fact, immune to the common moans and groans of group work:

We do not have people who come to the table whose attitude is “that’s not my job”, we don’t get that our tables. (Bobbette)

We don’t recognize any of that power struggle where one group shadows another. Everybody works well together. (Rose)

However, with a bit of probing, participants shared that they too experience challenges with group work including the clashing of personalities and disagreements at the table:

...there’s always the issue around personality, sometimes different personalities at the table can be difficult. So we have to work through that. (Joseph)

When it comes to disagreements at the table, sometimes that’s just the way it is. It’s worth us discussing it – most things are dealt at the table. Are there things that are awkward at the table? Yeah definitely. (Bobbette)

Molly further articulates the feeling of awkwardness, suggesting that perhaps individuals feel that their jobs are being challenged:

...[if] you don't disclose information it's an uncomfortable feeling, but besides that, it's a bit more where people are feeling their jobs are being challenged. There's something there – I don't know exactly what it is, it would be worth looking into. (Molly)

Jaffe et al. (2013) suggest that “when different agencies and systems have conflicting or different mandates, trust can be difficult to achieve” (p. 148) as trust is not automatic and needs to be established and fostered. As discussed earlier, participant responses when asked to define interagency collaboration included when information should be shared and how full disclosure could be achieved – drawing on elements of safety, trust, teamwork, and openness. Understandably then, it would feel awkward or that your job is being challenged if there are barriers to giving or receiving full disclosure. In contrast, Leitch-Leach suggested that perhaps this feeling of distrust should be attributed to the challenges of balancing multiple agency mandates:

It takes a lot of effort and willingness to develop relationships within agencies to work with different mandates and philosophies, and that can be challenging. (Leitch-Leach)

As identified by Leitch-Leach, mandates and philosophies can make interagency collaboration challenging. Similar to traditional conflicts associated with group work, balancing multiple and conflicting mandates present another challenge to interagency collaboration.

Conflicting Mandates

Mandates are the core foundation of many agencies, which outline and dictate operational standards and expectations:

They can, every agency, can bring their area of expertise and its specific mandate to the table. So sometimes they overlap, sometimes they clash, so there is a lot of really good fertile grounds for conversations in coming up with decision in covering all our areas. (Joseph)

I don't think there is a systemic issue of butting heads, but there will be cases where we do not all agree on. As long as the team has a culture of respect for everybody's point of view and each role what they can do and what they can't do. Having that good strong understanding what our partners can and cannot do really helps the relationship piece. (Bobbette)

Mandates pertain to the agency in question, each agency may have its own jargon or abbreviations to help streamline the communication process within its own agency. As a result, misunderstandings may occur:

In the beginning, certain people were very reluctant to share. It goes against their mandate. It was really frustrating – because they kind of spoke in code – they didn't really help – like they would be like "I can't really say" but maybe they did – and it's like I don't know what you're saying so it didn't help. (Molly)

I have faced difficulties, well sometimes it can be difficult when you are, when your mandate and explaining your mandate is met with resistance. There are times when, because a lot of co-education happens at the table. People have to learn and understand what people can do and can't do and what their focus is, so we've done a lot of that and there has been frustration at times when individuals at the table. (Joseph)

Similar to the challenge of ensuring all voices are heard at the table, multiple mandates present a challenge when it comes to establishing a clear directionality on how a case should be handled. The undertaking of this leadership role can result in a clash of mandates, or as described by some participants, a real or perceived struggle for power whereby one agency may appear to dominate or overshadow another:

But in getting my power at the table and how, it is very intricate. I need to have a say, I need to be able to present her voice, I need to be able to help coordinate the team, but we do have quite powerful players and it can be an interesting dynamic for sure. (Bobbette)

For communities with exclusion at the ICAT table and power at the table, it can be unweighted and difficult to collaborate between investigative and supporting roles. (Leitch-Leach)

With the clashing of agency mandates and the balance of multiple hats and roles come potential challenges to interagency collaboration and possible conflicts. When there is a real or perceived unweighted distribution or struggle for power at the table, it can cause a divide within the teams and set back established collaborative efforts. Balancing multiple voices at the table may also give rise to the feeling that the true clients of ICATs is linked to self-serving agencies with a divide between investigative and supportive roles.

Investigative vs. Supportive Roles

This unweighted distribution or struggle for power, is attributed to a divide in investigative and supportive roles, with the most re-occurring mentioned investigative bodies holding power by participants as the RCMP and MCFD. From a broader perspective, the mandate of these two agencies center on enforcement of law and policies which may allude to why these two agencies have been singled out.

One of the other challenges that have come up is, with the different players at the table, there are two that are investigative in nature – RCMP and MCFD. Non-voluntary in terms of when people interact with them for the large part, so that can be a power-base at the table. (Leitch-Leach)

Understandably, the RCMP may be regarded as holding all the power as they are responsible for managing the flow of information and communication among agencies “under the multiple directives including the Protocol for Highest Risk Cases and Police Release Guidelines as well as their own department or detachment’s operational policies and procedures” (Ministries of Public Safety and Solicitor General, Attorney General, and Children and Family Development, 2010, p. 11). Likewise, the Ministry of Children and Family Development (MCFD) share a similar role in “assessing reports, providing support services, and providing a protective response” (Ministries of Public Safety and Solicitor General, Attorney General, and Children and Family Development, 2010, p. 41).

However, in ensuring the safety and well-being of children (re: protective response), it can result in an undesirable outcome for the parent (e.g. when a child is removed unwillingly from their parents’ care in the interest of the child). Leitch-Leach suggests that general interactions with these two agencies can be negative, which contributes to the possible conflict at the table. Bobbette and April share similar sentiments:

I don’t work for them, I don’t work for RCMP and I don’t work for MCFD, I work for the victim. (Bobbette)

You know, I think that certainly again, the confidentiality piece with ICAT is always a big discussion as far as the importance of it what can be shared what shouldn’t be shared those kind of things, so I think that there are some members, more some perhaps than others that have a say at the table, and I’m going to say that’s probably the government agencies so RCMP, corrections... (April)

Historically, law enforcement personnel have undergone and continue to receive intense scrutiny from the public. Members of government agencies, or more widely known as public servants, are expected to serve the public. Undeniably, there has been an increased reliance on law enforcement to keep the peace by upholding the law and ensure public well-being and safety. The notion that the expectations of law enforcement has superseded their original intention is not a new one (i.e., defund the police). This speaks to the accepted norm of investigative roles within enforcement mandates and the expectation that we can always default to the police. Jasper, Elizabeth, and Joseph provide additional insight as to why investigative roles like the RCMP, are perceived to have so much power at the table with their investigative hats:

... they are used to being in charge and having to be in charge so I think that's going to get worked out slowly because we want all of the good things that come with their role. (Jasper)

The police have the final say in terms of voting or making a decision, if the group wasn't able to come to a decision via a consensus then the RCMP would be sort of the final vote on that. (Joseph)

Elizabeth rationalizes why the RCMP require this power or authority at the table:

All the ICAT files are held at the detachment so it would make sense that they would have a role that would be more significant than just participant and let's face it, most of the referrals come through the RCMP, they're the first ones that come across the situation – so yeah. (Elizabeth)

It appears that RCMP are perceived to have such power and authority at the table because they have the lead role in managing ICAT case files – “all files, documents, and notes are kept in a locked cabinet in the ICAT police member's office” (EVA BC First Edition, 2015, p. 29). Moreover, consistent with information sharing provisions in both provincial and federal legislation, the RCMP communicates ICAT conclusions to the CJS such as Crown, probation, and other criminal justice personnel (EVA BC First Edition, 2015, p. 29).

Surprisingly, while there may be a perceived or real power dynamic at the table, conflicting mandates were not perceived as a barrier to interagency collaboration. Similarly, there was an understanding of the investigative role of MCFD and an understanding of their mandate (re: duty to report). More specifically, the Child, Family and Community Service Act (CFCSA) sets out the circumstances when a person must

report. Duty to report is based on 'reason to believe', which is defined as "based on what a person has seen or information they have received, they believe a child has been or is likely to be at risk" (Ministries of Public Safety and Solicitor General, Attorney General, and Children and Family Development, 2010, p. 42). One can surmise then, the hesitation of sharing information with an agency like victim services, whose best interest is in the victim and perhaps the victim's desire not to be separated from their child, to disclose information that could result in the mandated reporting of MCFD whose best interest of the child may result in the child's removal.

Traditionally there has always been a fair amount of conflict between women serving agencies and MCFD...there are times where that information has to be reported or MCFD has to take action because there are times where information comes to the table that result in a new report for the family to the ministry. We are all very transparent of the process. (Joseph)

Transition houses, women organizations, [they] work from a client centered approach and that's not always true in other agencies so there's sometime concern around how the information we share at the table potentially be used in a way that's not necessarily in their benefit. (Leitch-Leach)

With respect to clients involving children, parents may become confused or frustrated with inconsistent orders and approaches. "In some cases, the confusion may result in further victimization of those who have suffered abuse and exposure to risk of further violence" (Jaffe, Crooks, & Bala, 2008 as cited in Birnbaum et al., 2014, p. 129). A key overlap in victim services and MCFD is the vested interest in the safety and well-being of children. The clashing of mandates is not a new phenomenon. In fact, members from the same agency under the same mandate may find that "their ability to provide care is sometimes limited by agency-specific funding mechanisms and service mandates" (Quinn & Cumblad, 1994, p. 114). For example, the dual role of custody and treatment for Corrections and Probation officers.

