WomanACT
WOMAN ABUSE COUNCIL OF TORONTO

Issue Brief

Information Sharing and Intimate Partner Violence in Canada

ABOUT WOMANACT

Woman Abuse Council of Toronto (WomanACT) envisions a world where all women are safe and have access to equal opportunities. We work collaboratively to eradicate violence against women through community mobilization, research, policy, and education.

The organization has been operating as a community-based coalition since 1991 and became a registered charity in 2010. Working closely with the violence against women sector, governments, industry leaders, communities and survivors, we strive to promote knowledge sharing, build capacity and generate public discussion in order to advance women's safety and gender equity. The aim of our research is to promote public dialogue, transform practice and shape policy to advance women's safety and gender equity.

Women and Gender Equality Canada / Femmes et Égalité des genres Canada

TABLE OF CONTENTS

INTRODUCTION

This issue brief is part of WomanACT's project, looking at multi-agency responses to high-risk domestic violence. WomanACT is undertaking a four-year initiative that will adapt, test and evaluate the Multi-Agency Risk Assessment Conference (MARAC) model in two communities in Ontario.

The MARAC model brings together community agencies from across sectors to share case knowledge and professional expertise on high-risk domestic violence cases. The role of a MARAC is to facilitate effective information sharing in order to develop and implement immediate and effective safety plans with the aim of reducing high-risk domestic violence (SafeLives, 2014). Developed in Wales in 2003, MARAC is now in place in over 270 communities across the United Kingdom and has been adopted in communities in Finland, Switzerland, and Australia (Safelives, 2014).

The MARAC model has been proven to reduce victimization, increase victim safety and connect victims with the support and services they need to establish safety (Robinson, 2004). Within the scope of this project, WomanACT will aim to adapt the MARAC model to the Canadian context and test the model in two communities. In addition, the project will identify promising practices, develop protocols, and advocate for policy change that will support MARAC's function across Canada.

The purpose of this brief is to analyze the literature on information sharing amongst service providers in relation to intimate partner violence in Canada. Information sharing is a critical component of the MARAC model, however there are significant and salient challenges to information sharing due to concerns of privacy, confidentiality, and victim safety. These challenges arise because of the personal and intimate nature of the information and the legal and professional frameworks that restrict information sharing in Canada. In Ontario, three laws protect the privacy of and the right to access personal information: The *Freedom of Information and Protection of Privacy Act* (FIPPA), the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA) and the *Personal Health Information Protection Act* (PHIPA) (Ministry of the Solicitor General, 2021). Additionally, some professions are bound by additional pieces of privacy legislation such as the *Youth Criminal Justice Act* (ibid). In these statutes, personal information is defined as any recorded information that "reveals something of a personal nature" and that an individual can be identified from the information (Information and Privacy Commissioner of Ontario, 2016). For example, a person's name, address, sex, age, education, or medical history can be personal information if the individual can be identified using said information.

This brief outlines current practices, identifies challenges, and documents promising practices to help inform the development of information sharing policy and practice that will facilitate the successful implementation and operation of the MARAC model in Canada.

METHODOLOGY

The approach to this brief consisted of manual searches on Google, government and organizational websites, and journal portals. The scope of this review focused primarily on the barriers to and opportunities for information sharing between service providers.

The following research questions guided the research and development of this brief:

1. What are the current practices of information sharing in relation to intimate partner violence in Canada?

2. What are the opportunities for and challenges to information sharing in relation to intimate partner violence in Canada?

3. What are the identified promising practices?

The following terms were searched in conjunction with each other to identify literature and resources:

- Information sharing
- Intimate partner violence
- Violence against women
- Intimate partner homicide
- Domestic violence
- Risk assessment
- Consent[1]
- Privacy
- Confidentiality
- Multi-agency
- MARAC

The geographical scope of the review was confined to Canada, although some of the literature reviewed included information sharing practices outside of Canada, mainly in the context of MARAC operation in the United Kingdom. The scope of this review is confined to literature published between 1995 and 2020.

The information contained in this brief is not exhaustive and does not purport to be a complete reflection of the challenges, practices and policies related to information sharing and intimate partner violence in Canada.

---

[1] In this brief, consent refers to service providers obtaining consent from their clients to share their personal data and information with other service providers.

LIMITATIONS

Lack of research
There is a scarcity of peer reviewed and published journal articles in the Canadian context which speak directly to information sharing and intimate partner violence. For instance, a Boolean keyword search of ProQuest research database yielded only 10 journal articles specific to multi-agency collaboration and information. Instead, this brief draws primarily on government documents, policies, publications, and non-profit reports on information sharing practices for addressing high-risk intimate partner violence. The lack of Canadian-specific research suggests a gap in data in this area and that it is an underexplored area of research.

