

VAW RESEARCH NEWSLETTER



Welcome to our Fall 2025 newsletter!

We're excited to bring you the latest updates from the work of the VAW Research Team.

This edition serves as a fall update, highlighting our recent accomplishments, progress, and what is coming next for our projects.

Any questions can be directed to vaw@dal.ca.

The latest on this month's issue:

New Publications

Project Updates

Conference
Presentations

Dal Research Award

Infographic
Spotlight

New Publications

We are excited to share new publications from our team

Click below to read our paper on the barriers and facilitators to addressing domestic and sexualized violence which showcases the qualitative results from our health systems survey distributed to 1649 Health Professionals in Nova Scotia.

Organizational and systems-level barriers and facilitators to health professionals' readiness to address domestic and sexualized violence: a qualitative study from Nova Scotia, Canada

Enrique Villacis Alvarez¹, Janine Noorloos², Susan J. Wilson², Robert Green², Shelley Fashan³, Christine Pritchett⁴, Crystal John² and Alexa R. Yakubovich^{1,2*}

Click below to read our paper on the mental health of survivors of violence accessing services during the COVID-19 pandemic

Women's Health
Volume 21, 2025
© The Author(s) 2025, Article Reuse Guidelines
<https://doi-org.ezproxy.library.dal.ca/10.1177/17455057251338484>

Sage Journals

Exploring the wholistic impact of intimate partner violence on women's health - Research article



The mental health of survivors of violence against women who accessed supportive services during the COVID-19 pandemic: A narrative thematic analysis

Bridget Steele¹, Priya Shastri^{2,3}, Catherine Moses^{2,4}, Elizabeth Tremblay^{2,4}, Monique Arcenal^{2,5}, Patricia O'Campo^{4,5}, Robin Mason^{4,6}, Janice Du Mont^{4,6}, Maria Hujbregts⁷, Amanda Sim⁸, and Alexa R. Yakubovich^{1,2*}

The IPV Project

In addition to our recent publications on our health survey findings, our team has been busy working on several new outputs, including both survey and interview data.

These findings provide valuable insights into current gaps and opportunities for strengthening systems responses to VAW and gender-based violence more broadly. Several manuscripts are currently being drafted. Stay tuned!

Health Systems Work

We've been meeting regularly with our partners to plan and coordinate the implementation and evaluation of interventions aimed at responding to violence in priority areas across Nova Scotia.

Our study has received ethics approval from Nova Scotia Health, and our submission to the IWK Research Ethics Board is pending review.

Indigenous Project

Our team has been conducting interviews with health, VAW staff, and survivor participants in Nova Scotia over the summer, exploring the experiences of Indigenous women and Two-Spirit survivors of violence. Initial analysis of interview data is underway. We are also in the process of expanding our advisory group to New Brunswick and Ontario, with plans to conduct interviews in these provinces as well.

"Indigenous services made more sense to me. And a lot of people who are spiritual find more peace in services like that because they offer greater understanding."

Blaire (pseudonym),
an Indigenous VAW survivor

Conference presentations

We had several team members, including Research Associate Enrique Villacis and MSc students Shirin Mehrpooya and Jessie Cullum present their work at the NNVAWI Conference in Niagara-on-the-Lake and the European Domestic Violence Conference in Barcelona. Congratulations to Shirin for winning NNVAWI's Dr. Doris Campbell Memorial Student Travel Award!

