Developing Pan-Canadian Public Health Guidance on Family Violence

Harriet MacMillan, MD, McMaster University
Nadine Wathen, PhD, University of Western Ontario
VEGA Co-Leads

Funded by the Public Health Agency of Canada
• A major public health problem

• In addition to ongoing prevention efforts, Canada needs evidence-based approaches for responding to IPV and child maltreatment
Prevention and response

Prevention before occurrence

Child Maltreatment
IPV
CE-IPV

Prevention of recurrence
Prevention of impairment

Healthcare response

Long-term health outcomes

(Adapted from MacMillan et al., 2009)
Project Background

- Part of the 10-year, $100 million investment by the Public Health Agency of Canada
- Follows up on roundtables led by the former Minister of Health to “better equip health and social service professionals in providing safe and appropriate care for victims of family violence”
- Integrated input and feedback from a National Guidance and Implementation Committee (NGIC) of 22 national health and social service organizations
Need for evidence-based health & social service response

We work in a busy ER. These issues take way too long to address, especially when there’s no privacy! Also, we will never see the patient again so how can we develop the kind of relationship you need to help someone through this kind of issue.

No one taught us in Nursing School how to help people who were getting beat up every day.
The health sector plays a key role in preventing and responding to violence against women and children.
NGIC Members

- Association of Faculties of Medicine of Canada
- Canadian Association of Community Health Centres
- Canadian Association of Midwives
- Canadian Association of Schools of Nursing
- Canadian Association of Social Workers
- Canadian Centre on Substance Abuse
- Canadian Dental Association
- Canadian Dental Hygienists Association
- Canadian Indigenous Nurses Association
- Canadian Medical Association
- Canadian Nurses Association
- Canadian Paediatrics Society
- Canadian Psychiatric Association
- Canadian Psychological Association
- Canadian Public Health Association
- Child Welfare League of Canada
- College of Family Physicians Canada
- Mental Health Commission of Canada
- National Aboriginal Council of Midwives
- Royal College of Physicians & Surgeons of Canada
- Society of Obstetricians & Gynaecologists of Canada
- Women's Shelters Canada

Invited to participate at project inception by the Federal Health Minister

PreVAiL
Systematic Evidence Reviews (SERs)

• SERs in the three topics (CM, IPV, CE-IPV) underpin the guidance and curriculum

• World Health Organization (WHO) methods used to assess effectiveness within and across relevant bodies of evidence, and on key, pre-selected outcomes

• Process with NGIC will integrate input on feasibility, acceptability, equity considerations
Innovative, evidence-based & engaging practice guidance & curriculum

VEGA CORE COMPETENCIES

THE GAMES INSTITUTE

REFRAME HEALTH LAB

PreVAil
Integrating different kinds of knowledge
Knowledge & Resources

What do providers need to know about violence?

How do people develop “real world” practice competencies?

How/when do we engage with clients?

Trauma & violence informed care (TVIC)
How do we prepare providers to understand the impact of historical and ongoing trauma, including cultural safety, equity considerations, and the harm that systems and structures can cause and perpetuate?
Justice System & Legal Obligations

What are the roles and legal obligations regarding mandatory reporting for different practitioners?

What must be documented?

How does the system work?

How can care be integrated & coordinated across the justice/social/health sectors?
Feasibility & System Factors

- Is there appropriate & safe space to talk to patients/clients privately?
- Are practitioners trained, comfortable and motivated to address family violence?
- Do practitioners have time to adequately address violence when identified?
- How to get content into packed curricula? (accreditation?)
- Are services even available?
Equity Considerations

How do we best understand risks, complicating factors and important outcomes in specific contexts? How do we avoid doing harm?

- Mental health and substance misuse*
- Disability status
- Poverty/Low income/Housing instability
- Culture/ethnicity (e.g., Indigenous people*, new Canadians)
- Gender, esp. trans/non-binary people
- Age
- Sexual orientation

*most frequently mentioned
Integrating Evidence & Knowledge

NGIC
- Evidence review input
- Practice, system & ethical values/issues, contextual expertise

Priority Topics
1. Mandatory reporting (MR)
2. Trauma & violence informed care (TVIC)
3. Educational design (E/C)

ERG/PreVAiL
- Content & method expertise
- Specific expertise in priority topics

Scope 3 evidence review questions & sub-questions

Search, distill, appraise and summarize evidence

GRADE - ERG

DRAFT Guidance (each topic, with considerations across topics to keep them linked)

NGIC

VEGA HANDBOOK, CURRICULUM

Searches of all relevant evidence (peer reviewed & grey lit) for 3 SER topics

Environmental scans of related educational tools & best practices

Summaries of evidence, guidance, practice & other considerations (issue papers & briefs)

NGIC = National Guidance & Implementation Ctee; ERG = PreVAiL Evidence Review Groups
Priority Topic Leader Tables

• Almost all NGIC members joined at least one Table (MR, TVIC or Educational design), some on 2 or 3
• Series of telephone meetings leading to national meetings to prepare materials and a structured engagement approach for each topic
• Members asked to determine how they could lead discussions back to large group (plenary, small groups, etc.)
• Co-creation of knowledge – ownership & buy-in enables later processes where partners will share the work to their own members
TVIC incorporates the idea of **structural violence**, and includes **cultural safety** and **health equity**, focusing on family violence as a form of **complex trauma**.