All in all, respondents expressed that balancing multiple agency mandates at the table may be a challenge. Nonetheless, challenges and conflicts are not necessarily a bad thing – it is how the challenges are overcome and how the conflicts are addressed that is key in effective interagency collaboration. Dialogue, which is enabled with rapport and trust, facilitate constructive conflict resolution. The discussion of differing opinions and perspectives allow for the refinement of existing and/or the development of new

approaches and changes. As previously mentioned, respondents had great difficulty in coming up with disadvantages to interagency collaboration and emphasized that they did not view the wearing of multiple hats as a barrier to effective interagency collaboration. In contrast, participants were eager to share the benefits of interagency collaboration with respect to the management of highest risk domestic violence cases.

4.3.2. Benefits of Interagency Collaboration

You know the saying, two heads are better than one? People can bring in different supports and views as to what can be done to keep the victim safe. Typically if you work together, you can come up with a solid plan. (Kayla)

The perceived benefits of interagency collaboration were grouped into macro and micro levels. The macro level examines team interactions such as relationship building, the understanding of mandates, and information sharing resulting in quicker action and access to resources. Comparisons are made to a “one-stop-shop” for cases related to domestic violence, and overall lasting benefits extend beyond ICATs into the community. In contrast, the micro level examines the feelings of the individual ICAT member and explores how being a part of ICATs has influenced members’ perspectives on the work that they do. Participants’ perspectives of their colleagues as well as any perceived changes within the members themselves are also touched upon.

Agency/Macro level: Relationships and Mandates

The key to relationship building is communication. It is the understanding of mandates that facilitates open and effective communication, enabling interagency collaboration:

... greater familiarity between agencies with regards to their mandate and individuals who work in the agencies which makes it a lot easier to have direct communication with them... (Leitch-Leach)

It is the level of team collaboration and the level of trust and understanding that the works of the RCMP does, this is what they do, and these are the limits, this is what the Transition house does, and this is their mandate. It allows partners to look the other person in the face and in the eye and say I understand, you aren’t able to do that or that is the limitation of your work, or phone and ask because there is a relationship there. (Emma)

The ability to have open and honest dialogue fosters a sense of connectedness that enables coordination, which has been “proven to be one of the most effective methods of increasing women’s safety” (EVA BC, n.d., para 6, “CCWS”). As expressed by Emma, it could be as simple as having developed a level of rapport that lets one pick up the phone and call because of an existing relationship:

I might say is this something that you can do? And then action can be taken – that connection is here already, you don’t have to dial the number and ask do I have a good relationship with that person. When you have this, you have people at the table who have the same understanding of what the risk is and what we need to do about it so we can articulate that. (Bobbette)

A sense of connectedness extends beyond ICAT members to agencies involved in the coordination efforts to increase victim safety and provide on-going monitoring and support in a centralized way.

Central Hub: One-Stop-Shop

There exists a shared understanding that a single intervention program or the CJS alone cannot account for case complexities and reduce recidivism (Healey & Smith, 1998 as cited in Coll et al., 2010, p. 62), and that each respective system serves an overlapping population (Coll et al., 2010, p. 62). Instead of standardizing the approach (e.g. one size fits all), ICATs operate on a best practices principle (e.g. one size fits most), with wiggle room in between to enable individuality.

Not to be insensitive, but it’s a one-stop-shop for the victim. I know it sounds insensitive given the nature of what we’re talking about but it’s centralized and in one spot. It’s way more streamlined and a more effective way to work with the victim. (Katie)

We don’t all have to agree to the same thing, we want to value everybody’s diversity and diversity that they bring to the table, coming from one purpose and working together. (Jasper)

As a result of this centrality and crystal-clear understanding of respective agency mandates, it saves time for all parties involved and at various stages of the collaboration process (e.g. new intake with information sharing and getting directly to the point without being afraid of stepping on anyone’s toes, on-going monitoring with risk management plan, after a case has been closed for follow-up action and referrals):

We really ensure that people who don't need to know the information, they don't need to know. (Elizabeth)

...we all work together and trust each other so that we can say everything that we know and even what we feel and that's because there is a relationship already with everyone at the table we can challenge each other... (Molly)

This centrality in service also saves resources by avoiding a duplication of efforts and the unnecessary expenditure of resources. It could lead to less frustration for the clients as well as for front-line personnel (Birnbaum et al., 2014, p. 123) and increased involvement across multiple agencies with shared responsibilities:

It's part of collaboration, understanding what everyone is doing and working together; understanding what is being done to avoid duplication. (April)

Certainly the information sharing to reduce risk...we have the ability to fast track victims with member agencies... we have more eyes on the situation to increase safety. (Leitch-Leach)

Participants also mentioned a lasting impact in the community beyond the ICATs table. Respondents mentioned positive transformation (i.e. interpersonal relationships, self-perception) and personal growth (i.e. reflexive philosophical thinking):

Even if it's not specific to an ICATs case. You know, just wanting to maybe around a referral or wanting to find out what service are available but with much greater familiarity. We have more eyes on the situation certainly to increase safety. Even if it's not specific to an ICATs case. You know, just wanting a referral or wanting to find out what services are available but with much greater familiarity. (Leitch-Leach)

The relationship that came out of that table was extraordinary. Everyone was very tight knit in terms of their professional work in this area and you could phone any one of those people up on the team and ask them a question about their work as it relates to domestic violence and you'll get a good solid answer. (Bobbette)

Individual/Micro level: Reflexive Thinking

There were also inferences to perceived changes in their personal attitudes and beliefs after their involvement with ICATs, specifically when it came to their perspectives of the offender.

I love ICATs. The reason is it has allowed me to get such a full picture on every situation. And what it has done, to be totally honest, it has given me more sympathy/empathy to the accused. (Molly)

You learn a lot more about the offender. Not necessarily their perspective, but their life and what brought them to this point because you get the information from that side as well. And really you start to see them as more human. They're not, they're doing bad things, I have lots of judgement around that for sure. Certainly less demonizing of the offender behaviour. With the ICAT process, you see a lot more clarity in what brought them to that stage. It has been interesting that way, opening my eyes to the offender's behaviour. (Bobbette)

The ICAT model and philosophy generates a lot of compassion and understanding for the perpetrator who is involved in these ICAT cases. (Jasper)

Moreover, participants commented on the value of their work and expressed appreciation for their colleagues who do this day in and day out:

... I have a great deal of respect for my colleagues and their work that they do in the community. I mean, they're incredible and under duress, they have cases that are in imminent risk and they are trying to juggle that and really be there for them and really it's an impossible job. (Bobbette)

I don't have any answers, but it's always a good thing in my opinion to state it over and over... it needs to be talked about. There's still a lot of work needed. (Rose)

Many ICAT members voiced high job satisfaction, listing the many benefits of an interagency collaborative approach, and advocated the strong belief that ICATs are effective at protecting everyone's safety, beyond the primary victim.

4.4. Measuring Success

ICATs is valuable and should be everywhere, it makes a difference. (Rose)

Unfortunately, it can be difficult to measure success as "there is no concrete guidance on the single best way to proceed with evaluating a specific program" (Rossi et al., 2004 as cited in Krieger et al., 2020, p. 2), and "different designs offer various types of evidence" (Puddy & Wilkins, 2011 as cited in Krieger et al., 2020, p. 2). As with the lack in findings in CCR evaluation (see Post et al., 2010), three possible reasons why success is not prominent are: (a) A failure in collaborative efforts; (b) unrealistic

expectations for change; or (c) changes occur but go undetected because it is difficult to scientifically demonstrate a cause–effect relationship (Kreuter, Lezin, & Young, 2000 as cited in Post et al., 2010, p. 90).

Participants were in an agreement that a collaborative approach is key to success. As opposed to changes to existing structures or policies, participant recommendations to improving collaboration were centered on increased communication and cooperation across agencies and service providers (see Quinn & Cumblad, 1994).

Achieving interagency collaboration is success. (April)

One other indicator of success, for me, is the increased collaboration and relationship between the agencies away from the table. I noticed that at the table when we are together and the energy in the room and how people are relating to each other is very clear. That it has improved dramatically and people feel that they can have some trust and communication together but I also see it outside of the table, like I get a phone call or someone gives me a heads up about the situation, and then we can work together to get support in place and it has really strengthened our community. (Leitch-Leach)

The widely contentious debate surrounding the justification of continued or increased funding to interagency collaborative approaches like ICATs, is strongly results-oriented. Synonymous with results-oriented approaches are the effectiveness or success of said programs. In attempt to gauge the success of ICATs, a results-oriented approach is adopted to exemplify how changes or success may occur but go undetected. The goal is not to demonstrate a cause and effect relationship, rather to present plausible indicators to capture success and account for changes that may occur but go undetected with objective measurements. Often, we tend to equate objective measurements to quantifiable means (i.e. numbers and percentages). In this subsection, we explore the more challenging to measure qualitative indicators of success. Drawn from the experience and knowledge of ICATs members, possible indicators as proposed by the participants are compared to the CJS and the feasibility of applying such indicators as measures of success are more closely examined.

4.4.1. Show Me the Numbers

In the quantitative realm, the reporting of statistics to include rates and percentages indicates outcome (e.g. numbers of cases in a workload, number of

referrals, cases actioned, cases closed, cases brought to Crown). As larger sample sizes loosely translate into more representative samples, a single entity may skew the statistics of a community, especially if the community is smaller in size and more rural compared to urban (re: same accused, different victim).

They are known in the community because of the size of the community, you know so in files where there has been on-going abuse ... we see these cases a couple times a month where we know them. (April)

It's interesting to see that kind of dynamic where [the case] automatically fell into our ICATs again because it was the same accused. (Emma)

Number of Cases

The movement in and out of a community needs to be taken into consideration (i.e. crime displacement theory Hesseling, 1994) if the number of highest risk domestic violence cases managed by ICATs are to be used as indicators of success. Due to the nature of the cases, numbers can be inflated and can depict a non-representative sample. Consideration needs to be given to the same offender with different victims, the same victim but different offenders, the size of the community with respect to diversity and re-exposure to the same relationship, as well as duration of re-occurrence within a specific timeframe (e.g. different/same offences within a short/long period of time).

