

The Violence, Evidence, Guidance, Action (VEGA) Family Violence Resources for Healthcare and Social Service Providers



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**BRIGHTER
WORLD**



Land Acknowledgement

I would like to acknowledge that McMaster is located on the traditional territories of the Mississauga and Haudenosaunee nations, and within the lands protected by the “Dish with One Spoon” wampum agreement.

Disclosure

- The VEGA Project was funded (2015-2020) by the Public Health Agency of Canada (PHAC) under the Family Violence Prevention Investment: Supporting the Health of Survivors of Family Violence.
- I serve as Chair of the PHAC Child Maltreatment Surveillance and Research Working Group; this includes no financial compensation.
- No other conflicts of interest to disclose.

Objectives

- To discuss issues related to family violence, specifically intimate partner violence (IPV) and child maltreatment (CM) its prevalence, and signs and symptoms relevant to recognition and response.
- To identify evidence-based approaches for recognizing and responding safely to IPV and CM.
- To become familiar with resources to assist with recognizing and responding safely to IPV and CM.

Intimate Partner Violence (IPV)



Intimate partner violence refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours.

(World Health Organization 2013)

IPV Definitions

Situational couple violence

- less violent, usually episodic conflict between partners
- often bilateral

Intimate partner terrorism

- a pattern of physical, sexual and/or emotional abuse
- almost always directed toward women
- coercive control

IPV: What we know

1. Past 5-year IPV is estimated at 4% (Stats Can, 2016), and global lifetime IPV at 30% (WHO, 2022)
2. Almost 40% of all female homicides are IPV-related, and women are about 9 times more likely to be murdered by a partner than are men (Stockl et al., 2013)
3. Indigenous women experience two to four times more IPV and more severe IPV (Stats Can, 2016)
4. Associated with significant health risk behaviours, including alcohol and drug misuse, smoking, unsafe sexual behaviour and physical inactivity (Crane et al., 2013; WHO, 2005)

Intimate partner violence is associated with increased likelihood of mental health disorders

A two-fold increased likelihood of depression and alcohol-use disorder*

A 4.5-fold increase in attempted suicide*

Other mental health consequences include post-traumatic stress disorder, sleep difficulties, eating disorders, and emotional distress.*

**40% of mothers who report IPV during pregnancy experience symptoms of post-partum depression
(Stewart et al., 2017)**

Child Maltreatment

- Refers to inflicting harm on a child and also failing to protect them from harm.
- Children may be abused by someone they know in a family or in an institutional or community setting or, more rarely, by someone they don't know (e.g., through the internet).
- Commonly refers to:
 - Physical
 - Sexual
 - Emotional
 - Neglect
 - Children's exposure to intimate partner violence (IPV)