Age of data
There are articles within this brief that were published over ten years ago. As a result, there may be elements of this information that are no longer relevant to the current state of violence against women services and response systems in Canada. Although it is important to be mindful of the age of the information presented in this brief, practitioners and policymakers can still use the ideas and themes as areas for further research and consultation when implementing the MARAC model into existing Canadian systems for victim safety and risk management.

BACKGROUND

Multi-agency collaboration has been widely recognized as an integrated approach to addressing the multi-sectoral and layered needs of intimate partner violence survivors. The recognition that domestic violence effects not just a victim's health and safety, but also their employment status, housing options, education and skills training, and long-term financial security has supported the need for multi-disciplinary responses for safety planning and risk management (Stanley 2015, p.131). Global bodies, such as the United Nations, also recommend that countries establish a coordinated and integrated response across agencies in confronting the risks faced by victims of intimate partner violence (UN Women, 2012, p.44-45). Formal partnership arrangements and information sharing protocols are considered to a key piece to the functioning of coordinated multi-agency responses (UN Women, 2012, p.60). Multi-agency collaboration frameworks have been implemented across several different jurisdictions; in the United States, they are referred to as coordinated community responses (CCRs) (Shorey et al., 2014) and MARAC in the United Kingdom (SafeLives, 2014).

The MARAC model was first developed in Wales in 2003 in response to a need for systematic risk assessment and information sharing about victims among agencies responding to domestic violence (Steel et al., 2011, p.1). MARACs are multi-agency meetings where representatives from different and relevant agencies come together to share information about high-risk domestic violence cases in order to develop a coordinated plan to increase the victim's safety (Steel et al., 2011). Typically, representatives from police, probation, housing, child protection, violence against women agencies are in attendance. Information on specific cases is shared at a MARAC meeting, allowing for the different representatives to develop a safety plan of action that utilizes the resources and expertise of the various agencies at the table. At the "heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have

insights that are crucial to their safety" (SafeLives, 2014). Key to this process of collaboration is the practice of safe and effective information sharing. Evaluations of MARAC have shown that information sharing is essential to reducing repeat victimization and improving victim assistance (Robinson, 2006).

Domestic Violence Death Review Committees, bodies tasked to review intimate partner homicides within a select number of provinces in Canada, have also endorsed multi-agency collaboration. As part of their work, the committees provide recommendations for organizations and services to avoid future occurrences of intimate partner homicide (O'Marra 2003, p.3). One of the most common recommendations made by the Ontario Domestic Violence Death Review Committee (2009, p.11) is to improve risk assessment and intervention, specifically for healthcare and social service interventions (recommended for 46% of cases), police interventions (37%) and high-risk case management (27%). The first report ever released by Ontario's Death Review Committee specifically called for information sharing and case conferencing systems between agencies serving clients experiencing intimate partner violence (O'Marra 2003, p.36). Building on this initial recommendation, the Ontario Domestic Violence Death Review Committee further called on criminal justice agencies, specifically the police "…to identify, monitor, and manage high-risk cases…[and] institute a dedicated police unit that has links to community-based experts to deal specifically with high-risk domestic violence cases" (Office of the Chief Coroner of Ontario 2005, p.99). The committee also recommended that the Ministry of Community Safety and Correctional Services "develop a stand-alone model to manage high-risk domestic violence cases" because current police investigations lack the case management required for high-risk domestic violence cases (Office of the Chief Coroner of Ontario 2005, p.100).

BENEFITS TO INFORMATION SHARING

Clearer understanding of risk

Many studies have documented the benefits of multi-agency information sharing for reducing the risk related to intimate partner violence (Taylor et al., 2017; Pitt et al. 2020). One benefit of sharing information on cases of intimate partner violence is the development of a fuller picture of each case, which can reduce the fragmentation or confusion of knowledge that is crucial to developing effective safety plans (Robinson and Tredigda, 2007).

Improved accuracy of risk assessment and management

When the risk assessment and safety planning process includes information sharing between practitioners with different areas of expertise, the assessment of risk is more likely to be accurate (Robinson, 2006). A critical component that contributes to improved risk assessment is the diverse and strategic membership in multi-agency models. Each agency provides a different piece of information and offers a different function that can support victim risk management and safety planning (Robinson 2004, p.15). For example, victim services liaise and provide information about the victim, social services provide information about children and take action to protect them, and police services can over information about the perpetrator's history and other potential threats like

gun ownership (ibid). The literature also highlights that it was equally important that senior representatives participate (Steel et al. 2011, p. 14). This is because senior agency representatives have more organizational power to share information and can commit their agency to taking action on behalf of the victim (ibid). In short, it is a combination of information sharing and having relevant agencies at the table that make the MARAC model an effective risk assessment and management approach for victims of intimate partner violence.