Bobbette mentions varying degrees of recidivism highlighting the challenge in finding a common measurement that can be used to accurately capture recidivism rates.

In all the cases that we have ever had, we haven't had further incidences of violence. We have had further incidences of "stalking" as that behaviour is really hard to clamp down on. But in terms of repeated offense, we aren't seeing that...(Bobbette)

However, Bobbette further suggests that the number of active cases open at one time may accurately reflect the impact and success of an ICAT:

We had on average about 4 cases open at a time, although at times, if we hit 6 we were starting to panic and 8 was totally unmanageable. (Bobbette)

Relaxing the criteria of highest risk designation could lead to an unintentional net-widening effect, whereby cases that would go uncaptured are swept into ICATs workloads leading to inflated numbers, and heavier burden on ICATs for which time and

resources that could be spent on cases requiring ICAT assistance suffers. Consideration must be given for missed opportunities to intervene due to a limited scope/definition; fine balancing act for which those who have experience and knowledge must use their discretion built up over the years and make a professional decision with the information that they have on hand consistent with the current times.

Number of Case Closures

To provide some insight as to how cases are closed participants noted:

You close a case when it is no longer highest risk. But what does that mean? We no longer have a role, there is no more that we can play in this case and it looks like everyone is safe for the time being. When it is reduced it does not mean no risk, just no immediate death. So one of two, decreased risk or nothing more that ICATs can do at that point in time. (Bobbette)

Closed [cases] are ones that we have made a determination that we no longer believe that at this point in time based on the risk factors and the information that we have, that it is a highest risk case. An easy one, an example of that, if the individual is incarcerated and has received a sentence for two years, we don't have to keep that file open because most of the time that has reduced the risk to a place where it is not an imminent risk to harm. (Joseph)

Figuratively speaking, ICATs have a 100% success rate as all highest risk designated cases are closed at one point or another. More importantly is the number of cases closed due to actions of the client/victim and the cases that need to be reviewed for re-opening based on the actions of the client/victim as opposed to the accused/offender. Leitch-Leach shares instances in which cases were closed due to considerations surrounding the client:

...we did end up closing [the case], cause it was really clear she wasn't wanting our involvement ... (Leitch-Leach)

With regards to a woman who had moved away and had returned to the community ...there's eyes on it and should something change where the risk becomes elevated then we will bring it back to the table and it could be re-opened. We also have eyes on the files, even if it's closed. If something changes and this is partly because of the size of the community too, it's quite likely that someone at the table will know that something has changed and files get to get renewed and possibly re-opened and we are able to do that. (Leitch-Leach)

Depending on the nature of the file (i.e. file complexity), the degree of paperwork and time required before highest risk designation can be removed also varies and needs to be taken into an account. For example, the more complex the nature of the file, the longer it may take an ICAT to close the file. The maturity of the ICAT teams (e.g. how long the team has been up and running) as well as the age of file (e.g. aged accounts are more complex and challenging to close) should also be taken into an account so that processes and systems can be improved beyond mere statistical inferences that can be non-representative of the effectiveness of ICATs. For example, it would be expected that ICAT teams that were established sooner would have more case closures and have more experience managing complex cases compared to newly established ones. This finding highlights that factors surrounding case closures are not as straightforward as they seem, Leitch-Leach further elaborates on an instance where the case was closed but the dilemma over whether to keep the file open or to close the file was on-going.

...we have had a few situations where the victim has decided she wants to be in connection or relationship with an offender while it's an open file and that creates a lot of challenges. Should the file remain open she can experience that as intrusive, and it can actually prevent her from accessing support. We've really, we've struggled with that piece of do we keep it open because we know that the risk is still high or do we close it because we're not able to do anything – she's intent on being with him, and she's not wanting our involvement and she's not reaching out for support and it's quite likely, it's possible that, that she won't reach out for support as long as she's feeling it's an intrusive process... (Leitch-Leach)

As previously mentioned, when a case is closed it does not mean the end of ICAT involvement. Collaborative efforts to enhance victim safety and manage offender accountability continue even after a case is closed.

It's not like we randomly close cases, it's very carefully calculated. And just because a file is closed, doesn't mean that they are losing all their access to resources, it's not being removed from them. (Elizabeth)

Another measure for consideration is access to resources (i.e. referrals). Future studies could benefit by employing a mixed methods approach to accurately depict the effectiveness of ICATs through cross-case comparisons. For example, whether or not resources were accessed, the number of resources accessed, and the duration in which resources were accessed. Giving additional meaning to these numbers would be user narratives on their perceived effectiveness to allow cross-comparisons of resources and

how it measures to individual success rates. In addition to not reaching out for support or accessing resources (referrals made but not acted upon), clients may experience barriers to reporting which can lead to the underreporting of domestic violence instances. In considering access to resources, future studies could capture a more well-rounded depiction of the effectiveness of ICATs.

4.4.2. Qualitative Indicators of Success

Similar to conducting research about the effectiveness of integrated domestic violence courts (Birnbaum et al., 2014), it is difficult to quantify the effectiveness of ICATs as a multitude of different measures can be used to assess effectiveness; which in turn, creates further challenges in comparing outcomes (Birnbaum et al., 2014, p. 133). For instance, a possible quantifying measure of interagency collaboration is the tracking of the instances of increased information sharing between agencies and observing relationships between recidivism rates and criminal implications (EVA BC, 2018, ICAT Research Information Bulletin June 2018, p. 5). By exploring possible indicators of success using a qualitative lens, it is intended to invoke critical thinking to be combined with quantitative approaches in future studies to more accurately capture and depict the effectiveness of ICATs.

Offender Accountability: Monitoring and Resources

Given that 16 out of 19 of the risk factors considered by ICATs is focused on the offender, it is not surprising that offender accountability involves some sort of consequence or punishment to the offender. According to police-reported data, “76% of violent incidents against women reported to and substantiated by police were solved. Of these, about seven in ten (71%) resulted in a charge being laid or recommended” (Sinha, 2013, p. 10). Hand in hand with offender accountability is the involvement of ICATs through their report and/or recommendation to crown counsel. This report and/or recommendation enables the laying of a charge and/or the initiation of court proceedings (EVA BC, 2018, ICAT Research Information Bulletin June 2018, p. 4).

I guess something we can use as a measure of success is the information we put together for Crown – that it has an effect in what Crown is pushing for in the court case, sentencing, and trial ...(Rose)

In the ICATS research project, approximately 54% of cases included a “Report to Crown Counsel” which highlights the importance of information sharing for a holistic view of the case. Beyond incarceration and recidivism rates as measures of success, respondents were reflexive in providing alternatives to the punitive approach, such as increased monitoring; evaluation of available resources and support to offenders; and offender treatment and care (e.g. for mental illness and drug addictions). This shift away from a punitive approach may be a result of the backwards way ICATs go about gathering information to assess highest risk designation (e.g. risk to the victim is assessed through the actions of the offender) as well as how highest risk is managed through a risk management plan (e.g. risk management plans are based on the offenders to reduce the harm to the victims). Regardless, it would appear that there is no agreed upon way of going about measuring and evaluating offender accountability:

...I do know that there is a whole kind of stream of ICATs certainly provincially that are really now focusing on the offender accountability. I would say that our ICAT is not doing that yet. It comes up, but our ability to also consider that is limited. (Emma)

One of the things that ICATs will recommend is how the offender should be monitored. If he’s destabilizing, not following through on orders - we’ll take a look at whether that would escalate the risk for the victim. We don’t ever think we’re ever going to be able to “fix” the offender. That’s not our job. (Bobbette)

Respondents did offer suggestions on what offender accountability beyond incarceration and recidivism rates could look like which were mostly dependent on the offender actively partaking in support and/or resources available to them:

[Success is] when the offender is held accountable, when an offender accesses the support that might prevent further situations with her [the client] or with someone else ... (Leitch-Leach)

...offender to be connected successfully to agencies in the community accessible to them. So the offender would actively engage in his work and treatment to become a healthy individual and less of a risk of violence in his part in the future. (Joseph)

Perhaps the specialized training that ICATs receive and the experiences of ICATs that have enabled participants to engage in greater reflexive thinking and higher cognitive ability to empathize with the accused/offender, taking into consideration possible socioeconomical, cultural, and behavioural factors. While there appeared to be a heavy

emphasis on the offender, the offender themselves may or may not be actively engaged in or even aware that they are involved in the ICATs process:

...the offender may not even know they are part of the ICAT process. It is not a requirement. And it's actually kind of frowned upon, as it could escalate risk for the victim. (Bobbette)

Participants voiced that key indicators of success are victim involvement and satisfaction through empowering practice. To add further value to program evaluation, future studies should consider incorporating client satisfaction surveys and/or the narratives of clients.

Empowering Victims

Empowering practice involves "interacting with survivors in ways that increase their power in personal, interpersonal and political arenas" (see Cattaneo & Goodman, 2015; Goodman & Epstein, 2008; McGirr & Sullivan, 2017 as cited in Sullivan, 2017, p. 127). The needs and wants of the victim come first and providing education and resources is second, so that they are empowered to make informed decisions on how to best proceed from their standpoint.

