

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*

Kimberly Elmslie, Assistant Deputy Minister
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PROTECTING CANADIANS FROM ILLNESS



Public Health
Agency of Canada

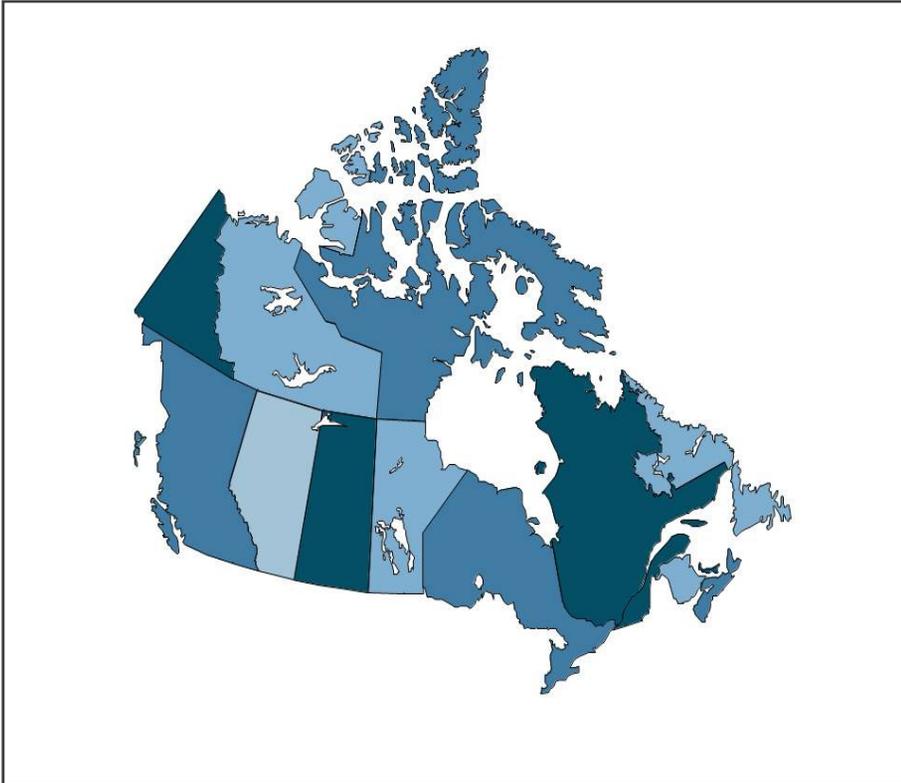
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Family Violence in Canada

- 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

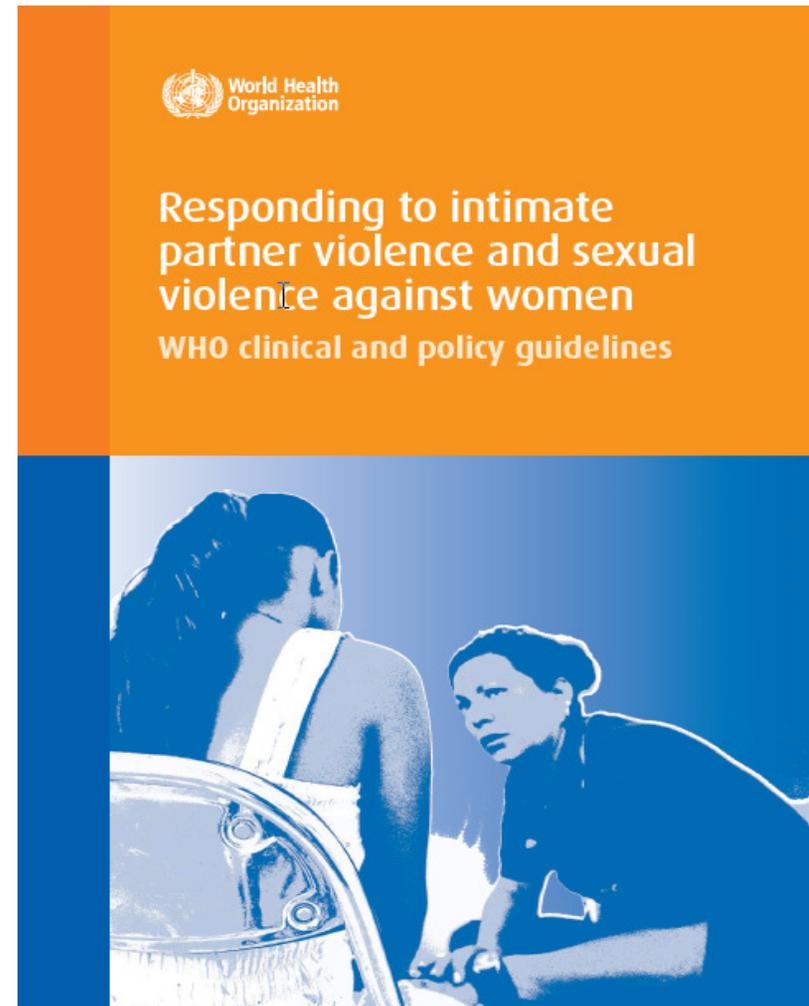
The Honorable Rona Ambrose, Minister of Health, hosted two Roundtables with national stakeholder organizations, confirming that health professionals:

- **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**