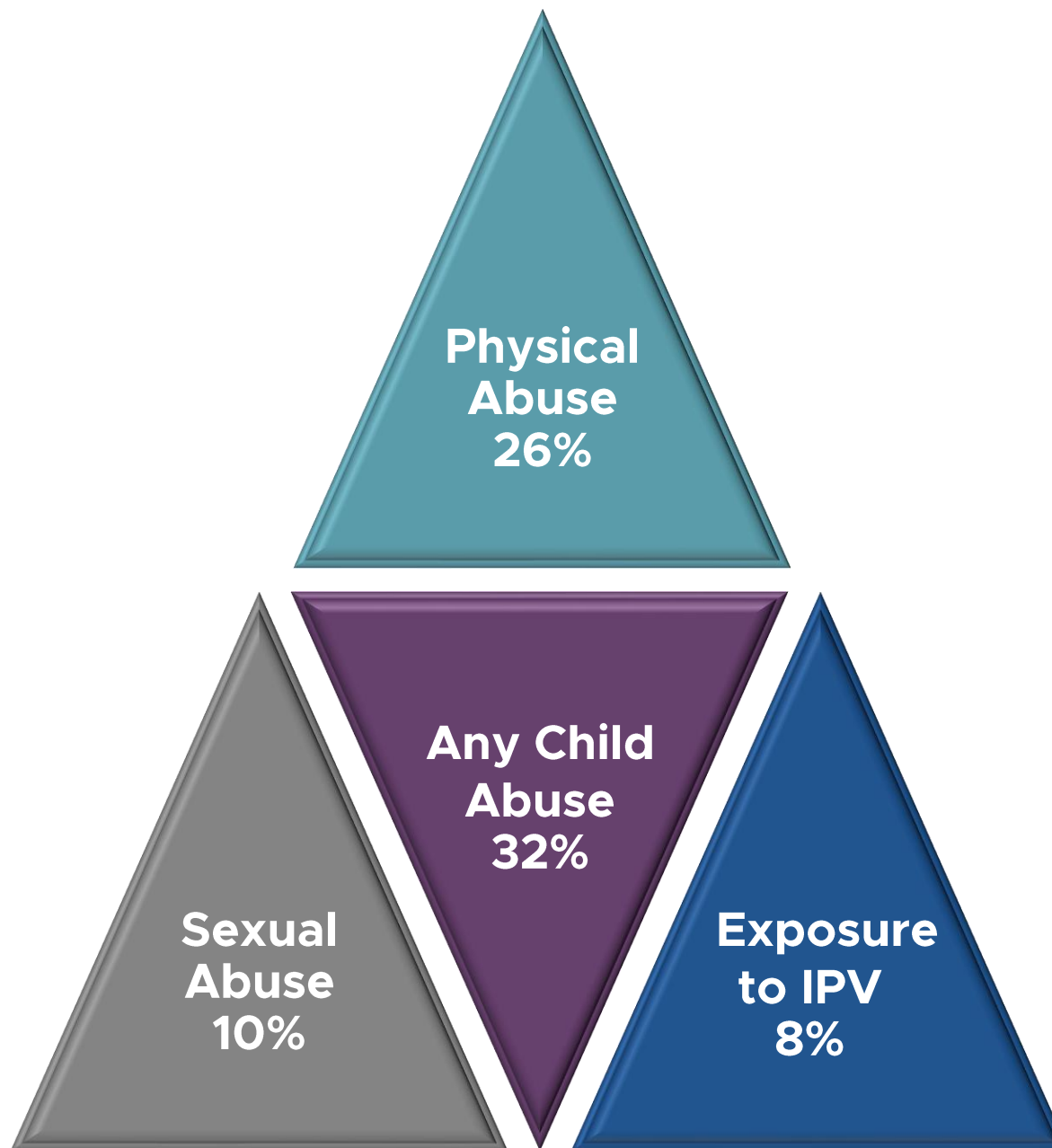
Children's Exposure to IPV

- Children or adolescents' exposure to or awareness of any incident of violent or threatening behaviour between adults who are or have been intimate partners or family members.
- Children exposed to IPV are at increased risk of other types of maltreatment including physical and sexual abuse.



Prevalence of child abuse, including children's exposure to IPV

(Afifi et al., CMAJ 2014)

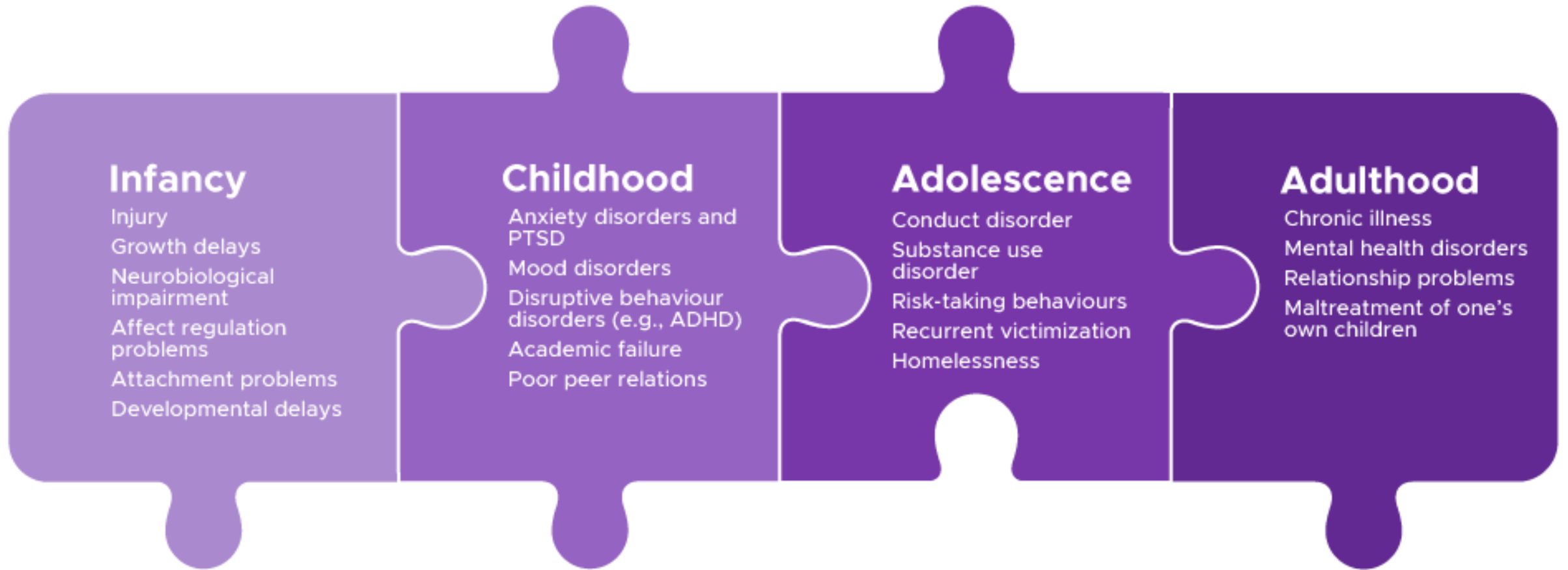


Canadian Community Health Survey 2012

Findings from the First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect, 2019

- Compared to non-Indigenous children in 2019, **First Nations children were:**
 - **more likely to be reported to child protection authorities** for all forms of suspected child maltreatment
 - **3.6 times more likely** to be the subject of a child maltreatment investigation
 - **4.7 times more likely** to be the subject of a substantiated maltreatment investigation
 - **14.2 times more likely** to experience a placement in format out-of-home care during the investigation period
- Across both Indigenous and non-Indigenous children and youth, **exposure to IPV and neglect** were the two most **common forms of substantiated child maltreatment.**

Impairment Across Lifespan





Experiences of family violence



Recognizing and Responding
Safely to Intimate Partner
Violence and Child Maltreatment

Funded by the Public Health Agency of Canada (2015-2020)

Need for evidence-based healthcare & social service responses

“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.”