Lots of the victims that we work with don't want to see their partners incarcerated nor do they wish to end the relationship. What they want is for the violence to stop, the abuse the coercion the control to stop, and they want their partners to recognize that they've been being abusive and that they as healthy individuals can be in a healthy relationship with victim or that they can be a healthy parent to their children. Most victims actually want the offender to change their ways rather than see them in jail. It's an intimate partner relationship, it's not like a stranger assault. Most want their partners to stop being violent and to be a safe and capable parent, person, or partner. (Joseph)

...it's their [client's] definition of justice that needs to be factored in. For example, we've had clients that have been assaulted but are basically in panic mode where they don't want to report it – they want everything to go back to normal... my role is always to support the client... to keep the client safe, educate, risk assessment, provide safety planning, and support them – it's up to them. (Molly)

Part of our main goal, is to try to get those, I mean a lot of victims are pretty marginalized and aren't connected...and letting them see what's available to them to support them through this difficult point in their life. (Elizabeth)

"The most effective responses for victims of domestic violence are those that empower the victim; that is, services that enable victims to improve their lives and keep

themselves and their children safe” (Ministries of Public Safety and Solicitor General, Attorney General, and Children and Family Development, 2010, p. 35). Victim safety and harm reduction are intertwined with victim empowerment. Another indicator of success used to measure the effectiveness of ICATs was the perceived increase in victim safety and a reduction in risk to the victim.

Harm Reduction

When participants were asked to describe the success of ICATs, responses included a component of client safety:

Defining success: “each case is unique”; while cases share similar things (e.g. reducing risk) can be as satisfying as victim checking in and reporting that they are doing well/better (e.g. safety plan). (Jane, no audio)

Success is defined as no one getting hurt. Our job is to go in and make sure our clients are safe ... not addressing the issue of eliminating, but rather reducing [risk]. (Bobbette)

Success was described to encompass the goal of ICATs (i.e. increased safety and decreased risk) as well as the needs and wants of the clients (i.e. peace, support, access to resources and information).

Ultimately success would be peace for the party, the victim is able to live safe and sound in whatever way that is. (Rose)

I think for me success is when we’re able to work proactively with the victim to support her where she is able to access community resources in such a way that it increases her safety and when the information that comes together is able to build a shared knowledge of the situation that then creates more eyes on the situation and safety for her, so certainly when we know that she has reached a place of greater safety then that feels like success. (Leitch-Leach)

Consideration was also given to secondary victims (i.e. children and associated parties):

It’s hard to measure success. I think that it’s an ideal, maybe success is we hear five years down the road that the path an ICAT client says that was the, your team was the moment I realized I had to get away and get my kids away and I have started a new job and I live in a new community and I am doing very well and the past is behind me and I am safe. That would be a really really high measure of success. (Emma)

For ICATs, as soon as risk of harm is reduced and the highest risk designation on a case is removed, said case should be celebrated as a success as the objective of ICATs has been met. It is important to draw subjective inferences of success to highlight aspects of success that may go uncaptured in standardized program evaluation methods. Little to no direct comparisons exist due to the specialized nature of ICATs (re: highest risk cases) and exploratory studies such as this one, allow us to tease out the indicators of success to fairly evaluate a program or initiative for its effectiveness. Therefore, a good starting point is to identify measurable indicators so that results can be compared across studies and programs.

4.5. Churn and Burn

The final section in this chapter discusses membership turnover and burnout with respect to interagency collaboration and understanding the impact doing ICAT work has on the individual. Although not explicitly expressed as indicators of success, participants regarded smooth ICAT membership turnover and resistance to burnout as positive contributors to the overall perceived effectiveness of ICATs.

4.5.1. Membership Turnover

There is such a turnover in a lot of people ... sometimes people have a hard time grasping the purpose and role [of ICATs]. (Molly)

“If there is a lot of turnover in committee membership, trust can be difficult to sustain” (Jaffe et al., 2013, p. 148). One-way ICATs have attempted to minimize the disruption of membership turnover is having a ‘second’ on the board, with shadowing opportunities.

Transitions/turnovers have been few but expected, transitions are smooth with shadowing where the new attends meetings with old for a couple before transition out/in. (Jane, no audio)

There isn’t really a lag – it must be where the person who is taking over must have a meeting with the person who is leaving and for some reason the agreement or the feeling of trust just sort of comes. So there must be something going on in the switch-over where they transition where there is some information where they’re told they can do it, that they can share these details. (Molly)

The smooth transitions between membership turnover adds to the rapport that many participants voiced having, which in turn helps reduce the amount of time needed (re:

efficiency of interagency collaborative efforts) as a result of streamlined access to multiple agencies with solid understanding of limitations of various agency mandates. Moreover, participant responses suggest that turnover is low and few and far in between. Kayla provides some insight as to if there is membership turnover, why this may be the case:

There's turnover but they've moved on to a better job, like a supervisor job or they're move to a different area... it's not like they're quitting (Kayla)

However, this is not to say that membership turnover is always positive. ICAT members are routinely exposed to stories of trauma and are susceptible to compassion fatigue resulting in burnout.

4.5.2. Burnout

Burnout is defined as “emotional exhaustion, depersonalization, and feelings of reduced personal accomplishment in the context of chronic strain from dealing extensively with human beings in pain” (Maslach, 1982 as cited in Barrington & Shakespeare-Finch, 2014, p. 1686).

In terms of the burnout piece, I think it's real. It's happening... the work that we are doing, the clients that we are serving are really difficult to serve. Stories really are difficult to hear... (Emma)

When asked about feelings of burnout due to the constant exposure and/or lack of resolution with highest risk domestic violence cases, participants voiced feelings of frustration and futility:

The biggest frustration at the table is that we have very clear-cut tape where there is a lot of violence and risk to victim, and the victim refuses to engage. That's the most frustration that all of us have. (Joseph)

We've had a few situations where the client the victims have not wanted to access any services and support, and that's been very difficult because it's hard to know what you're actually making a difference. (Leitch-Leach)

Participants also expressed feelings of helplessness:

When nothing you say or do can change the outcome. (Jane, no audio)

... he's going to kill her one of these days. (April)

Williston and Lafreniere (2013) suggest that health care professionals often “grapple with their desire to take control over care and decision-making for the patient with recognition of their own limitations and awareness that “fixing” is not always relevant” (Williston & Lafreniere, 2013, p. 822):

... I can feel when I'm getting a little frustrated where the client/victim is wanting to control and put everything back to the way it used to be... because my feelings and opinions are not relevant at that point. (Molly)

Our safety plan is only as good as the safety plan if it's going to be implemented. If the client does not want to implement it, it's a useless piece of paper. (Emma)

On the bright side, ICATS have an unwavering commitment to helping:

We certainly aren't going to pull away, we may adjust our strategy. (Elizabeth)

Feeling not as hopeless, being able to socialize and feel connected. That feeling of connectedness and connecting with other people - I think that feeling of connectedness and connecting with other people is incredibly important when you are working with traumatic material, especially with domestic violence, it can feel quite hopeless because it's so complicated. (Jasper)

So what are some organizational and personal coping strategies that ICAT members use to help minimize distress and maximize their own personal well-being? As alluded to by Jasper, collegial support was a key coping strategy implemented by participants. Participants also turned to a supervisory body (i.e. EVA BC and CCWS) for professional development and training opportunities and expressed a need to debrief and “talk about it” with like-minded individuals to minimize distress.

I would have to say, if there was a really tough file or for whatever reason their story is really hard to hear or hard to deal with, somehow it is agitating or triggering, whatever reason, I would call [others like me]. Then we would hash it out, a sense of being able to talk about it because we are familiar with the file. But it's also about that sense of debriefing... (Emma)

Participants also had a high degree of awareness of their own personal well-being limitations and those around them to reduce burnout:

It helps to have colleagues that you trust and respect that you can just speak with and it's really really important to have an outside life. I've gone through periods of my life where work has taken over everything and I don't let it do that anymore. I'm also in a position now where I can support other workers. It's not just my wellness, it's about the wellness of my entire team that has become extremely important to me. (Bobbette)

Without a doubt, ICATs engage in highly emotional and stressful work. It is encouraging that participant responses demonstrate reflective thinking with a firm grasp on available resources and support networks to prevent burnout, which can negatively impact membership turnover and the important work that ICATs do on a daily basis.

The next chapter centres on a discussion of the question "what would funding be used for?" More specifically, the ideas and recommendations from ICATs attempt to address the generic plea for additional funding and resources to which policy makers and the general public are desensitized to. In further exploring the perspectives of front-line personnel who administer the critical service of managing highest risk cases of domestic violence, changes to policy and procedures to improve responses to highest risk domestic violence cases can be better supported.

Chapter 5.

Discussion

We know what's working, and what's not. (Elizabeth)

5.1. What would funding be used for?

As previously mentioned, there exists an increased need to justify the practices of domestic violence programs to provide reassurance to grantors that increased funding will lead to positive change (Sullivan, 2017). Grantors are interested in 'what the additional funding will be used for' and how it will increase program effectiveness and efficiency. The following discussion addresses this question, by exploring what ICAT members think can and should be done to help ICATs. More specifically, participants were given the opportunity to identify areas requiring improvement and provide suggestions on where and how these changes could be made. As expressed by Jaffe et al. (2013), many recommendations are redundant and do not contribute any new information for professionals or communities (p. 149). Accepting the need to become more proactive in identifying creative solutions and best practices, those on the frontlines providing the service themselves are most qualified to provide such recommendations. In this chapter, recommendations by ICAT members to address real-time concerns are presented.