Victim risk perception is considered to be a good predictor of future violence and has been incorporated within risk assessment frameworks (Backhouse and Toivonen, 2018). Multi-agency collaboration tables like MARAC also support the inclusion of victim risk perceptions with the participation of victims services, such as Women's Safety Units or Independent Domestic Violence Advisor services, that advocate for survivors in the MARAC process and are the main point of contact for victims (Robinson and Tregidga 2007, p.1143).

Better resource allocation for victim support

Literature shows that a multi-agency approach to information sharing enhances cost-effectiveness by reducing the duplication of services and processes (Toivonen and Backhouse, 2018, p.9). SafeLives (formerly known as CAADA), the leading advocacy body for MARAC in the United Kingdom, has estimated that the implementation of MARAC would generate £740 million (GBP) annually of gross savings (SafeLives, 2010, p.8). Their analysis estimates that for every £1 spent on MARAC, £6 will be saved through reduced costs in some of the more costly public agencies, including health services, police services, criminal justice services, and children's services (SafeLives, 2010, p.10). Unfortunately, a more recent cost analysis is not available.

Victim experiences of MARAC suggest that coordinated information sharing across agencies can help victims receive comprehensive service supports and access additional resources, an outcome that may have been difficult to achieve on their own. A research report which examined the role of women advocacy services in high-risk domestic violence multi-agency coordination found that in 87% of cases, victims accessed an average of four services; in 65% of cases, victims received intensive support by having five or more interactions over the course of their case management (Howarth et al., 2009, p. 11). Additionally, it was found that the victim agencies working collaboratively were more able to provide tailored intensive support and increase access to relevant services and agencies (e.g. housing, court, childcare) (ibid). This data suggests that sharing of relevant information on high-risk domestic violence cases enables agencies participating MARAC to streamline access to specialist services. Indeed, victims have reported that they truly felt supported by all agencies involved in a multi-agency model (Robinson & Tregidga 2007, p.1142).

Increased victim confidence in community agencies

When agencies are properly informed, they can more accurately assess risk and support victims from a collaborative risk management model. In turn, this increases victims' confidence and trust in agencies and services (Westman and Wark 2020). Research has demonstrated that information sharing across agencies led to the introduction of concrete service supports that help victims feel safer (Robinson and Tregidga 2005, p.26-27).

Additionally, information sharing protocols that encourage obtaining victim consent prior to sharing information may also increase victim confidence in community agencies and services. When practitioners seek to obtain consent to share information, they are facilitating victims to make their own decisions and providing an opportunity for practitioners to explain the options available to survivors (UN Women, 2019).

CHALLENGES TO INFORMATION SHARING & PROMISING PRACTICES

Obtaining and documenting consent

National and provincial regulations which govern the collection and disclosure of individual information like the *Privacy Act* and *Freedom of Information and Protection of Privacy Act* (FIPPA), permit the disclosure of individual information when there is a perceived threat to public or individual health or safety (Reubsaat and Hamilton, 2015, p. 16). However, it is still considered best practice to obtain and document consent from the victim whenever possible (Reubsaat and Hamilton, 2015, p. 20). As part of the process of gaining the victim's consent, agencies must thoroughly explain the multi-agency risk assessment process, its purpose, and possible impacts of the process to the victim, such as necessary police investigation due to safety concerns (Ruebsaat and Hamilton, 2015, p.30). Further, if community agencies wish to share information on their clients with other agencies, they must obtain written and signed documentation indicating what information their client has willingly consented to share, to whom, and for how long such information may be shared (McCammon, 2018). Such expectations on practitioners can add to the administrative workload of participating agencies (Robinson 2004, p.14).

Promising practices: obtaining and documenting consent

1. Establish a protocol for obtaining and documenting consent
The process of documenting consent can be a difficult and time-consuming practice, especially as different agencies may adhere to different standards of information sharing. The development of a joint protocol for obtaining and documenting consent can help provide clear and standardized guidelines for representatives across the different agencies participating in a multi-agency risk assessment table. This is particularly useful in cases where the victim is not a part of the risk assessment and case management process. A protocol can make the process more transparent and provide practitioners with greater confidence about when to obtain consent and the level of documentation required. For example, the Dufferin/Caledon Domestic Assault Review Team (DART) has developed a comprehensive protocol for obtaining and documenting consent specific to each participating agency, including police, health, child protection, and shelter and advocacy services (Hillman 2020).

