

# ***Public Health Guidance on Family Violence***

***Equipping Health Professionals with Information and Tools to  
More Safely and Effectively Support Women and Children  
Victimized by Violence***

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PROTECTING CANADIANS FROM ILLNESS



Public Health  
Agency of Canada

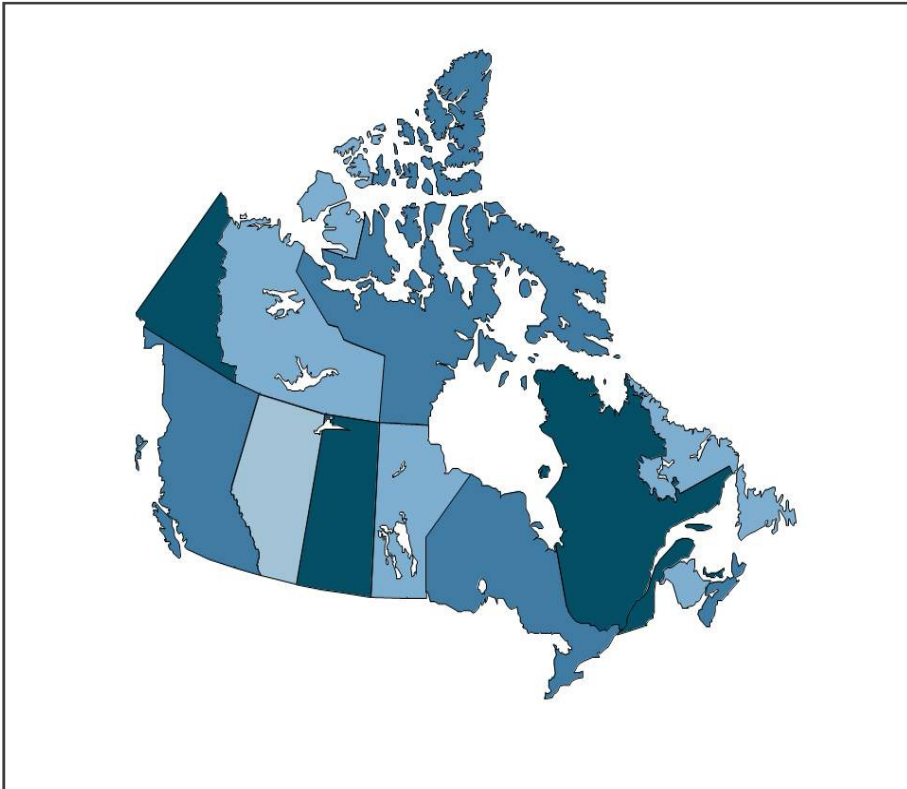
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**Canada**

# Family Violence in Canada

- Approximately 30% of Canadian women have reported experiencing intimate partner physical or sexual violence in their lifetimes
- In 2011, 70% of victims of all types of family violence were women and girls; 80% of victims of intimate partner violence were women
- Young women aged 15-24 experience the highest rates of violence
- Aboriginal women are more than twice as likely to experience intimate partner violence, compared with non-Aboriginal women
- 32% of adult Canadians report experiencing child maltreatment
- Women were more likely than men to have experienced sexual abuse as a child (14.4% vs 5.8%)

# Context: The Canadian Health System



- Federated state
  - » Health care delivered by provinces and territories
  - » Federal public health role to promote health of the population, prevent disease
- Two official languages
  - » English and French
- Multi-cultural and multi-lingual
- Heightened health inequities and rates of family violence for Aboriginal peoples

# Multi-Sectoral Collaboration to Address Family Violence

## **At the federal level: the Family Violence Initiative**

- The Minister of Health leads intersectoral collaboration by bringing 15 departments and agencies together to address family violence

## **At the community level: Child and Youth Advocacy Centres**

- There is a recognized need for integrated services for victims of violence
- Canada supports a network of innovative Child and Youth Advocacy Centres, offering wrap-around services in a safe, child-friendly environment:
  - Investigation/prosecution
  - Medical services
  - Counselling
  - Child protection
  - Community education/Prevention
- The Centres are developed through community partnerships involving police, social workers, prosecutors, health care professionals and volunteers
- 15 Child and Youth Advocacy Centres currently operating across Canada; more in development

# The Need for Health Sector Guidance and Training

- Emerging evidence shows that there is a **lack of information and training** for health professionals on how to safely support victims of family violence.
- This is problematic because:
  - » Health professionals are often the **first to interact** with victims of family violence
  - » The **stigma** associated with family violence makes it difficult for victims to reach out for help
  - » Family violence results in **complex physical and mental health outcomes**
  - » The **health system is an important entry point** for victims seeking health and social services to help them recover from family violence