National Guidance and Implementation Committee

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 Use and Addiction

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

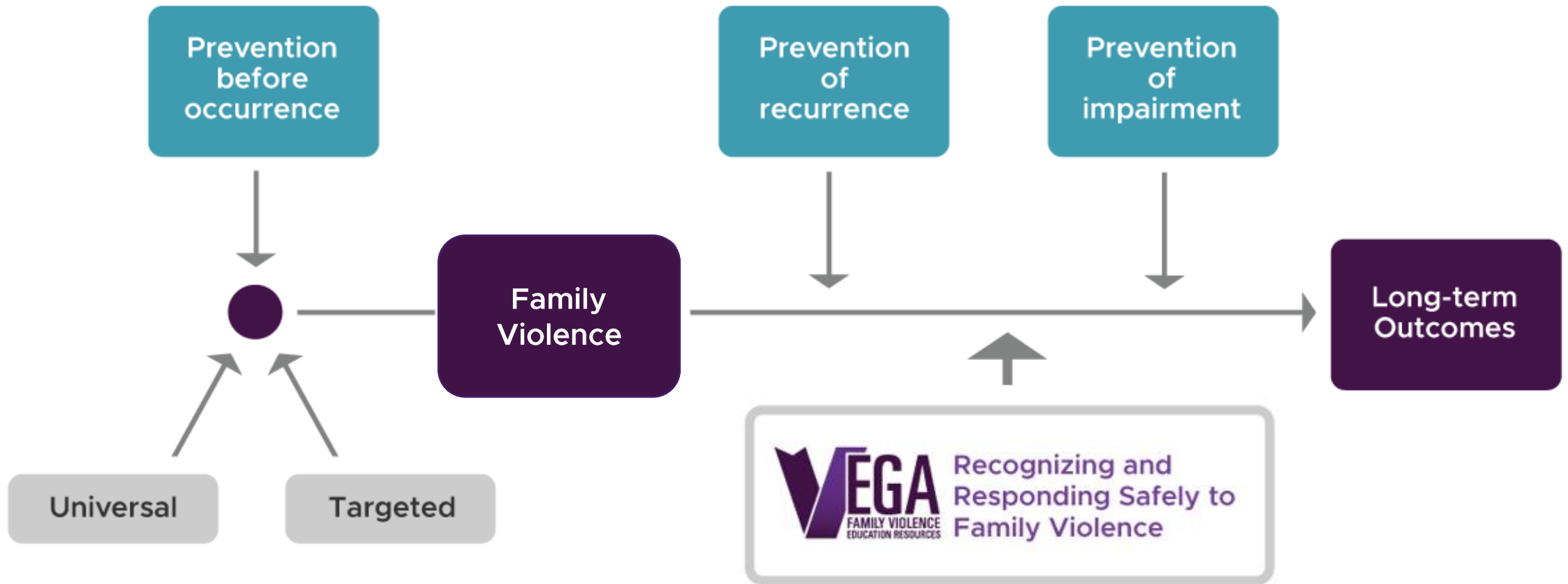
Royal College of Physicians & Surgeons of Canada