Sharing information without consent

In some cases, victims of intimate partner violence may not provide consent for their personal information to be shared among collaborating agencies. Victims may fear the sharing of personal information may lead to greater harm or complications (Ruebsaat and Hamilton, 2015, p.30), involvement of child protective services, or a loss of control in an already stressful situation (Cross 2011, p. 14). While research shows that survivors are aware of the risks they face, some can underestimate the risk of harm from a partner (Campbell, 2004).

In very specific circumstances, the sharing and disclosure of personal information is legally permitted. Section 42 of *Ontario's Freedom of Information and Protection of Privacy Act* outlines when organizations, including community agencies, can disclose personal information to aid a law enforcement investigation, or when there is compelling evidence that an individual's health and safety is at risk. In practice, however, violence against women agencies report a lack of protocols for situations where a victim does not want to participate in a formal risk management model and criminal justice agencies often differ in opinion regarding the amount of personal information to be shared (Cross, 2011, p.15)

Promising practices: Sharing information without consent

1. *British Columbia: Preservation of life trumps the right to privacy*

An intimate partner violence intervention team from British Columbia, known as the Interagency Case Assessment Team (ICAT) follows the principle in which the preservation of life trumps the right to privacy. In cases where serious harm is imminent, ICAT tables leverage federal and provincial legislation to share confidential information without client consent between service providers. The implementation of this practice is decided on a case by case basis; practitioners clearly document the reasons for the disclosure, the information being disclosed, and to which recipients. The ICAT tables follow a specially drafted protocol that provides guidance on the documentation using legislation specific information sharing without client consent (Ruebsaat and Hamilton, 2015).

2. *Ontario: Four Filter Approach*

In Ontario, unless serious harm is imminent, obtaining consent must be the first priority in information sharing activities. In cases where consent cannot be obtained and information must be shared to protect a life, practitioners can follow the Four Filter Approach (Ministry of the Solicitor General 2021). The Four Filter Approach is a method designed by the Ministry of the Solicitor General to assist organizations in sharing information to reduce the imminent risk of serious harm or death while limiting the amount of confidential information shared (Ministry of the Solicitor General 2021). The Four Filter Approach offers strategies to minimize the amount of identifiable shared including sharing de-identified and descriptive information only and disclosing information to agencies that will have a direct role in the intervention and safety plan (Ministry of the Solicitor General 2021).

Fear of sharing information

The complexity of privacy legislation can make it difficult for practitioners to navigate and apply this legislation to their work. In addition to legislation, practitioners often operate under professional or organizational privacy policies which govern their capacity to actively participate in information sharing between different agencies (Ketwaroo-Green 2020, p.15). Practitioners are at times fearful that information sharing may breach their client's rights and create unsafe conditions for the client (Ketwaroo-Green 2020, p.14; Campbell 2010, p.5). The perception of professional liability can be a barrier to sharing information across agencies because it limits communication and collaboration across sector agencies (Campbell 2010, p.6). Additionally, a lack of trust between organizations or agencies due to differences in sector values has been identified as a possible barrier to information sharing as well (Cross, 2011, p.15). For example, the justice sector is perceived to focus primarily on legal outcomes and the violence against women sector is focused more victim safety outcomes (Cross 2011, p.15).

Promising practices: fear to share information

1. *Refer to professional ethical guidelines to share information*
There are several types of practitioners who may engage with women experiencing intimate partner violence including health professionals, police officers, lawyers, and social workers. These professions often have guidelines and ethical standards which direct and support practitioners to navigate information sharing activities (Martinson and Jackson, 2016, p.54). For example, the Ontario College of Social Workers and Social Service Workers (2018) has developed a privacy toolkit to help practitioners better understand and navigate the privacy legislation they operate under and how to ensure they uphold client confidentiality. Similarly, under the College of Occupational Therapists of Ontario, occupational therapists adhere to the Standards of Consent, a guide which includes established practices to ensure all therapists adhere to a standard of client information sharing (College of Occupational Therapists of Ontario, 2023). Professional guidelines can act as a means to support practitioners and standardize practices to obtaining and documenting consent, and determining when information sharing is permissible.

2. *Provide training and education on information sharing, risk assessment and safety planning*
Training and education is required on a range of topics that goes into supporting a collaborative multi-agency approach. These topics include information sharing, such as information sharing and privacy legislation, and risk assessment and safety planning tools and best practices (Campbell 2010, p.13). This training and education can enable practitioners to feel confident in undertaking information sharing practices in relation to managing and reducing risk.