5.1.1. Training and Peer Mentoring

There exists a need for on-going education and training for flexible harm reduction approaches and strategies:

In 2016 there were no dollars for training, so people couldn't attend any training. We had wanted someone from our team to attend the training, but we couldn't get approval. So training dollars and opportunities are few and far between. (April)

Understandably, the dynamic complex nature of relationships compounded with the ever-changing considerations to domestic violence has resulted in some participants

expressing concern regarding whether they are receiving the most up to date information and training to adequately address highest risk domestic violence cases:

...I am always looking for more information: What other information can you tell me, that will help me see risk that I may not already see or what other suggestions can give me to help develop a better safety plan for this person, or is there new research about domestic violence relationships that I may not be aware of to identify risk or safety planning or actions I could take to help reduce risk and keep people safe. (April)

In my time with ICATs [three years], I haven't noticed any updates or changes to the highest risk definition. (Molly)

While participants were confident that they could turn to EVA BC and CCWS for guidance and support, participants disclosed that there could be a lengthy amount of time between training and gaps in the training content:

We've had updates from members of the CCWS, somebody came and spoke with us a year ago, and helped us change some of what we were doing. We've had good support. And they're there, if we need, if we have a question, we can e-mail or phone somebody and get a response. (Rose)

On the EVA BC website ... [there's] a section specifically on ICATS, specific templates where people can deliver training, trying to do some train the trainer stuff so that they can be able to provide training themselves and to increase their capacity but also all kinds of resources around information sharing, current reports, and information bulletins... but there's still a big gap missing. (Jasper)

Similar to "train the trainer" initiatives, participants suggested that team resourcing could help alleviate the strain of insufficient training and/or readily available resources in a cost friendly way:

It would be great if there was a mentor established mentorship, some way to support mentorship between more established ICATs. Those folks who have been doing it for a while probably have some experience that would be beneficial to newer ones. There are some instances that I have heard of where it seems like an external intervention or support might be beneficial to ensure representation at the table. (Leitch-Leach)

A bonus of peer/team resourcing is the creation of a network and the encouragement of the formation of relationships across communities (Jaffe et al., 2013, p. 143). It could also enable healthy comparisons between ICATs with an underlying goal of improving

ICAT functioning (e.g. “this works for us, does this work for you?” mentality). Participants shared that they may have similar informal practices in place already:

I have spoken with other ICAT team members in other communities – and they’re very interested and surprised at how well ours are going – with our clients – and they’re curious as to why their ICATs are not as in motion. (Molly)

Interestingly, participants were very interested in what other participants had to say and expressed that they were looking forward to hearing the perspectives of like-minded individuals and aspired to make changes that would further their common goal of reducing death/serious bodily harm with respect to highest risk designated IPV cases.

5.1.2. Increased Hours

A growing concern of participants was that ICATs are being asked to do more with less. ICATs rely on government ministries for core funding with supplementary funding made available through grants.

In that many many communities, the amount of hours and the amount of funding ... has not been changed for many years ... funding is based on population, and population has increased in certain areas, which would then increase the contracts but no one has done that. So while there may be a larger population that you are serving, the funding remains the same. Everyone is kind of caught in saying “hey listen we need more hours, or there isn’t enough, or we need assistance”, it’s an on-going concern. Communities can’t keep doing the work without having some way of being compensated for it. The work is too hard – hard emotionally and in terms of the number of hours that it involves there has to be some sort of recognition of that. (Emma)

An overwhelming majority of the participants voiced that they are doing ICAT work ‘off the side of their desk’ and are finding it challenging to juggle the multiple hats with the already limited resources that they have:

Everyone does this off the side of their desk right? Nobody has been put in an ICAT job ... everyone has to find time to make it work. (Joseph)

Certainly the time and workload pressures, especially for coordinating without funding is quite unrealistic, to expect people to do it off the corner of the desk. It really impacts on the other work. (Leitch-Leach)

In other words, there is not enough time and a finite number of resources available which do not meet growing demands. Often, the responsibility to secure supplementary financing falls on the ICAT themselves; they need to proactively seek out and apply for alternate funding opportunities. Participants expressed that while they are encouraged to apply for funding, they already have insufficient time to do their work, let alone conjure up the additional time to apply for grants. April and Emma share some feedback on this added responsibility:

Returning calls is a higher priority for me than to find that e-mail on how to write a proposal for a grant... and the whole piece about the skills required to write those proposals, you know if someone asked me what my talent was, client and collaborating with community professions, it is not in proposal writing. It's really difficult. It's not my skill to be drafting a proposal and those kind of things, right? Like I feel that, that like if I had the ability to follow up on all or all of our leads that would be a good thing, but I never do. (April)

...writing grants each year may be feasible for some programs, a lot of my colleagues have never written grants before so it's a daunting process. It doesn't automatically result in success it's a lot of work off the side of our desk where we may or may not get additional funding that we are able to depend on. (Emma)

It was heart wrenching to hear that one ICAT had to weigh their own community needs with others, and actively step down from the competition due to the scarcity of available resources:

This is the year that we have not applied ... I knew that another was applying for funding to train a bunch of people and I really want them to get that and I know that they're not going to fund both of us, so we decided to not apply. So come Friday, there will not be funds for this. It will be off the side of my desk. (Emma)

Despite the frustrations voiced by participants (re: ICAT work is 'off the side of your desk'), all of the participants spoke of the immeasurable value and perceived worth of doing what they do and expressed gratitude for having the opportunity to share their narratives and help demystify what ICATs do and what they're all about. To help alleviate the strain of inadequate hours and the challenges in applying for grants, participants suggested the paid position of an ICAT coordinator.

5.1.3. Coordinator Positions

Similar to a family violence court case coordinator, an ICATs coordinator could be responsible for client intake and assessment, case management and case coordination, coordination and facilitation of team meetings, as well as assist with performing research functions such as grant and proposal writing (Coll et al., 2010, p. 66).

It would be great if there was funding available to finance a coordinator, who would be responsible for coordinating meetings, minutes, getting all the documentation together, all those pieces, that would be great. (Joseph)

A "second body" is needed, hard to keep up with heavy workload. It's nice to do proactive work [grants/application process], but there is no item to effectively do something like that unless the member does it on their own time. (Jane, no audio)

As seen in literature (see Birnbaum et al., 2014; Coll et al., 2010), the role and function of a coordinator can benefit the smooth function of a domestic violence program. A coordinator role in integrated domestic violence courts was viewed as essential in "positively impacting the timelines and referral process" (Birnbaum et al., 2014, p. 140) with victims expressing a high level of satisfaction in terms of "access to information and resources, degree of respect and trust with the coordinator, consistency with the court system, and perceived usefulness of court services" (Hill & Kleist, 2008 as cited in Birnbaum et al., 2014, p. 140). Bobbette spoke to the challenge in securing a volunteer coordinator and the importance of having a coordinator to keep the team connected and functioning:

We need funded coordinators. It's a crazy amount of work to load on one agency, and it's often the non-profit that take it on. For me, at the height of my work I was spending probably, estimated about 7-8 hours biweekly, basically 4 hours a week just on ICAT work...that's a lot of time for a non-profit to do unfunded. But without that co-ordination in place, teams will just fall apart. And I have seen that time and time again, where you have a coordinator who is doing things off the side of their desk and they go screw it I'm not doing this anymore or no one is willing to take it up and those teams just crumble. Coordination is so important. (Bobbette)

5.1.4. Centralization of Data and Community Outreach

Another suggestion to help streamline the functioning of ICATs which may be facilitated by a coordinator position, was the centralization of cases and data:

A system - where the files are maintained on the system and we can create reports from them. That would be great if ICATs could do that, but I know that is outside the budget. (Molly)

Community mapping: It would paint a much clearer picture of when a victim is moving through from acknowledging what's going on to greater safety, how she's able to move through the resources and identify where the gaps are happening. (Leitch-Leach)

The idea of community mapping is linked with initiatives of community outreach and education. Participants disclosed the importance of involving the community and promoting awareness of the services that can be provided in the community:

Being able to let the community know and do talks with different community groups so that they know about the ICATs, because it doesn't need to be the police referring in, it can be like someone who walks up the streets and says, they probably won't say they need to be in the ICATs, but depending on their risk factors and what they are, it may come to that. (Emma)

We need a larger sense of community of people doing the same work and a place to share that, and our experiences. (Emma)

The recommendations of ICAT members which could be potentially "operationalized into action plans" (Jackson et al., 2018, p. 176) were consistent with the three major recommendations from the BC Coroners Service Death Review Panel to reduce intimate partner violence deaths: "(1) IPV awareness and education; (2) safety planning and collaborative case management; and (3) data access, quality, and information sharing" (BC Coroners Service Death Review Panel, 2016, p. 32).

Now is the time to express our appreciation and gratitude, and to acknowledge and recognize ICATs for who they are, what they do, and the importance of what they have to say. It is by listening, questioning, and give meaning to what is said by those who are experts in the field that we can find out what is working and what is not to make informed changes to policy and procedures.

Chapter 6. Conclusion

Recommendations by ICATs members serve as a foundation for further exploration and discussion on what components of the ICATs best practices manual may require additional review and/or modifications. While the findings of this study neither propose how such recommendations can be implemented by ICATs in existing communities nor postulate how such best practices of ICATs can be transferred to other similar programs in communities without ICATs, it is by understanding the needs of front-line DV personnel that responses to domestic violence can be improved and expanded upon. This final chapter presents the implications of the research findings, explores possible limitations and future directions and reflects on lessons learned before parting with concluding thoughts.

6.1. Implications of Findings

The purpose of this study was to address two research questions: (i) what are ICATs? and (ii) how can the experiences and knowledge of ICATs help shape changes to policy and procedures to improve responses to highest risk domestic violence cases?

ICATs are specialized response teams comprised of a consortium of agencies that manage highest risk domestic violence cases with the common goal of reducing risk and vulnerability of victims to domestic homicide and increasing victim safety. In line with the ICAT philosophy that domestic violence homicide is predictable and preventable, ICATs strive to decrease the risk of cases designated as highest risk through the development of individualized risk management and safety plans, as well as provide ongoing monitoring and support to clients through interagency collaboration.