Society of Obstetricians & Gynaecologists of Canada

Women's Shelters Canada

Invited to participate at project inception by the Federal Health Minister

Recognizing and Responding to Family Violence

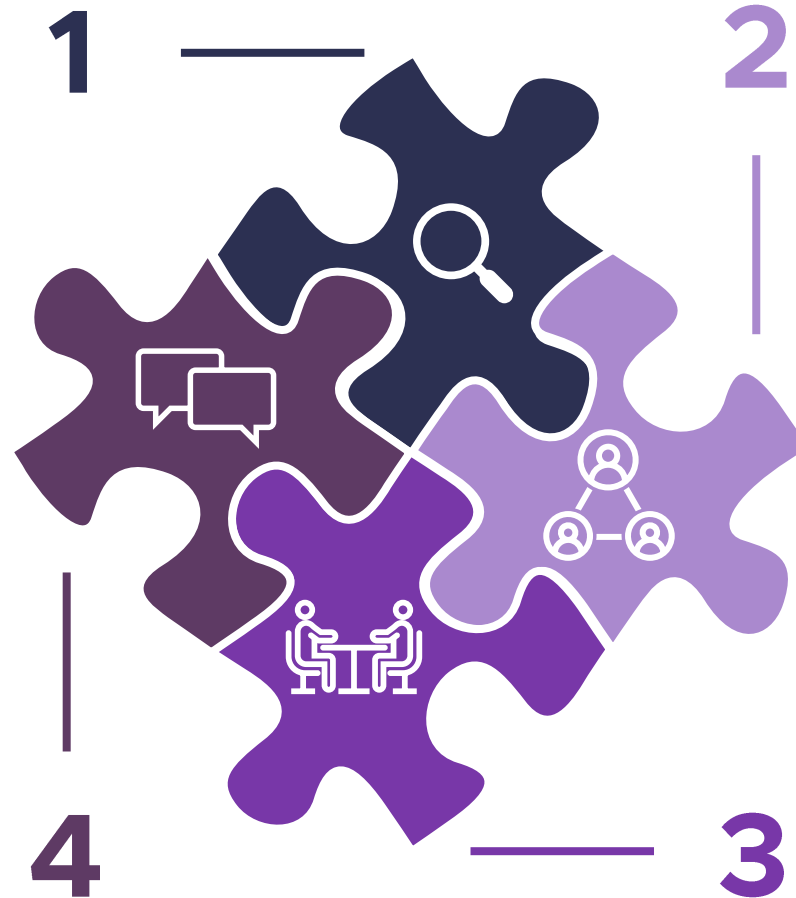


Adapted from MacMillan et al., Lancet 2009

VEGA's Evidence-based Guidance Foundation

Quantitative and Qualitative Systematic Evidence Reviews

Stakeholder Consultation



Voices of Those with Lived Experiences

Qualitative Interviews

Learning Modules and Content Examples



Know About Family Violence



Creating Safety

Recognize and Respond Safely to:



Child Maltreatment



Intimate Partner Violence



Voices of Those with Lived Experiences



HOW-TO VIDEOS



INTERACTIVE SCENARIOS



SCRIPTS



KNOWLEDGE CHECKS



REFLECTIONS



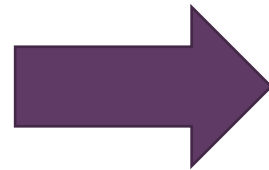
Creating Safety

- safe interactions and environments
- using a trauma- and violence-informed care framework
- includes patient/client physical, emotional and cultural safety

WHY the 'V' in TVIC?

Trauma-informed care (TIC)

- a framework that addresses the environment within which healthcare and social services are delivered
- recommendations about practices that enable aspects of the environment to be sensitive and responsive to potential impacts of trauma
- principles include a culture of safety (e.g., not re-traumatizing) and a strengths-based and collaborative approach to care



Trauma- and violence-informed care (TVIC)

- extends the TIC framework with the addition of 'v'iolence to emphasize the association between trauma and violence
- acknowledges the intersections and additive effects among:
 - past or current interpersonal violence (e.g., child maltreatment)
 - systemic violence (e.g., racism, discrimination and colonialism) and
 - negative outcomes (e.g., poor health, lack of access to care)

Environment, Approach and Response (EAR) Model



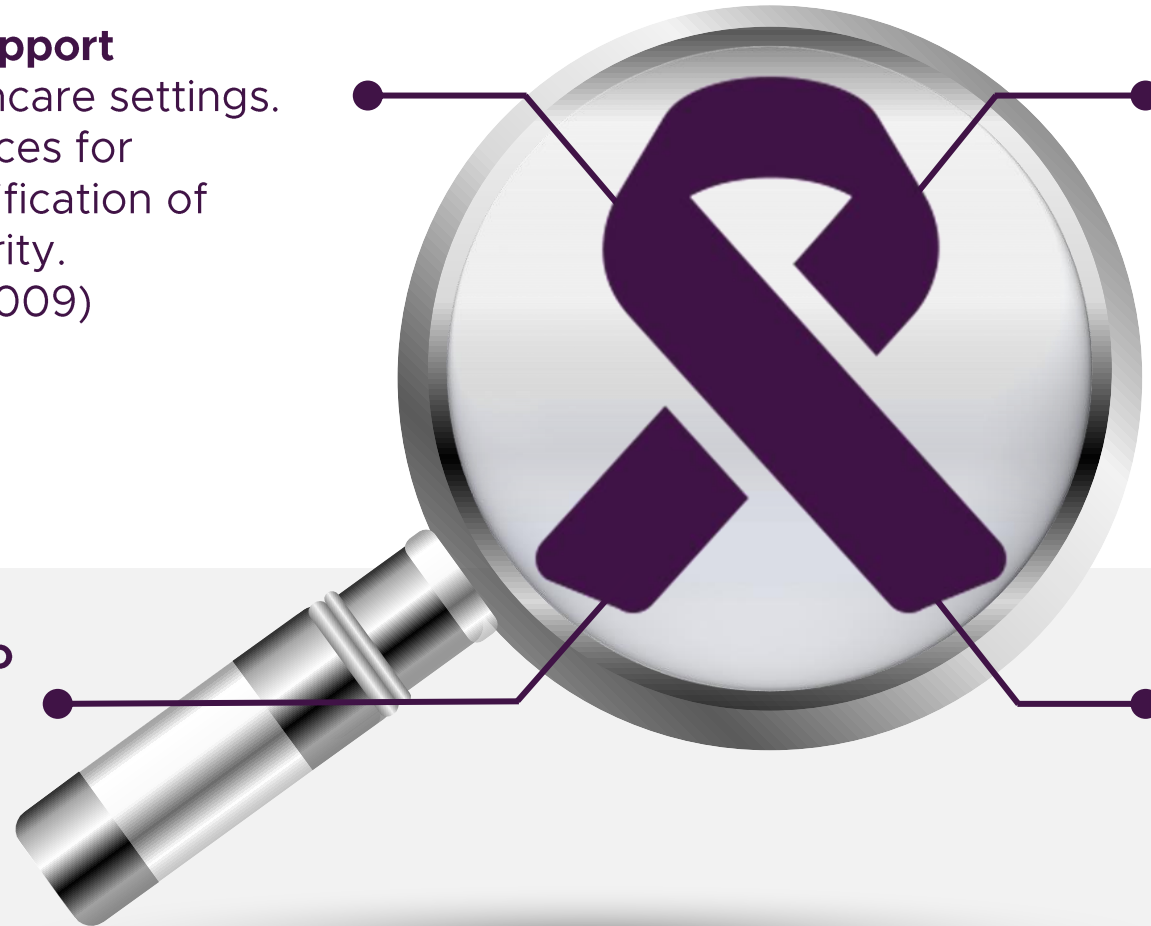
A purple awareness ribbon is draped across a textured, light-colored surface. The ribbon is the central focus, with its loops and folds clearly visible. The background has a mottled, stone-like texture. A semi-transparent white rectangular box is overlaid on the center of the image, containing the title text.