3. *Build trust between individuals and systems*
Successful information sharing within a multi-agency collaboration requires trust and communication between sectors. Evaluations of the MARAC model found that trust among agencies formed through ongoing multi-agency collaboration on risk assessment and safety planning, thereby improving the working relationships between agencies (Robinson, 2004, p.17). The increased trust led to increased information sharing and more timely responses to victims (Robinson, 2006, pp.775-776). Addressing perceived power and value imbalances among the various collaborating agencies through the creation of an impartial leadership structure can also help to build trust between women and services (Campbell 2010, p.7). For instance, MARAC tables in the United Kingdom are overseen by a Chair and Deputy Chair (SafeLives 2014).

4. Develop a memorandum of understanding between agencies

The establishment of a memorandum of understanding (MOU) between agencies can help form consistent information sharing practices and responsibilities between the organizations and organizational representatives involved (Campbell, 2010, p.11-12). An MOU generally includes details pertaining to agencies or organizations involved, their duration and level of participation, and the description of their roles and responsibility (Campbell, 2010, p.12). An MOU thus clarifies the agencies involved and who is responsible for actioning pieces at various stages in the coordinated risk assessment and management process. A better understanding of who's at the table and their functions helps build trust and aids with identifying and sharing the most relevant information for the victim's safety.

Lack of clarity about inter-sectoral information-sharing protocols and guidelines

In addition to existing government legislation around information sharing, most organizations and agencies have their own respective protocols for client consent and recording and sharing information (Ketwaroo-Green, 2020, p.15). Additionally, different sectors will follow additional policies and procedures regarding personal information and information sharing. For example, Part IV in the *Police Services Act* gives Ontario's chief of police or designated police officers the power to disclose personal information for the purposes of public and victims protection amongst other reasons. On the other hand, Ontario's *Child, Youth and Family Services Act* stipulate a requirement for consent before service providers can collect or disclosure personal information. A lack of clarity about inter-sectoral information sharing processes and the additional sector-specific information sharing guidelines can create confusion and tension (Steel et al., 2011, p.18), thereby discouraging inter-agency information sharing.

Resource intensive

Research indicates that inter-agency collaboration is resource-intensive in terms of financial and administrative requirements (Robinson 2004, p.14). Unfortunately, many agencies struggle to allocate resources to multi-agency initiatives (Hague and Malos 1998, p.381). Evaluations of MARACs indicate that participation in inter-agency collaboration is on top of practitioners' existing workload, sometimes adding an extra 2-3 days per month to practitioners' workload (Robinson, 2004, pp.13-14). Even when practitioners reduce their other work duties, it does not always result in an increased capacity for multi-agency collaboration (ibid). That being said, practitioners have reported that the MARAC process is invaluable for improving victim responsiveness (ibid). It is for this very important reason of victim safety that practitioners the additional work as "paying off" (Robinson, 2004, p.14).

Promising practices: Clarity of inter-sectoral information sharing

Although the literature is clear that information sharing processes in a multi-agency model is resource intensive, there exists a lack of recommendations or practices to reduce this challenge. The promising practices below focus on clarifying and standardizing inter-sectoral information sharing processes with the hope that these improvements will have add-on benefits for reducing administrative workload. More research and evaluation studies is required in order to determine promising practices for ensuring sustainable resource allocation to continue implementing multi-agency information sharing models for high-risk domestic violence cases.

1. Standardization of language and tools

A shared language between agencies in practitioner tools, referral processes and safety planning can increase the efficiency and effectiveness of inter-agency communication (Toivonen and

Backhouse, 2018). Standardized language and tools could also help agencies communicate risk and case information in time-sensitive cases.

2. Formalized inter-agency protocols for information sharing

Inter-agency protocols are documents that govern the working relationships between agencies by setting clear terms for collaboration. Formalized agreements for partnerships and information sharing, including clear roles and responsibilities, increase the likelihood and improve inter-agency responses to intimate partner violence, allowing practitioners to work more effectively (Albuquerque et al., 2013, pp.78-80). Protocols that provide guidance or standard processes to sharing confidential information between agencies allows practitioners to quickly navigate bureaucratic hurdles to provide timely service to victims (Campbell 2010, p. 11). SafeLives (2017b) has provided guidance on the key components of an information sharing protocol.

3. Practicing proportional information sharing

Proportional information sharing, sometimes referred to as data minimization, is a common component of data sharing policy and processes (Information and Privacy Commissioner of Ontario, 2015). This principle emphasizes the responsibility of practitioners to minimize the collection and sharing of personal information and respect the right to privacy of the individuals to whom the information belongs (Information and Privacy Commissioner of Ontario 2015, p.17). Practices of inter-agency information sharing purport that service practitioners cannot disclose more information than what is necessary for the specified purpose (Beamish, 2018). Within the MARAC model in the UK, practitioners only disclose personal information about victims and perpetrators that are deemed relevant and proportionate to the risks identified (SafeLives, 2017).