# Canadian Stakeholders' Perspectives

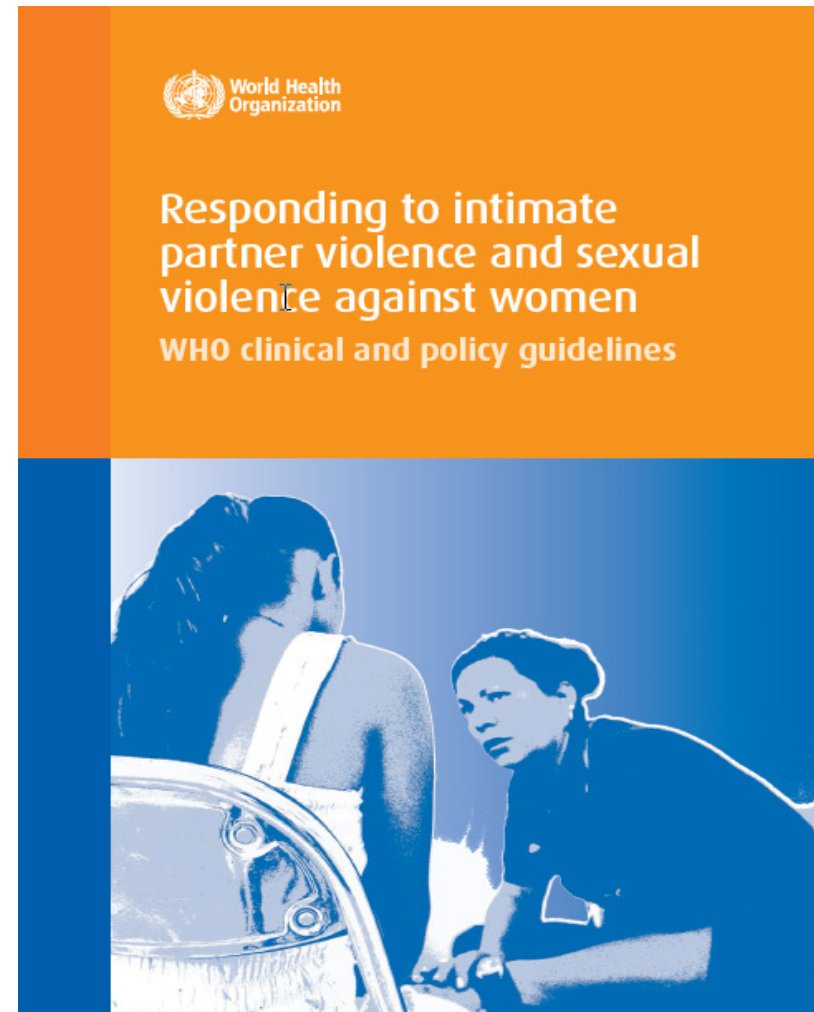
The Honorable Rona Ambrose, Minister of Health, hosted two Roundtables with national stakeholder organizations, confirming that health professionals:

- **Lack information and training** on family violence and how to deal with it
- **Feel uncomfortable** discussing family violence with patients
- **Need referral information** on local organizations that provide violence services

# Review of Existing Guidance

The Agency conducted an environmental scan of:

- **Existing Canadian guidance**
  - » Consensus statements
  - » Clinical guidelines
  - » Curricula and training
- **International guidance**
  - » WHO Clinical and Policy Guidelines on Responding to Intimate Partner Violence and Sexual Violence Against Women
  - » NICE UK Guidance on Domestic Violence and Abuse



## Gaps in Canadian Guidance

- Our review revealed that Canadian guidance:
  - » Is **fragmented** and does not provide commonly accepted baseline information across professions and settings
  - » **Lacks comprehensive and consistent information**, including how to safely and comfortably talk to victims of family violence
  - » Tends to focus on intimate partner violence with **insufficient attention to child maltreatment** and **child exposure to intimate partner violence**
  - » **Does not adequately** take into account **co-occurring health concerns**, particularly mental health and substance use issues
  - » Requires **greater attention** to **cultural contexts** (Aboriginal and newcomers)

# Addressing the Gaps: The Public Health Approach

- **Collaborative, multi-stakeholder, pan-Canadian process**
  - » Expert researchers
  - » Health professional organizations and practitioners
  - » Policy-makers
- **Guidance documents**
  - » Evidence-informed protocols for identifying victims of violence
  - » Information on how to safely have difficult and sensitive conversations
- **Accredited curricula**
  - » Embedded in medical training (pre- and post-graduate)
- **Referral pathways**
  - » Technological application (i.e. an app) that provide easy-to-access information to connect victims of violence with appropriate local services

# Principles guiding the public health approach

The following principles inform Canada's public health approach to developing guidance for health professionals:

**Multi-sectoral collaboration:** encouraging links and partnerships across sectors and organizations

**Evidence-based approaches:** applying effective approaches, addressing areas of need, or building knowledge of what works

**Health equity:** addressing the needs of populations that experience disproportionate levels of family violence

**Trauma-informed practice:** integrating knowledge of the impacts of violence and trauma into all aspects of practice and care

**Cultural sensitivity:** understanding the influence of cultural contexts

# Having the Difficult Conversations: Trauma-Informed and Culturally Competent Practices



- Supporting health professionals to become more comfortable in having difficult conversations with victims of family violence is key to providing safe and appropriate services
- Principles of **trauma-informed and culturally competent practice** provide the foundation for how to have these conversations

# Principles of Trauma-informed Practice

Health professionals:

- Develop a **solid understanding of violence and trauma**, and their impact on victim's health and behaviours
- Support the emotional and physical **safety of clients** in all aspects of practice and program delivery
- Facilitate **client control** and choice
- Foster **respect and trust** in patient-provider relationships
- Use a **strength-based** approach to support client coping and resiliency

# Principles of Culturally Competent Practice

Health professionals:

- Are aware of their own **worldviews and attitudes** towards cultural differences
- Have **knowledge of and openness to** the cultural realities and environments of the patients they serve
- Identify and address **cultural barriers** to accessing programs and services
- Engage directly with diverse cultural communities to develop increased **respect and appreciation** for the expressions and meanings of culture

# Moving Forward with Public Health Guidance

## Challenges

- Stakeholder engagement is critical from the start to ensure uptake and relevance
- Ongoing evaluation is needed to assess effectiveness and impact
- General public health guidance will need to be further tailored to health and medical specialties that play specific roles in addressing violence (e.g. pediatrics, gynecology and obstetrics)

## Opportunities:

- Building on the WHO platform, countries have the opportunity to:
  - » Adapt guidance to their own contexts
  - » Better equip health professionals to provide safe and appropriate care
  - » **Improve the health system response to family violence**