How can we convey these ideas to learners of different types, without “scaring people off”? **Language is key.**

How can we keep the “public health guidance” focus, balanced with **delivering curriculum** for individual providers caring for individual patients/clients?

How to maintain an **ecological** approach.
VEGA TVIC Briefing Note

www.projectVEGA.ca under "Resources"

VEGA TVIC Briefing Note

The traumatic impacts of exposure to family violence (for VEGA defined as child maltreatment, intimate partner violence (IPV) and children’s exposure to IPV), have long-term effects, whether the violence itself is ongoing or in the past. When serving people who have experienced family violence, systems and providers that lack understanding of its complex and lasting impacts risk causing further harm.

Trauma-informed care (TIC) seeks to create safety for clients/patients by understanding the effects of trauma, and its close links to health and behaviour. Unlike trauma-specific care, it is not about eliciting or treating people’s trauma histories but about creating safe spaces that limit the potential for further harm for all people (Cowgill, 2008, Savage et al. 2007; Strand et al. 2015, Hopper, Bassuk, & Oliver 2010, Dechert & Abbott 2012).

Trauma- and Violence-Informed Care (TVIC) expands the concept of TIC to account for the intersecting impacts of systemic and interpersonal violence and structural inequities on a person’s life (Elliott et al., 2005). This shift is important as it brings into focus both historical and ongoing interpersonal violence and their traumatic impacts and helps to emphasize a person’s experiences of past and current violence so that problems are not seen as residing only in their psychological state (Williams & Paul, 2008), but also in social circumstances.

The main differences between TIC and TVIC are that the latter brings an explicit focus to:

- broader structural and social conditions, to avoid seeing trauma as happening only "in people’s minds"; e.g., discriminatory systems will break the bonds of trust that need to exist in a service context;
- ongoing violence including "institutional violence", i.e., policies and practices that perpetuate harm ("system-induced trauma"), e.g., making people re-tell their trauma to satisfy the needs of the system, rather than those of the person;
- the responsibility of organizations and providers to shift services at the point of care supported by policies and systems that enable these shifts.

Viewed this way, responses to trauma, including substance use and mental health problems, are seen as expected, or at least predictable, consequences of highly threatening events. This is especially the case when systemic inequities and system-induced trauma are ongoing. Staff knowledge and skill are key to addressing the traumatic effects of harmful institutional practices, including all forms of discrimination. Organizational leadership to support such staff is essential.

TVIC strives to make practices and policies safe, especially by preventing further harm. In this Briefing Note, we discuss the principles of TVIC integrated with the concepts of health equity and cultural safety. This integrated approach explicitly positions experiences of violence and trauma as social determinants of health, and provides a foundation for a public health approach to family violence.

1 The effectiveness of interventions for identification and treatment of trauma specific to exposure to child maltreatment (CM), IPV and children’s exposure to IPV is under review by VEGA. This evidence will be presented to NGIC members at future meetings, with discussion of how intervention-specific guidance is integrated with a TVIC approach.

2 "Structural" and "systemic" refer to the fact that these ways knowing and acting are embedded in the political and economic organizations of our social world – this often makes them invisible or "taken-for-granted".

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Recognizing & Responding Safely

**LISTEN**

**INQUIRE ABOUT NEEDS & CONCERNS**

**VALIDATE**

**ENHANCE SAFETY**

**SUPPORT**

Trauma awareness

Create safe environments

Foster choice, collaboration, connection

Strength-based & capacity-oriented

**TRAUMA**

&

**VIOLENCE**

**INFORMED**

**CARE**

[World Health Organization logo]

[PreVAiL logo]

[EQUIP logo]

[VEGA logo]
Current Activities

VEGA Core Competencies: “Recognizing & Responding Safely to Family Violence”

VEGA Online Practice Handbook
- Practice-specific content
- Video “explainers”
- Point-of-care tools

VEGA Foundational Curriculum
- Expanded content re: Competencies
- Interactive game-based learning
- Accreditation “ready”

User Input
Thank you.

Questions?

• Harriet – macmilnh@mcmaster.ca
• Nadine – nwathen@uwo.ca

• www.projectVEGA.ca
• @VEGA_Canada