4. Establishing a central point to oversee multi-agency initiatives

The practice of information sharing becomes difficult when there is no governance structure to ensure agencies are prioritizing risk management and the safeguarding of victims (SafeLives 2017). Evaluations of the MARAC model have found strong leadership and coordination carried out by a designated Chair and Coordinator supports all participating agencies in sharing the appropriate amount of information and maintaining confidentiality, alongside facilitating accountability (e.g. following up on actions at the meeting, keeping the discussion on track) (Steel et al. 2011, p.8).

5. Engaging appropriate staff persons in multi-agency collaboration

Inter-agency information sharing is effective for risk management when practitioners can speak to the risks at hand as well as commit and share organizational resources. It is best practice if practitioners engaged have access to the necessary personal information as well as the authority to commit resources on behalf of their organizations for intervening (Steel et al. 2011, pp.6-7; Robbins et al. 2014, p.393). In other words, it is important that those attending multi-agency meetings have the authority to make decisions related to safety plans to ensure that meetings are action-oriented.

CONCLUSION

The purpose of this brief was to present existing literature on information sharing practices amongst agencies serving victims of intimate partner violence in Canada. Information sharing is an essential component of a multi-agency risk assessment management approach, including within the MARAC model. The MARAC model has shown information sharing has directly led to a reduction in violence. In order to effectively adapt the MARAC model for use in Canada, it is important that we understand the current realities, challenges and opportunities surrounding information sharing.

Literature widely supports the use of information sharing in cases of intimate partner violence where there is a high risk of harm, especially lethality. Information sharing can help generate a more comprehensive risk assessment and safety plan. It can help increase the effectiveness of services and has shown to increase trust and support working relationships between practitioners across sectors.

Legal and professional obligations support the need and ability to share information when working to prevent ongoing or future harm. Information that is pertinent to a victim's safety can and should be shared across agencies that can support victims. However, there are many challenges to information sharing as identified in policy and practice. Professionals may be unclear of legal or policy information sharing directives and may fear violating a client's privacy. This is increasingly difficult for professionals to navigate if consent has not been received.

Establishing policies and procedures can help make the process clear and standardized across agencies. In addition, a formalized working agreement across agencies, especially those with different mandates, can help creates lines of communication and processes for information sharing. This is particularly relevant between community agencies and public protection agencies. The province of British Columbia has begun to pave the way on information sharing legislation and practice in Canada with encouragement in existing models and policy for information sharing across different sector agencies. This suggests that there may be opportunities to improve legislation as well as a need for further education and training related to how to share information under existing law.

Lastly, across literature, it is clear that the engagement of victims is not only important but is effective in promoting the sharing of critical information. Information can and should be shared to reduce any risk(s) of intimate partner homicide. This literature review suggests that there are promising practices that can be used and built upon to conduct information sharing activities. Further, improving practice requires sector agencies and victims to work together in streamlining this practice.

Next steps
This brief provided a high-level assessment of key themes of information sharing amongst agencies responding to violence against women service. The findings demonstrate the need to explore in greater detail the barriers facing practitioners, challenges and solutions of promising practices. This document provides a starting point for WomanACT in developing further research on this topic.

REFERENCES

Albuquerque, M., Basinskaite, D., Martins, M. M., Mira, R., Pautasso, E., Polzin, I., and Wiemann, S. (2013). *European manual for risk assessment.* E-Maria Partnership. https://e-maria.eu/?page_id=13.

Beamish, B. (2018). Data sharing among public institutions balancing privacy and service delivery. Information and Privacy Commissioner of Ontario. https://www.ipc.on.ca/wp-content/uploads/2018/10/2018-10-11-durham-connect-web.pdf

Backhouse, C., & Toivonen, C. (2018). *National Risk Assessment Principles for domestic and family violence: Companion resource. A summary of the evidence-base supporting the development and implementation of the National Risk Assessment Principles for domestic and family violence.* ANROWS. https://www.anrows.org.au/research-program/national-risk-assessment-principles/

Campbell, J.C. (2004). Helping women understand their risk in situations of intimate partner violence, *Journal of Interpersonal Violence, 19*(12), 1464-1477.

