



The VEGA (Violence, Evidence, Guidance, Action) Project's Guidance for Responding Safely to Intimate Partner Violence: Adapted for Public Health Nurses¹

This resource uses VEGA's evidence-based guidance to provide tailored information that a public health nurse may offer, for consideration, to a woman who is experiencing current (or past) intimate partner violence (IPV).

VEGA has created pan-Canadian, evidence-based guidance and education resources to assist healthcare and social service providers in recognizing and responding safely to family violence (child maltreatment and intimate partner violence). VEGA developed these resources with funding from the Public Health Agency of Canada (2015-2020) in collaboration with 22 national organizations, including the Canadian Association of Schools of Nursing, Canadian Indigenous Nurses Association, and Canadian Nurses Association. VEGA's resources are based on a series of systematic reviews summarizing the scientific evidence. For more information see: vegaproject.mcmaster.ca.

When an individual discloses past or current IPV, it is part of the nursing process to:

ASSESS

needs for immediate information, support, or additional services, including care for injuries, physical or mental health conditions, or other health concerns (e.g., substance use).

IMPLEMENT

nursing interventions, including health teaching or safety planning.

REFER

women (and their children), using warm referrals to additional community supports or services.

If the child(ren) has been exposed to IPV, it is the nurse's responsibility to refer to child protective services.

The nurse's decision to offer, and the client's decision to utilize, a specific intervention will be influenced by:

client's needs, preferences, values, and past experiences

client's readiness to act or make a change to their situation client's resources to access or utilize the intervention local availability of or accessibility to the intervention

Offer referral or support to access an emergency women's shelter which provides safety for women (and their children) at immediate risk¹

Intervention description

Information about local women's shelters

- provide safe refuge for women (and their children); material support (e.g., food, shelter, clothing); advocacy services and supports for active system navigation; education and counselling.
- if a client expresses a
 preference to not seek physical
 refuge in a shelter, contact the
 shelter to explore if they offer
 advocacy as an outreach service.



Prior to discussing options for additional supports, services, or interventions, it is critical to assess that the conversation is occurring within a private space (physical or virtual), where no one else can overhear the conversation.

Offer referrals to advocacy services to women who disclose IPV, especially those experiencing IPV during the perinatal period¹

Intervention description

Information about local IPV-specific advocacy services

- structured, brief advocacy interventions, particularly for women who experience violence during the perinatal period, have been shown to be effective, whether an individual is residing in a shelter or remaining in the community.
- advocates who specialize in working with women (and their children) who have experienced current (or past) IPV typically:
 - Provide IPV-specific advice related to safety planning, legal, housing, or financial issues.
 - Facilitate access to other community services and supports.



Consider brief to medium-duration counselling and advocacy/support for pregnant women who disclose IPV¹

Intervention description

Information about local counselling or advocacy supports for pregnant women

- consider referring pregnant women to health care providers trained to provide brief to medium-duration counselling and advocacy or support.
- IPV that continues throughout pregnancy is often severe which raises concerns about increased risks to maternal and fetal health outcomes.



Informed by nursing health assessment, consider referrals to other evidence-based interventions¹

Intervention description

Information about local interventions

As part of your nursing health assessment using program-specific assessment tools (e.g., EPDS, GAD-7), you may identify the need to refer your client to evidence-based treatments for specific health conditions (e.g., depression), injuries (e.g., strangulation) or other health concerns (e.g., substance use).

Primary Health Care:

Substance Use:

Mental Health:

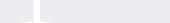
Sexual Assault and Domestic Violence Centre:

Consider a referral to a professional with expertise in delivering cognitive behavioural therapy (CBT) or eye movement desensitization and reprocessing (EMDR) interventions for IPV-exposed adults with post-traumatic stress symptoms¹

Intervention description

Information about local professionals with expertise in:

- CBT is a psychological intervention that generally attempts to challenge distorted, negative thinking patterns to help an individual develop more adaptive cognitions and behaviours.
- EMDR is a psychological intervention with standardized procedures for simultaneously focusing on 1) spontaneous associations of traumatic images, thoughts, emotions, and bodily sensations, and
 bilateral stimulation, most often in the form of repetitive eye movements.



EMDR:

CBT:

NOT RECOMMENDED: Referrals to Couple's Counselling¹: When a woman is experiencing IPV, do not recommend couple's counselling or "couple's therapy" where partners either participate together in the same session(s) or participate alone in separate sessions. Evidence does not indicate that there are any benefits for women, and there are concerns that participation in couple's counselling may result in potential harms, especially to women.

¹Adapted with permission from VEGA Project. VEGA (Violence, Evidence, Guidance, Action) Family Violence Education Resources [Internet]. Guidance for Recognizing and Responding Safely to Intimate Partner Violence [PDF]. Hamilton, ON: McMaster University; 2020. Available from: https://vegaproject.mcmaster.ca/

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