**Evidence & Resources for
Recognizing & Responding
Safely to Intimate Partner
Violence**

What's the evidence for identifying IPV?

No evidence to support screening in healthcare settings. Evaluation of services for women after identification of IPV remains a priority. (MacMillan et al., 2009)

Need to be **alert to signs, symptoms and risk factors.** (WHO 2013)



2 subsequent trials (New Zealand and US) **showed no reduction in IPV or improvement in health outcomes.** (Klevens et al., 2012) (Koziol-McLain et al., 2010)

While screening increases identification, there is **insufficient evidence to justify screening** in healthcare settings. (O'Doherty et al., 2015)

Recognizing IPV signs, symptoms and risk factors

SIGNS AND SYMPTOMS

1. Physical health
 - sleep disorders, chronic pain, etc.,
2. Reproductive health
 - pregnancy complications, pre-term birth, etc.,
3. Mental health
 - depression, anxiety disorders, etc.,

BEHAVIOURAL SIGNS

- repeated cancelled visits
- + use of health services
- reported symptoms and history do not match
- person seems fearful or defers to partner
- partner is always present and resists leaving, etc.,

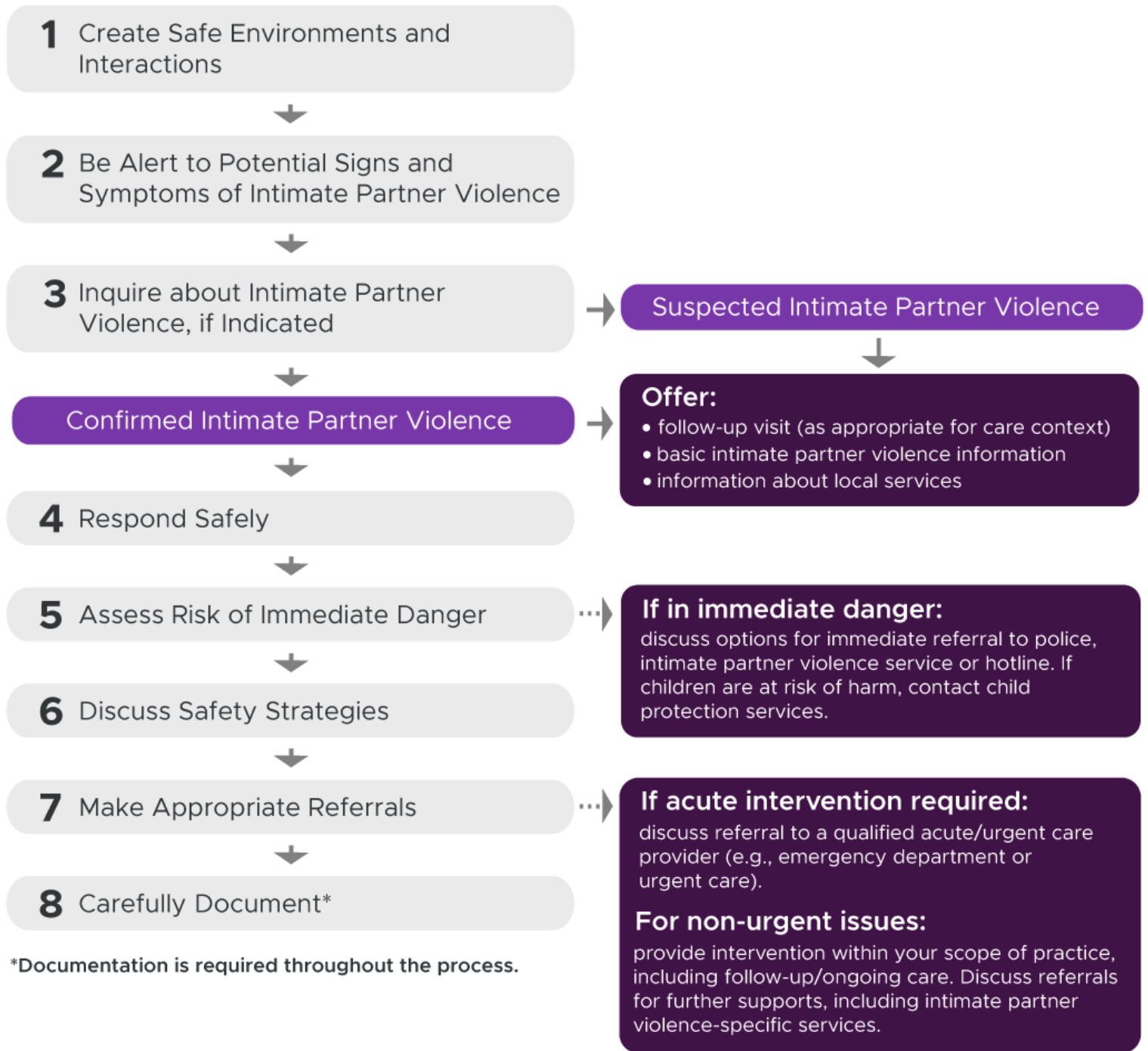
RISK FACTORS

- past history of IPV
- depression
- substance use and addition by those who perpetrate violence
- financial strain
- young age
- recent separation
- if partner suspects fetus is not his, etc.,

Evidence-based Responses to IPV

- Some evidence that structured brief advocacy interventions may be helpful for women in improving mental health and reducing abuse, particularly for pregnant women and those experiencing less severe abuse
- Advocacy focuses on legal, housing, and financial advice, facilitating access to community resources, safety planning advice, ongoing support (Rivas et al., 2015)
- Psychological therapies appeared to reduce depression and may reduce anxiety symptoms, but did not increase safety planning, reduce post-traumatic stress disorder or IPV (Hameed et al., 2020)
- Insufficient evidence for any interventions for those committing IPV
- Psychological therapies when delivered in conjunction with treatment for alcohol problems showed promise (Tarzia et al., 2020)
- Caution is required when considering couples' interventions; generally have not been recommended due to concern about increased risk of danger; some evidence that they might be effective when applied to "mild to moderate situational couple violence" (Karakurt et al., 2016).

Intimate Partner Violence Care Pathway




Phased approach to inquiry

Begin the discussion by addressing the presenting concern.



Ask about the person's general well-being before inquiring about safety at home.