Interviews with participants revealed that the clients of ICATs are pre-dominantly women, typically in heterosexual relationships (i.e., male partners). The collective voices of ICAT members suggest that the perceived benefits of implementing an interagency collaborative approach to manage highest risk domestic violence cases outweigh the potential challenges. Participants also provided insight as to the positive outlook on ICATs membership turnover and suggested proactive ways to reduce factors associated with burnout.

The collective experience and knowledge that have accumulated over time among service providers is an integral component in program evaluation (Puddy & Wilkins, 2011). However, as clients who are served by ICATs have complex needs and varying goals, the definition of success for ICAT cases is greatly varied. Identifying possible indicators of success enables the discussion of the perceived effectiveness of ICATs, which further allows for the research and discussion of domestic violence on a larger global context. Considerations were made by participants to include offender accountability and victim empowerment. Recommendations were made by participants to improve existing best practices with hopes of increasing the overall effectiveness and efficiency of ICATs in responding to highest risk domestic violence cases. To address the timeless question of “what funding would be used for?”, participants were asked to be proactive in identifying creative solutions as those implementing said best practices theoretically know best (i.e. first hand narratives as to what is working and what is not working). Suggestions encompassed opportunities for training and peer mentoring, increased hours to address time constraints, the necessity of coordinator positions (i.e. the glue that holds everything together), the centralization of data, and continued community education and outreach.

In addition to showing appreciation for the work that they do, it is important to acknowledge the value of what front-line DV personnel have to say. Likewise, it is important to consider what was not said, or more specifically, potential limitations and missing voices in this study. The exploration of potential limitations to this study is not meant to diminish the credibility of the findings (see Hesse-Bieber, 2017, p. 60), but rather to demonstrate that my interpretation of the results matches closely with what was uncovered in the findings (see Hesse-Bieber, 2017, p. 353).

6.2. Limitations and Future Directions

A possible study limitation is the small sample size (N= 12). However, as the focus of this study was not to make statistical generalizations to the larger population, but rather to capture participant experiences and narratives to present an authentic representation of what was shared and discovered (Hesse-Biber, 2017, p. 61), there is still merit in “exploring how these findings impact those who participated in the research and how these findings impact the wider social context in which the research occurred” (Hesse-Biber, 2017, p. 326). Another possible study limitation is the specificity of the

inclusion criterion used for sampling. As participants must have had knowledge of and/or experience with ICATs to meet the inclusion criterion, this may have contributed to skewed participant responses (i.e., positive attitudes and beliefs towards the perceived effectiveness of ICATs). Indeed, there were little to no reported concerns by participants of whether ICATs were meeting program objectives. Perhaps this may be attributed to the overarching program objective of increasing victim safety and reducing harm in the ICATs best practices manual (see EVA BC First Edition, 2015). Nonetheless, even without a clear measurement on the degree of success of ICATs, there was an overwhelming consensus from the participants that ICATs were indeed “effective” in responding to highest risk domestic violence cases. Participants’ responses emphasized the importance of the work that ICATs do (i.e., preventing instances of domestic violence homicide) and highlighted the potential of ICATs (i.e., the benefits that an ICAT could bring to a community). Participants also expressed their hopes that their feedback could lead to concrete changes in existing practices and better inform policy makers and the general public. Overall, participants appreciated the opportunity to share their experiences and knowledge of ICATs and were highly supportive of the research being conducted.

Although the opportunity to participate in the study was presented to all ICATs in the region, specific memberships lacked representation. For example, it was difficult to recruit participants who had affiliations with the RCMP, due to pre-existing agency policies and procedures (i.e., designated media contacts and relations). Another body of voices that were missing were those individuals on the receiving end of ICAT services (i.e., clients of ICATs) as those served by ICATs would also satisfy the sampling inclusion criterion of possessing knowledge of ICATs having experienced ICAT services first-hand. The difficulty related to gaining access to these participants lies with ethics (i.e. confidentiality and potential harm of re-victimization). Further compounding the challenge in including the clients of ICATs, is the degree in which individuals are considered “clients” (i.e., secondary victims such as children and tertiary victims such as the primary victim’s extended family and the larger community). Future research could explore the perspectives of those serviced by ICATs (clients of ICATs) as opposed to the service providers (front-line personnel on ICATs) for a more comprehensive understanding of how success is defined and effectiveness of services provided (Krieger et al., 2020, p. 16). Future research could also more closely examine ICATs in rural

compared to urban geographical locations and the transferability of the ICATs best practices manual across same-sex relationship.

With respect to ICATs and geographical locations, participants disclosed it was difficult to ensure full representation at the table with outlying communities or programs in remote and rural areas, including those that are unaware of and do not yet recognize ICATs in urban ones. As ICAT members can make recommendations and changes within their own system, the membership at the table should be representative of all those involved (Jaffe et al., 2013, p. 145). In addition, women in rural areas experience the highest rates of IPV, with rates close to four times higher than among their male counterparts (Statistics Canada, 2018, p. 26). While aspects of the best practices manual can be used by ICATs to “best suit their community needs” (Jaffe et al., 2013, p. 140), further exploration into the adaptability of the best practices manual for urban compared to rural settings may prove fruitful in understanding how ICATs can better respond to highest risk domestic violence cases to promote full representation at the ICAT table and more effectively combat the higher rates of IPV against women in rural areas.

Participants also voiced conflicted perspectives on whether or not the current best practices (i.e., first edition) would be adequate in addressing more complex relationships such same-sex relationships.

One of the things that we struggled with when we had our first female offender come to us was whether the risk factor tool that we had is even valid for female offenders because it was all researched and tested on males. So we went back to the researchers and asked, and they said yes but the first time they said no then the next time they said yes. So more work can be done – we know that women don’t use violence in the same way that men do, they use it, but not in the same way. (Bobbette)

While Morgan and Wells (2016) support the notion that female perpetrators of IPV engage in similar behaviours as their male counterparts, they acknowledge that there are differences that relate to gender roles (McHugh, Rakowski, & Swiderski 2013 as cited in Morgan & Wells, 2016, p. 405). More specifically, narratives of males experiencing IPV are considered ‘forbidden’ or ‘unbelievable’ (see Allen-Collinson, 2009; Corbally, 2015 in Morgan & Wells, 2016, p. 405) and could contribute to the under-reporting to police.

That stigma of who is accessing the resources... if you are a male, you can take care of yourself ... that masculine culture of "big boys don't cry." It can be hard for them to come out. (Kayla)

Research on IPV among gay, bisexual, and other men who have sex with men (see Tjaden, Thoennes, & Allison, 1999; Blosnich & Bossarte, 2009; Messinger, 2011 in Stephenson & Finneran, 2013), suggest that "IPV occurs in male-male partnerships at rates similar to or higher than opposite-sex partnerships" (Stephenson & Finneran, 2013, p. 1). This suggestion is alarming as compared to recent statistical trends, incidents of police reported same-sex IPV in Canada represented approximately 3% of all police reported incidences of IPV between 2009 and 2017 (Ibrahim, 2019). Moreover, "charges were laid or recommended considerably less often in incidents of police-reported IPV involving same-sex partners (65%) compared to those involving opposite-sex partners (82%)" (Ibrahim, 2019, p. 3). Further investigation into the disjoint between research suggested rates of IPV in male-male partnerships and police reported instances of same-sex IPV (i.e. barriers to reporting; definition of IPV) is required to understand whether violence is used in the same way by opposite-sex and same-sex partnerships and how findings could impact responses to domestic violence. Interestingly, the best practices manual specifically states that "in addition to addressing violence in heterosexual relationships, the best practices manual (aka Protocol) applies to violence in same sex relationships" (EVA BC First Edition, 2015, p. 46). However, whether the best practices manual applies to violence in same sex relationships was not a point of contention by ICAT members.

While participants agreed that domestic violence cases involving same-sex relationship domestic violence exists, clients in same-sex relationships for highest risk domestic violence cases were few and far between:

There is a need for research for that area, I haven't come across same sex. Not in our community anyways. Provincially, I haven't really heard people talking about it. It makes me think, we are either completely missing the mark in identifying these individuals or, yeah, I mean that is probably more than anything. I am not sure either though what the rate of domestic homicide is in that community, I just don't know. Whether research is out there and whether or not it exists. I don't know much about that area. (Bobbette)

There seems to be a need for some further research on particularly same sex relationship because of the education and increased awareness that we have now. It's part of what's happening, we cannot ignore it. (Leitch-Leach)

Rather than gender neutral, Morgan and Wells (2006) call for a “gender sensitive” approach to future research due to societal expectations of masculinity and the stigma surrounding male victimization and reporting (p. 416). Indeed, existing studies of IPV for same-sex partnerships have, as Finneran and Stephenson (n.d. in press) suggest, “relied upon measures of IPV that were created for use in assumedly heterosexual populations” (as cited in Stephenson & Finneran, 2013, p. 1). As such, the potentially different experiences of same-sex partnerships from opposite-sex partnerships, would not be adequately captured. In contrast, Stephenson and Finneran (2013) propose the development of a new measures, like the IPV-GBM, to measure IPV among gay and bisexual men in the United States with the hopes of “a more accurate understanding of the relationships between IPV and health outcomes experienced by gay and bisexual men” (p. 1). Comparisons between instruments (re: 19 risk factors vs. IPV—GBM scale) may prove to be insightful to better understand and prepare for all relationship dynamics in highest risk domestic violence cases. Moreover, a closer examination into the transferability of the current best practices from heterosexual relationships to homosexual ones may provide insight to the larger social contexts. As the definition of IPV continues to evolve, tools and assessments, like the ICAT best practices manual, should also be regularly reviewed and continually updated to ensure that the best practices are indeed the best available resource that can be implemented by front-line personnel in the combat against domestic violence.