Campbell, M., Hilton, NZ., Kropp, P.R., Dawson, M., Jaffe, P. (2016). *Domestic Violence Risk Assessment: Informing Safety Planning & Risk Management. Domestic Homicide Brief 2.* Canadian Domestic Homicide Prevention Initiative. http://cdhpi.ca/domestic-violence-risk-assessment-informing-safety-planning-risk-management-brief

Campbell, M. (2010). *Threat Assessment and Risk Management in Domestic Violence Cases: An Overview of Ontario Justice and Community Collaboration for 2010 and Future Directions.* Centre for Research & Education on Violence against Women and Children. https://www.learningtoendabuse.ca/resources-events/pdfs/Threat-Assessment-Risk-Management-report.pdf

Child, Youth and Family Services, 2017, SO 2017, C.14., Sched. 1. https://www.ontario.ca/laws/statute/17c14 - BK393.

College of Occupational Therapists of Ontario. (2017). *Standards for consent.* College of Occupational Therapists of Ontario. https://www.coto.org/standards-and-resources/resources/standard-for-consent-2023.

Critical Components Project Team (2008). *Keeping women safe: eight critical components of an effective justice response to domestic violence.* https://endvaw.ca/wp-content/uploads/2015/12/8_critical_components_of_effective_justice_response.pdf.

Cross, P. (2011). *Who do you want to sue you? Confidentiality and community risk management research report and recommendations.* Centre for Research and Education on Violence Against Women and Children. https://lukesplace.ca/wp-content/uploads/2013/07/Pamela_Cross-Confidentiality_and_Risk.pdf.

Department of Justice (2013). *Making the links in family violence cases: collaboration among the family, child protection and criminal justice systems, chapter 7.* Government of Canada,

Department of Justice. https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/mlfvc-elcvf/p9.html.

Freedom of Information and Protection of Privacy Act, RSO 1990, c. F.31. https://www.ontario.ca/laws/statute/90f31

Hague, G., and Malos, E. (1998). Inter-agency approaches to domestic violence and the role of social services. *British Association of Social Service practitioners* (28), 369-386.

Howarth, E., Stimpson, L., Barran, D., Robinson, A. (2009). *Safety in Numbers: A multi-site evaluation of Independent Domestic Violence Advisor Services.* https://safelives.org.uk/sites/default/files/resources/Safety_in_Numbers_full_report.pdf

Hillman, L. (2020). *A protocol for the Dufferin/Caledon Domestic Assault Review Team.* Ministry of Community and Social Services. https://dufferincaledondart.com/dart-protocol/

Information and Privacy Commissioner of Ontario. (2015, May). *Planning for Success: Privacy Impact Assessment Guide.* https://www.ipc.on.ca/wp-content/uploads/2015/05/planning-for-success-pia-guide.pdf

Information and Privacy Commissioner of Ontario. (2016, October). *Fact Sheet: What is Personal Information?* https://www.ipc.on.ca/wp-content/uploads/2016/10/what-is-personal-information.pdf.

Jaffe, P., Dawson, M., Campbell, M. (2013). Developing a national collaborative approach to prevent domestic homicides: domestic homicide review committees. *Canadian Journal of Criminology and Criminal Justice, 55*(01), 137-156.

Ketwaroo-Green, J. (2020). *Community Perceptions: Exploring the practices of risk assessment, information sharing and safety planning among agencies working with survivors of intimate partner violence.* WomanACT. https://womanact.ca/publications/community-perceptions/.

Martinson, D., and Jackson, M. (2016). *Risk of future harm: family violence and information sharing between family and criminal courts.* Canadian Observatory on the Justice System's Response to Intimate Partner Violence. https://www.fredacentre.com/risk-of-future-harm-final-research-report-january-14-2016

McCammon, S. (2018). *Privacy standards and best practices for situational tables: a roadmap for success.* Office of the Information and Privacy Commissioner of Ontario. https://www.ipc.on.ca/wp-content/uploads/2018/10/2018-11-01-cobourg-situation-table.pdf

Ministry of the Solicitor General (2021). *Guidance on information sharing in multi-sectoral risk intervention models.* https://www.ontario.ca/page/guidance-information-sharing - section-0

Office of the Chief Coroner of Ontario (2005). *Domestic Violence Death Review Committee Annual report to the chief coroner: case reviews of domestic violence deaths, 2005.* Domestic Violence Death Review Committee.

Office of the Chief Coroner of Ontario (2009). *Domestic Violence Death Review Committee Annual report to the chief coroner: case reviews of domestic violence deaths, 2009*. Domestic Violence Death Review Committee.

O'Marra, A.J. (2003). *Annual Report to the Chief Coroner: Case reviews of domestic violence deaths, 2002.* Domestic Violence Death Review Committee.