Specific questions you can use but use your own words as appropriate to the conversation.



Many people will not recognize that their experiences are abusive. Rather than asking if the person is experiencing abuse, it may be more helpful to ask about felt experiences of (a lack of) safety or about specific behaviours (e.g., controlling behaviours of partner).

Examples of things you can say to prompt discussion about IPV

General questions:

- “How do you and your partner get along?”
- “How are things at home?”

More Specific Questions:

- “Do you feel safe at home?”
- “Does your partner control or try to control the things you do?”
- “Has your partner harmed or threatened to harm you (and/or the children)?”

World Health Organization LIVES Approach*

L ISTEN	Listen closely, with empathy, and without judging.
I NQUIRE ABOUT NEEDS AND CONCERNS	Assess and respond to various needs and concerns—emotional, physical, social and practical (e.g. childcare, finances)
V ALIDATE	Show that you understand and believe. Assure the individual that she/he is not to blame.
E NHANCE SAFETY	Discuss a plan to protect the individual and her/his family from further harm
S UPPORT	Support individuals by helping them connect to information, services and social support.

* Adapted by VEGA, with permission

Important things you can say when someone discloses exposure to intimate partner violence:

- “Everybody deserves to feel safe.”
- “No one deserves to be abused.”
- “I’m taking what you have told me seriously. I’m here to help.”
- “I am worried that this may be affecting your health.”
- “It took a lot of courage to tell me this.”
- “Thank you for sharing this with me.”
- “It sounds like you have been dealing with this for a while; can you tell me how you’ve been trying to keep you (and your children) safe?”



Video: How to assess risk of immediate danger

Intimate Partner Violence Educational Scenario



REMINDER



UNDO LAST
CHOICE

SELECT

Ask N how things have been since the last session.

Ask N to fill out a checklist about her symptoms since the last session.

Inform N that you want to review each of her symptoms to see how things have changed since the last session, in which she was struggling with her relationship with her mother.

A brown teddy bear is sitting on a wooden floor, facing away from the camera. Behind it is a white stuffed animal, possibly a lamb or a bear, also sitting on the floor. The background is a blurred green wall or foliage. The text is overlaid on a semi-transparent white box in the center of the image.

**Evidence & Resources for
Recognizing & Responding
Safely to Child Maltreatment**

What's the evidence for identifying Child Maltreatment?