In reflecting on some of the potential limitations and directionality of future studies, I also reflected on the lessons learned (e.g., what I would have done differently) to further add confidence to the validity of my results. “Validity is a process in whereby the researcher earns the confidence of the reader that he or she has gotten it right” (Hesse-Bieber, 2017, p. 59). In other words, the more transparent a researcher is with their data collection and data analysis process, the more trustworthy and credible the results will appear to the readers. In the next subsection, I share lessons that I learned in reflecting on how my research was conducted (i.e., data collection and data analysis) as well as touch on the transferability of the research results.

6.3. Lessons Learned

During data collection, I learned how complicated it could be for one to balance the dual roles of a researcher and an interviewer. While participants expressed that time constraints were a concern for ICATs in general (i.e. insufficient time for the amount of work that they had to do), participants also expressed that it was not so much about whether they “had” time to participate in an interview - rather it was about “making” the time. As a result, general interview parameters were set to constrain and provoke participant responses to serve as a balance between the breadth of the research topic and the depth of content discussed. However, balancing the need to constrain the breadth of the research topic and elicit depth in content discussed served to be a challenging lesson. On one hand, I as researcher wanted to obtain as much information as I could during the interview specific to the research topic; on the other hand, as an interviewer I wanted the participants to naturally take the conversation where they wished for it to go. As suggested by Holstein and Gubrium (1995), “the active interview should not be seen as just another conversation; not just anything goes” (p. 59). In being a reflexive interviewer, I strove to enable the greatest degree of flexibility for the participants in determining the flow of the conversation, and did so in a way so that participants were offered multiple ways of conceptualizing issues and making connections, without telling the participants what to say (see Holstein & Gubrium, 1995, p. 40). Moreover, in balancing my dual role as a researcher and interviewer, I was mindful to moderate the general interview parameters in a way that encouraged the ‘give and take’ in an interview with the ease of a conversation, that still allowed for flexibility in the flow of an active interview without leading participant responses. I was careful to address potential participant bias whereby participant responses may be biased to please and/or help the researcher. For example, in response to being asked by one of the participants, “Is that the kind of answer that you are looking for?” I reiterated that there were no correct or incorrect responses, asserting my neutrality. I also considered pre-existing conceptions participants may have of researchers, as one of the participants alluded that researchers are looking for specific responses (“I just feel like you guys as researchers were looking for something...”) by reflecting on my active interview techniques. Using a combination of open-ended and probing questioning techniques to facilitate rich and thick content, I strove to demonstrate to the participants that I was sensitive to and interested in continuing the dialogue from a non-judgmental and neutral

standpoint. I was mindful to avoid giving feedback that might have implied personal values or viewpoints, which in turn, would have introduced intentional research bias in the results (i.e. impose categories in the analysis process). As I was mindful to avoid swaying participant responses, it added confidence to the fact that the authenticity of the data was preserved in the data collection process.

In addition to the challenging lesson on balancing my roles as a researcher and as an interviewer, another lesson surfaced when I reflected on what I could have done differently in the data analysis process to add to the validity of my research results. Although participation in the transcription process by participants is not a procedure regularly used by qualitative researchers, participants can validate the transcripts (e.g. review and make adjustments to and provide additional clarification on the content), further adding to the trustworthiness of the transcripts (i.e. member checking). For example, for Jane's no audio-recording transcript, Jane was the sole participant who was given the opportunity to review their transcript. Jane's response in expressing appreciation for the opportunity to clarify and elaborate on the content gave me confidence in the trustworthiness of the transcript. However, I would also caution careful consideration of the advantages and disadvantages before deciding on offering transcript reviews to participants as it is arguable whether providing participants with the opportunity to review their transcripts prior to analysis may actually contribute to the overall confirmability of the results (see Mero-Jaffe, 2011). Nonetheless, in reflecting on Jane's reviewed no audio-recording transcript, I see some advantages in considering providing an active offer to all participants to review their transcripts as this would have empowered the participants and strengthened the confidence in the authenticity of participant narratives like it did for Jane. Whether or not participants decided to review their transcripts or not is a separate issue that has implications on research ethics and the data analysis procedure for another research project. As there is no unitary way of interpreting content, I strove to give confidence to the findings by presenting a multifaced view of the data, taking into consideration the different viewpoints from participant responses.

Johnson and Ferraro (2000) suggest that self-reported subjective measures fail to substantiate the reliability and validity of a study as there are no concrete measures to indicate whether positive perceptions translate into real-life system responses (as cited in Asay, DeFrain, Metzger, & Moyer, 2016 p. 401). In contrast, the results of this study

identify possible indicators of success to substantiate the overall consensus of participant perspectives that ICATs are indeed effective in responding to cases of highest risk domestic violence (i.e. increasing victim safety and decreasing risk of harm). As mentioned previously, this study sought to focus on the specificity of the content rather than seeking generalizations. In providing thick descriptions of how the data was collected and analysed, it provides insight as to participant perspectives on the effectiveness of ICATs on a smaller scale can be applied to a larger social context (i.e. transferability of results from decreasing risk of highest risk domestic violence cases to decreasing instances of domestic violence homicide). More specifically, the findings of this exploratory study provide fertile ground for discussion with respect to possible changes in existing practices and responses to domestic violence to better inform policy makers and the general public with an overarching goal of preventing the further escalation of domestic violence cases into instances of domestic violence homicides.

6.4. Concluding Thoughts

The goal of this research was to explore the lived experiences and knowledge of ICATs. Recommendations on how ICATs could be improved were discussed (i.e. training and peer mentoring opportunities, increased hours, coordinator positions, the centralization of data, and community outreach). As a continued reliance on specialized frontline personnel like ICATs to provide safety and risk management planning for those who are most vulnerable and at highest risk of domestic violence to prevent instances of domestic violence homicide exists, there is a need for continued funding and research to combat domestic violence and prevent incidences of domestic homicide. Future studies should use the findings from this exploratory study to help inform policy makers and the public on how best to facilitate interagency collaborative approaches and encourage the establishment of additional ICATs or similar initiatives in communities beyond a provincial level.

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Appendix A.

Informed Consent



Participant ID:

SIMON FRASER UNIVERSITY
SCHOOL OF CRIMINOLOGY
8888 University Drive, Burnaby, BC, V5A 1S6

INFORMED CONSENT

The chief concern of the Simon Fraser University Research Ethics Board is for the health, safety and psychological well-being of research participants. If you have any questions regarding this study please contact the principal investigator, Stephanie Lau, by email [...] (or the Supervisor, Dr. Bryan Kinney, by email [...]).

Should you wish to obtain information about your rights as a participant in research, or about the responsibilities of researchers, concerns, or complaints about the manner in which you were treated in this study, please contact Dr. Jeff Toward, Director of the Office of Research Ethics, by email [...] or phone [...].

TITLE: The 'I' in teamwork: A closer examination of Interagency Case Assessment Teams (ICATs) across British Columbia, Canada

INVESTIGATOR: Stephanie Lau, B.A., School of Criminology, Simon Fraser University

PURPOSE OF THE STUDY:

The primary goals and objectives of this project are to obtain data pertaining to the teams' main processes. In general, the aims of this study are to: (1) Explore how various ICATs are similar and how they are different (e.g. strengths and weaknesses of the different teams); (2) Gain insight into the general activity-level of each team, including the total number of meetings held, who attends the meetings, and any changes to the teams' caseload over time; and (3) Explore whether or not, and/or to what degree, the goals of various ICATs are met.

TASK REQUIREMENTS: You will be asked to complete an interview with the principal investigator. Interviews will be conducted via Skype messenger (i.e. video call) and/or telephone. Interviews will range from 45 – 60 minutes in length and will explore your individual experiences with and knowledge of ICATs. Additionally, with your consent, the interview will be recorded for quality purposes. (Note: if the participant does not consent to being digitally recorded, hand written notes will be taken). Data from this research

project will be used in a Master's thesis project, as well as course related papers and conference presentations.

RISKS: The risk to the participants is minimal. You are reminded that you are under no obligation to answer any questions and may withdraw from the study at any point.

BENEFITS: There is no financial benefit from participating in the study. Participation is purely voluntary. While there are no guaranteed benefits to the participants, possible benefits include: (1) the opportunity for participants to share their experiences and voice their opinion on ICATs; and (2) participant responses have the potential to enhance the functioning of ICATs and inform policy changes.

CONFIDENTIALITY: The data collected in this study is strictly confidential. Your personal name will be replaced by a pseudonym (a fake name) of your choosing so that your personal name is not associated with the responses you provide. Moreover, during the transcription process, data will be stripped of any identifying information (i.e. names and locations) to ensure confidentiality upon publication. For verification purposes, the PI's Supervisor may hear a portion of the interview recording. Only the PI and the PI's Supervisor will have access to the raw data (i.e. audio files). Data obtained during this research study will be stored on a password-protected and encrypted USB key stored in a locked container in the PI's home, and will remain there post publication for a maximum of five years. On the five year expiry date, the data will be destroyed.

RIGHT TO WITHDRAW: Participation in this study is entirely voluntary. This means that you have the right to not complete certain questions and/or withdraw at any time. Refusal to participate or withdrawal/dropout after agreeing to participate will not have an adverse effect or consequences on the participants. If you withdraw, you also have the right to request that your recorded data be deleted. If you wish to receive the results of this study upon its completion, please contact the principal investigator, Stephanie Lau, by email at [...].

