






## In the January 2017 Newsletter:

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## RECAP: NGIC Meeting

Harriet MacMillan & Nadine Wathen, VEGA Co-Leads

November 22 & 23, 2016: Members from the 22 organizations of the VEGA [National Guidance and Implementation Committee \(NGIC\)](#) convened in Ottawa to determine how to bring guidance developed in the Children's Exposure to Intimate Partner Violence (CE-IPV) and IPV Evidence Review Groups (ERG) into practice guidance and curriculum tailored to the different learners represented by the NGIC.



The identification and initial response guidance, combined for both IPV and CE-IPV, was presented. There was strong support for the World Health Organization's LIVES approach, with many excellent ideas to enhance it with VEGA's commitment to integrating [trauma-and violence-informed care \(TVIC\)](#), and ensuring that we address key practice concerns (e.g., [mandatory reporting](#), documentation).

Suggestions for “referral pathways” based on professional and practice contexts will be integrated into the next version of the guidance, and ultimately the curriculum. There was also a presentation on the emerging field of “serious gaming technology” to create online (or for classroom use), immersive, and interactive learning environments as one component of VEGA’s curriculum delivery strategy. Finally, there was initial discussion about accreditation in relation to curriculum implementation. For more details, please see our [Meeting Summary Notes](#).

**The next NGIC meeting will take place in Ottawa on June 14 & 15, 2017.**

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## VEGA Knowledge Mobilization Update

Anita Kothari, VEGA Knowledge Mobilization Lead

In November, I had the wonderful opportunity to attend the VEGA National Guidance and Implementation Committee (NGIC) meeting in Ottawa. The focus was on the guidance developed following evidence reviews in the areas of intimate partner violence (IPV) and children’s exposure to intimate partner violence (CE-IPV), and discussions revolved around how to bring this information into curriculum using a trauma-and violence-informed care perspective.

There are two things in particular that I found quite exciting about the VEGA project. First, in this journey from evidence to practice tools, there is an explicit understanding that research is only one source of information. That is, while evidence about effective interventions and approaches to family violence is useful, it is not enough to inform best practice outcomes. Additional, informal knowledge is also important to ensuring practice tools are of optimal use to health and social service providers. Informal sources may include expert and experiential knowledge, or context-specific knowledge. The VEGA project is one of the first that is actively incorporating multiple sources of evidence to develop trauma-informed strategies to support victims of violence.

The second exciting aspect was observing *the process* through which these multiple sources of knowledge are being synthesized. As co-producers, NGIC members and researchers are integrating research evidence and informal knowledge to develop tailored guidance and curriculum materials for violence response. This project goes beyond *consultation*, as it has been uniquely designed to allow for meaningful relationship building and collaboration. The NGIC November gathering was the third face-to-face meeting among NGIC members, and it was evident by the free flowing, mindful discussions that trusting partnerships have been achieved.

Given the importance of engagement among NGIC members, we want to understand the ways in which the approach *works*, as well as identify any weaker elements. Through our evaluation we are collecting data to determine how NGIC members and project leads perceive the quality of their interactions, and we plan to describe the project impacts accordingly. Watch this space for further updates.

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## VEGA Resources

- ✚ **IPV Identification: We Must Do Better Than Screening (publicly available):** [here](#)
- ✚ **Research Briefs (publicly available):** PreVAiL [IPV](#) and [CE-IPV Briefs](#)
- ✚ **Briefing Notes (publicly available):** [TVIC](#) and [Mandatory Reporting](#)
- ✚ **For Members (login required):** [Presentation material](#)

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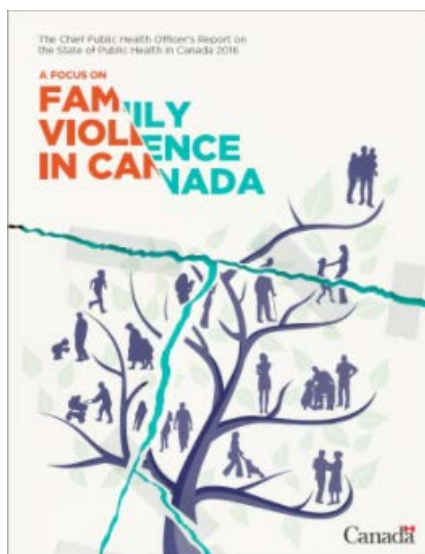
### Highlighted VEGA Resource: IPV Identification: We Must Do Better Than Screening

In late 2016, the issue of intimate partner violence against women was again brought into the headlines with the murder of a Toronto physician and the subsequent charging of her husband, from whom she was reportedly attempting to separate. This prompted discussion in the media, including on CBC's [The Current](#), regarding the health sector's approach to IPV. Despite almost a decade of research showing that universal IPV screening in healthcare settings is not effective, many still advocate this position, though they often mean something different when they say "screening". VEGA, in an attempt to clarify both the existing evidence, and our emerging position on how best to identify and respond safely to those experiencing IPV, has created a one-page briefing note that outlines an evidence-based approach to IPV identification and initial response – it's freely available [here](#). We encourage you to access and share it.

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## Other Featured Resources

Members of PreVAiL and VEGA contributed to [The Chief Public Health Officer's Report on the State of Public Health in Canada 2016: A Focus on Family Violence in Canada](#).



*Family violence is an important public health issue. Its impacts on health go beyond direct physical injury, are widespread and long-lasting and can be severe, particularly for mental health. Even less severe forms of family violence can affect health.*

New VEGA Publication: Hanson, M.D., Wathen, C.N., & MacMillan, H.L. (2016). [The case for intimate partner violence education: early, essential and evidence-based](#). *Medical Education*. 50: 1087–1093. doi: [10.1111/medu.1316](#)

Key points from this article:

***“In addition to the three requirements of ‘early, essential and evidence-based’, there needs to be system wide collaboration and uptake of IPV education”***




***“Accreditation and examination standards, although necessary, are not sufficient in ensuring the adequacy of IPV education”***

***“IPV education needs to be prioritized: it should be considered essential and provided early in the educational curriculum”***

If you do not have the required subscription to this journal, please contact [VEGA@mcmaster.ca](mailto:VEGA@mcmaster.ca) for a copy of the publication. It is also posted in the NGIC member area of the VEGA website.

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## Events

-  **January 31<sup>st</sup> 2017:** *What it takes to be a Trauma-informed Organization*. Register for the IWK webinar sponsored by the Family Violence Knowledge Hub [here](#).
-  **February 15<sup>th</sup> – 17<sup>th</sup> 2017:** *Canadian Conference on Promoting Healthy Relationships for Youth: Breaking Down the Silos in Addressing Mental Health & Violence*. Register [here](#).
-  **Archived:** *From trauma-informed to trauma-and violence informed* (November 2016). Revisit the webinar by VEGA member Dr. Colleen Varcoe [here](#).

If you have events of interest to share, please send them to [VEGA@mcmaster.ca](mailto:VEGA@mcmaster.ca) for consideration.

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