No evidence to support child maltreatment **screening** (McTavish et al., 2020; WHO, 2018)

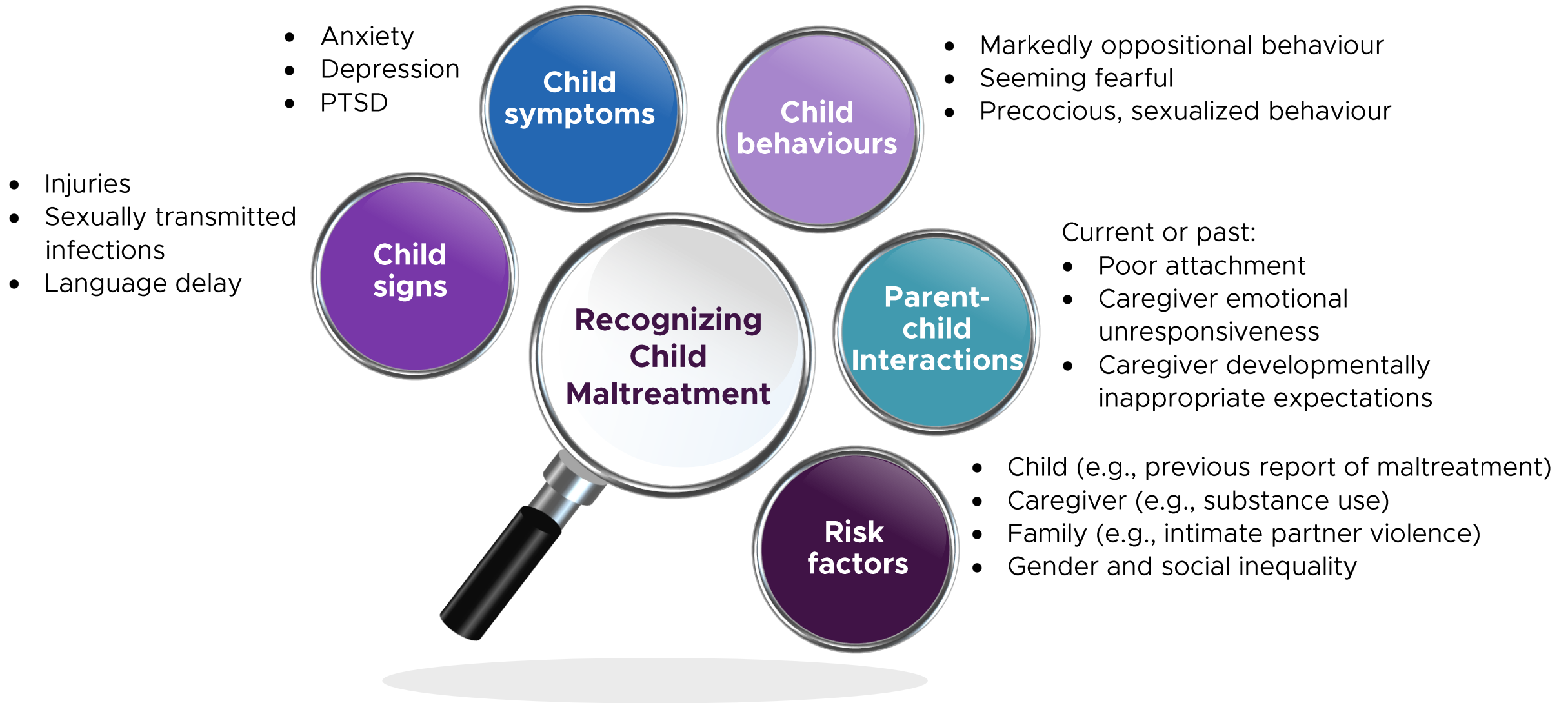
Need to be **alert to signs, symptoms and risk factors** (WHO, 2018)



Understand the difference in the role of child protection workers compared with other providers (VEGA, 2020)

Providers should assess for child maltreatment when indicated and **without putting the child at increased risk** (WHO, 2018)