RETENTION AND DESTRUCTION OF DATA: The PI and the PI's Supervisor will be the only parties with access to the original audio recordings prior to their destruction. A portion of the interview may be heard by the PI's supervisor for verification. Once the recordings have been transcribed and the transcriptions have been verified by the PI, the audio recordings will be destroyed immediately.

Hand-written notes taken during the interviews will be destroyed immediately following conversion into electronic format (i.e. Microsoft Word). Interview transcripts and typed notes will be stored on a password-protected and encrypted USB in a locked container in the PI's home. This is to allow opportunity for the data to be revisited should follow-up research be conducted in this field, including future projects and studies with the data.

Study data will be destroyed within five years after the Master's thesis has been successfully defended by the PI, to allow for the PI to possibly publish and/or present the data.

PARTICIPANT CONSENT: By verbally consenting, you acknowledge that you have read the above form and understand the conditions of your participation. You are aware that Skype messenger and telephone are not confidential mediums. You are aware that the data gathered in this study is confidential with respect to your personal identity. Your

participation in this study is purely voluntary, and you understand that if at any time you may withdraw from the interview, you may do so without giving an explanation and with no penalty. You understand that findings from this research study will be used in a Master's thesis project, as well as course related papers and conference presentations.

Stating YES indicates that you agree to participate in this study.
If you do not wish to partake in this study, state NO.

AUDIO RECORDING: By verbally consenting, you consent to being digitally recorded for quality purposes (i.e. a portion of the interview may be heard by the PI's Supervisor for verification). With your consent, the PI will turn the recording device on, and will write a hand-written note of the time/date the participant consented to being recorded. Audio recordings will be saved on a password-protected and encrypted USB and will be stored in a locked container in the PI's home until transcription is complete. All audio files will be destroyed immediately following transcription. There are no plans for secondary use of the recordings.

Stating YES indicates that you agree to be digitally recorded during the interview.
Stating NO indicates that you do NOT agree to be digitally recorded, but you understand that handwritten notes will be taken.

RE-CONTACT: By verbally consenting, you acknowledge that the PI has permission to re-contact you. You will only be re-contacted for use of the data beyond the conclusion of this research project (i.e. future PhD thesis, future project and/or follow-up study). You understand that you are only granting permission for re-contact, but not use of the data beyond the conclusion of this research project. Refusal to consent for the data to be used beyond the conclusion of this research project after agreeing that the PI can make re-contact will not have an adverse effect or consequences on the participants.

Stating YES indicates that you give permission to be contacted in the event of interest in the future use of the data beyond the conclusion of this research project.

If you do not wish to be contacted beyond the conclusion of this research project, state NO.

Appendix B.

Information Sheet



**SIMON FRASER UNIVERSITY
SCHOOL OF CRIMINOLOGY**
8888 University Drive, Burnaby, BC, V5A 1S6

INFORMATION SHEET

The chief concern of the Simon Fraser University Research Ethics Board is for the health, safety and psychological well-being of research participants. If you have any questions regarding this study please contact the principal investigator, Stephanie Lau, by email [...] or the Supervisor, Dr. Bryan Kinney, by email [...].

Should you wish to obtain information about your rights as a participant in research, or about the responsibilities of researchers, concerns, or complaints about the manner in which you were treated in this study, please contact Dr. Jeff Toward, Director of the Office of Research Ethics, by email [...] or phone [...].

TITLE: The 'I' in teamwork: A closer examination of Interagency Case Assessment Teams (ICATs) across British Columbia, Canada

INVESTIGATOR: Stephanie Lau, B.A., School of Criminology, Simon Fraser University

PURPOSE OF THE STUDY:

The primary goals and objectives of this project are to obtain data pertaining to the teams' main processes. In general, the aims of this study are to: (1) Explore how various ICATs are similar and how they are different (e.g. strengths and weaknesses of the different teams); (2) Gain insight into the general activity-level of each team, including the total number of meetings held, who attends the meetings, and any changes to the teams' caseload over time; and (3) Explore whether or not, and/or to what degree, the goals of various ICATs are met.

TASK REQUIREMENTS: You will be asked to complete an interview with the principal investigator. Interviews will be conducted via Skype messenger (i.e. video call) and/or telephone and will range from 45 – 60 minutes in length and will explore your individual experiences with and knowledge of ICATs. Additionally, with your consent, the interview will be recorded for quality purposes. (Note: if the participant does not consent to being digitally recorded, hand written notes will be taken). Data from this research project will

be used in a Master's thesis project, as well as course related papers and conference presentations.

RISKS: The risk to the participants is minimal. You are reminded that you are under no obligation to answer any questions and may withdraw from the study at any point.

BENEFITS: There is no financial benefit from participating in the study. Participation is purely voluntary. While there are no guaranteed benefits to the participants, possible benefits include: (1) the opportunity for participants to share their experiences and voice their opinion on ICATs; and (2) participant responses have the potential to enhance the functioning of ICATs and inform policy changes.

CONFIDENTIALITY: The data collected in this study is strictly confidential. Your personal name will be replaced by a pseudonym (a fake name) of your choosing so that your personal name is not associated with the responses you provide. Moreover, during the transcription process, data will be stripped of any identifying information (i.e. names and locations) to ensure confidentiality upon publication. For verification purposes, the PI's Supervisor will hear a portion of the interview recording. Only the PI and the PI's Supervisor will have access to the raw data (i.e. audio files). Data obtained during this research study will be stored on a password-protected and encrypted USB key stored in a locked container in the PI's home, and will remain there post publication for a maximum of five years. On the five year expiry date the data will be destroyed.

RIGHT TO WITHDRAW: Participation in this study is entirely voluntary. This means that you have the right to not complete certain questions and/or withdraw at any time. Refusal to participate or withdrawal/dropout after agreeing to participate will not have an adverse effect or consequences on the participants. If you withdraw, you also have the right to request that your recorded data be deleted. If you wish to receive the results of this study upon its completion, please contact the principal investigator, Stephanie Lau, by email at [...].

PARTICIPANT CONSENT: You will be asked to give your verbal consent to (1) participate in this study, and (2) be digitally recorded for the duration of the interview for quality purposes. You will also be asked to give your verbal consent for (3) re-contact so that the PI can contact you in the event of future use of the data beyond the conclusion of this research project.

Appendix C.

Recruitment Letter



SIMON FRASER UNIVERSITY
SCHOOL OF CRIMINOLOGY
8888 University Drive, Burnaby, BC, V5A 1S6

RECRUITMENT LETTER

TITLE: The 'I' in teamwork: A closer examination of Interagency Case Assessment Teams (ICATs) across British Columbia, Canada

INVESTIGATOR: Stephanie Lau, B.A., School of Criminology, Simon Fraser University

STUDY DETAILS: A study is being conducted by Stephanie Lau, a Master's student at Simon Fraser University. In general, the aims of the study are to: (1) Explore how various ICATs are similar and how they are different (e.g. strengths and weaknesses of the different teams); (2) Gain insight into the general activity-level of each team, including the total number of meetings held, who attends the meetings, and any changes to the teams' caseload over time; and (3) Explore whether or not, and/or to what degree, the goals of various ICATs are met.

TASK REQUIREMENTS: You will be asked to complete an interview with the principal investigator. Interviews will be conducted via Skype messenger (i.e. video call) and/or telephone. Interviews will range from 45 – 60 minutes in length and will explore your individual experiences with and knowledge of ICATs. Data from this research project will be used in a Master's thesis project, as well as course related papers and conference presentations.

PROSPECTIVE PARTICIPANTS: Individuals interested in participating will give permission to the advocate of the community organization to have their name and e-mail address passed on to the PI. The PI will then provide each prospective participant an Information Sheet. If participants agree to the interview after reading the Information Sheet, an interview date and time will be scheduled.

CONSENT: (1) I understand that I am giving permission to the advocate of the community organization to have my name and e-mail address passed on to the PI; (2) I understand that e-mail, Skype messenger, and telephone are not confidential mediums; and (3) I understand that refusal to participate or withdrawal/dropout after agreeing to have my name and e-mail address passed on to the PI will not have an adverse effect or consequences.

Appendix D.

Interview Guide

The 'I' in teamwork: A closer examination of Interagency Case Assessment Teams (ICATs) across British Columbia

SCHOOL OF CRIMINOLOGY, SIMON FRASER UNIVERSITY
8888 University Drive, Burnaby, BC, V5A 1S6 CANADA

INTERVIEW QUESTION GUIDE

Introduction

Tell me a bit about yourself (e.g. current position/title, how long you've been involved)
How did you become interested in/involved with ICATs?
What are the qualifications/skills needed to be an ICAT member? (then vs. now)
Tell me a bit about your team (e.g. # of members in the team, # of caseloads)

Knowledge

What can you tell me about ICATs? (e.g. role/mandate/objectives)
What is the purpose of ICATs?
How has ICATs contributed to/impacted the criminal justice system (CJS)?
How are coordinated community response (CCRs) programs similar/different to ICATs?
How is "effectiveness" defined?
Have you observed any changes to ICATs over time? (e.g. workload, structure and dynamics)

Interagency

What can you tell me about a collaborative justice framework?
What are the strengths and/or weaknesses of a collaborative justice framework?
What does interagency mean to you?
Do you believe interagency case assessment is time saving?
Do you believe interagency case assessment is resource saving?
What are some of the benefits/weaknesses of interagency collaboration?

Experience

What challenges do you face as an ICAT member?
Has being an ICAT member changed your views and beliefs? How?
Have you experienced "burn out"? How do you protect yourself from it?
What challenges and difficulties does your team face?
What training and/or resources are available to you and your team?
What changes, if any, would you recommend to improve/enhance the functioning of ICATs?
What are some recommendations/changes you would like to see made to the CJS?

Conclusion

Is there anything that you would like to add/re-visit?