Dalhousie Research Awards

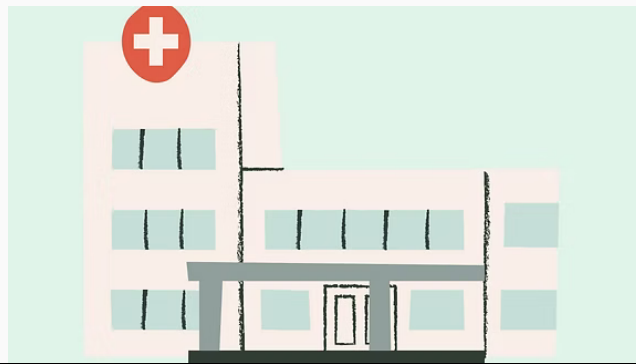
We are thrilled to announce that Dr. Yakubovich has been awarded a *2025 Dalhousie University President Research Excellence Award*. These are the university's most prestigious internal research awards, celebrating excellence, impact, and rising talent across the institution's diverse research community

**Click the image to learn more
about Dalhousie's 2025
research award winners.**



Infographic Summaries

We've prepared an infographic summary of our recent publication on the organizational and system-level barriers and facilitators to health care professionals preparedness to respond to violence, which is included on the following page and on our website. You can access the website by clicking on the icon below:



Organizational and systems-level barriers and facilitators

Stay in the know

Subscribe to our website below

Click here

ORGANIZATIONAL AND SYSTEMS-LEVEL BARRIERS AND FACILITATORS TO HEALTH PROFESSIONALS' READINESS TO ADDRESS DOMESTIC AND SEXUALIZED VIOLENCE

Qualitative results from a survey of 1,649 participants working in health services and policy in Nova Scotia, conducted from November 2023 to February 2024 in partnership with knowledge users across the health and anti-violence sectors as part of **The IPV Project**

DOMESTIC AND SEXUALIZED VIOLENCE ARE A PUBLIC HEALTH CONCERN

Recent research (Yakubovich et al., 2025) has shown that while many health professionals in Nova Scotia are seeing cases of domestic and sexualized violence in their work, their training, resources, and workplace supports are inadequate. In the current study, we aimed to further explore the organizational and systems-level barriers affecting health professionals' readiness to respond to violence.



THEME 1: INCONSISTENT APPROACHES TO ADDRESSING VIOLENCE

HOLISTIC HEALTH

Some participants discussed addressing violence as intrinsic to healthcare provision, drawing upon a holistic understanding of health, that includes physical, mental, and social wellbeing.

STRICT SCOPES OF PRACTICE

Other participants who described addressing violence as not being part of their team's goals employed institutional discourses that set out strict scopes of practice—often based on a more biomedical approach—which constructed violence as tangential to health problems or clinical work.

Differences persisted even for participants working in similar health programs:



"Working in urgent care centers, we work with all different populations experiencing a number of things and being able to identify victims of violence and act accordingly is crucial to our role."

ID 1428, Registered Nurse



"[Addressing violence is] done as individuals. NO screening done at triage. MUST reinforce importance of documentation with ER nurses constantly. It does not appear to a priority to protect at risk patients."

ID 1532, Clinical Coordinator

THEME 2: THE LIMITS OF DOWNSTREAM HEALTH RESPONSES AMID STRUCTURAL BARRIERS

Many participants, particularly those providing direct support to patients, felt limited in their capacity to respond to violence, expressing that without addressing the structural determinants of violence (like housing or economic insecurity), survivors will remain at increased risk of violence and poor health outcomes.

"Sometimes housing and financial abuse comes up and we have little to no resources to help"

ID 169, Psychologist



RECOMMENDATIONS

Government and organizational policy should more clearly define how domestic and sexualized violence is within scope of practice for different health professionals, with appropriate, ongoing training and resourcing.



Structural causes of violence should be recognized, both in terms of identifying and supporting patients and communities at greatest risk and creating opportunities for the health sector to be a part of primary prevention efforts.

Source: Villacis Alvarez E, Noorloos J, Wilson SJ, Green R, Fashan S, Pritchett C, John C and Yakubovich AR (2025) Organizational and systems-level barriers and facilitators to health professionals' readiness to address domestic and sexualized violence: a qualitative study from Nova Scotia, Canada. *Front. Reprod. Health* 7:1598706.



DALHOUSIE
UNIVERSITY



Canadian Institutes of
Health Research
Instituts de recherche
en santé du Canada