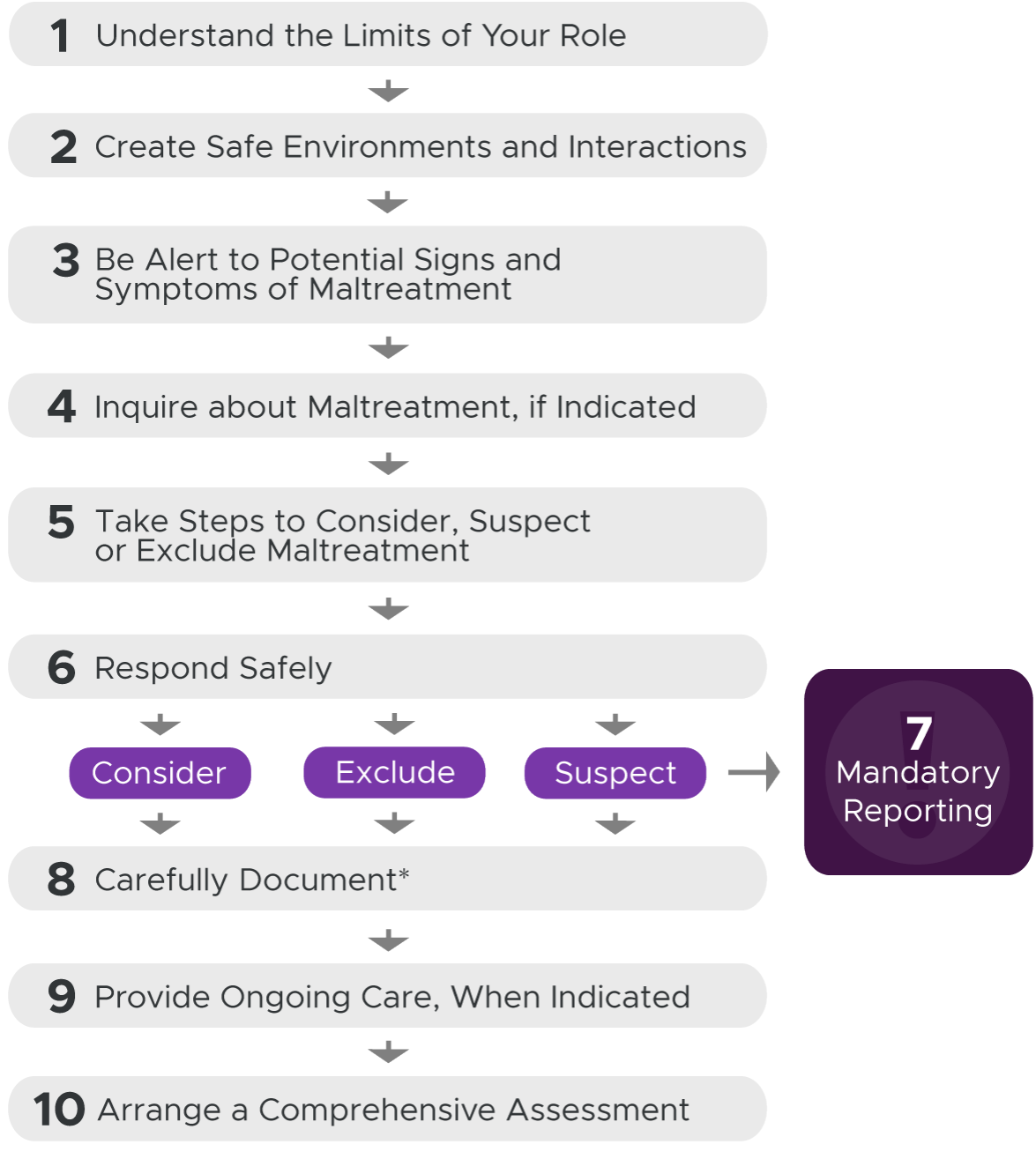
Recognizing Child Maltreatment



Example of Information on Responses to Child Maltreatment

- Determine what a child and family need based on assessment, the child's physical and mental health symptoms, academic and social problems.
- Where possible, collaborate with child protection services to help keep the child safe from further abuse or neglect and to determine ongoing care.
- Examples of evidence-based interventions include the following:
 - cognitive behavioural therapy (CBT) with a trauma focus for children with PTSD symptoms who have experienced sexual abuse.
 - parent-child interaction therapy (PCIT) for children and their parents, where children have experienced physical abuse or neglect and have externalizing symptoms.
- Consider referrals for other evidence-based interventions depending on the needs of children and their families.

Child Maltreatment Care Pathway



Consider exposure to maltreatment in the assessment of any emotional or behavioral condition





Questions for Children

PREAMBLE:

Ask the child who is in their household. Once the child indicates who is in their family, you may ask,

“How do the people in your family get along?”

THEN:

“What do you like about [each person in the family]?” “What do you dislike about [each person in the family]?”

“Has anyone ever made you feel afraid? Can you tell me about that?”

“What happens when people in your family get mad/angry?”

“What do they do?”

“Do people in your family ever fight?” “If so, who?” “What does that look like?”

“Does anything else happen?”

“What is the worst thing that happens?”

“What happens when you get in trouble or don’t listen to [your caregivers]?”



How-to Videos about suspected maltreatment



Educational Scenario

Recognizing and Responding Safely to Child Maltreatment



VIEW HINT

UNDO LAST CHOICE

SELECT

Ask about parent-child interaction in waiting room

Assess child's status

Ask about bruise



Funding provided by the Public
Health Agency of Canada

2019-2023

(PI - Melissa Kimber, PhD)

1. Identify & create implementation drivers for the pan-Canadian uptake of VEGA as a health professional education intervention (*current funding*).
2. Evaluate the perceived value & impact of VEGA to lead to improvements in:
 - a) practitioner recognition and response to family violence (*current funding*)
 - b) the well-being of individuals and families who have experienced or who are at risk of experiencing family violence (*future funding*)



Summary

- **Family violence**, which includes child maltreatment and IPV, is a **major public health problem** associated with impairment that extends across the lifespan.
- Healthcare and social service providers are well positioned to help those who have experienced or are currently experiencing family violence **using guidance that incorporates current evidence information about needs and preferences, and approaches that do not compromise safety.**
- **VEGA is a platform of online evidence-based resources** to assist providers in recognizing and responding safely to family violence. It is important to determine if its use improves clinicians' knowledge, attitudes and behaviours.

**To Register for VEGA's Family
Violence Education Resources:**

<https://vegaproject.mcmaster.ca/>

For more information:

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[@VEGA_Canada](https://twitter.com/VEGA_Canada)

**Thank
you!**