Ontario College of Social Workers and Social Service Workers (2005). *Privacy toolkit for social service practitioners and social service practitioners.* https://www.ocswssw.org/ocswssw-resources/phipa-toolkit/

Pitt, K., Dheensa, S., Feder, G., Johnson, E., Man, M., Roy, J., Williamson, E., Szilassy, E. (2020). Sharing reports about domestic violence and abuse with general practitioners: A qualitative interview study. *BMC Family Practice, 21*, 117-127. https://doi.org/10.1186/s12875-020-01171-4

Police Services Act, RSO 1990, c. P.15. https://www.ontario.ca/laws/statute/90p15?search=police+act

Robbins, R., McLaughlin, H., Banks, C., Bellamy, C., Thackray, D. (2014). Domestic violence and multi-agency risk assessment conferences (MARACs): a scoping review. *The Journal of Adult Protection 16*(6), 389-398.

Robinson, A. (2004). Domestic Violence MARACs (Multi-Agency Risk Assessment Conferences) for Very High-risk Victims in Cardiff, Wales: A Process and Outcome Evaluation. Cardiff: Cardiff University School of Social Sciences

Robinson, A.L. (2006). Reducing repeat victimization among high-risk victims of domestic violence: The benefits of a coordinated community response in Cardiff, Wales*. Violence Against Women, 12*(08), 761-788.

Robinson, A.L., and Tregidga, J. (2007). The Perceptions of High-Risk Victims of Domestic Violence to a Coordinated Community Response in Cardiff, Wales. *Violence against Women, 13*(11), 1130–1148.

Ruebsaat, G., and Hamilton, D. (2015). *Interagency case assessment team best practices: working together to reduce the risk of domestic violence*. Ending Violence Association of BC. http://cdhpi.ca/sites/cdhpi.ca/files/ICAT Best Practices FINAL August25.pdf.

SafeLives. (2010). *Saving Lives, Saving Money: MARACs and high risk domestic abuse.* https://safelives.org.uk/node/498.

SafeLives. (2014). *Frequently asked questions Multi-Agency Risk Assessment Conferences (MARAC).* https://safelives.org.uk/sites/default/files/resources/MARAC_FAQs_for MARAC practitioners_2013 FINAL.pdf

SafeLives (2017). 10 Principles of an effective MARAC. https://safelives.org.uk/node/361.

SafeLives (2017b). MARAC Information Sharing Protocol Checklist. https://safelives.org.uk/node/352

Shepard, M. (2005). Twenty years of progress in addressing domestic violence.

Journal of Interpersonal Violence, 20(04), 436 – 441.

Shorey, R.C., Tirone, V and Stuart, G.L. (2014). Coordinated community response components for victims of intimate partner violence: A review of the literature, *Aggression and Violent Behaviour, 19*(01), 363 – 371.

Stanley, N. (2015). Breaking down barriers: New developments in multi-agency responses to domestic violence. In H. Johnson, B.S. Fisher & V Jaquier (Eds.), *Critical Issues on Violence Against Women: International perspectives and promising strategies* (pp.131-141). Taylor & Francis Group.

Steel, N., Blakeborough, L., and Nicholas, S. (2011). *Supporting high-risk victims of domestic violence: a review of Multi-Agency Risk Assessment Conferences (MARACs*), London: Home Office.

Taylor, A., Ibrahim, N., Lovatt, H., Wakefield, S., Cheyne, N., & Finn, K. *Domestic and family violence protection orders in Australia: an investigation of information-sharing and enforcement with a focus on interstate orders: Final report*. ANROWS. https://www.anrows.org.au/publication/domestic-and-family-violence-protection-orders-in-australia-an-investigation-of-information-sharing-and-enforcement-with-a-focus-on-interstate-orders-final-report/

Toivonen, C., & Backhouse, C. (2018). *National Risk Assessment Principles for domestic and family violence.* https://anrowsdev.wpenginepowered.com/wp-content/uploads/2018/07/ANROWS_NRAP_National-Risk-Assessment-Principles.1.pdf

UN Women (2012). *Handbook for National Action Plans on Violence Against Women.* https://www.un.org/womenwatch/daw/vaw/handbook-for-nap-on-vaw.pdf

UN Women. (2019). *Victim/survivor-centered approach.* https://endvawnow.org/en/articles/1790-victim-survivor-centred-approach.html?next=1789

UN Women. (2019b). *Develop confidential and safe information sharing systems.* https://www.endvawnow.org/en/articles/1856-develop-confidential-and-safe-information-sharing-systems.html?next=1849.

Westman, E. and Wark, A. (2020). The family violence information sharing scheme in practice: Reflections from peak bodies. *Parity, 33*(8), 29-30.