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 factors 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."

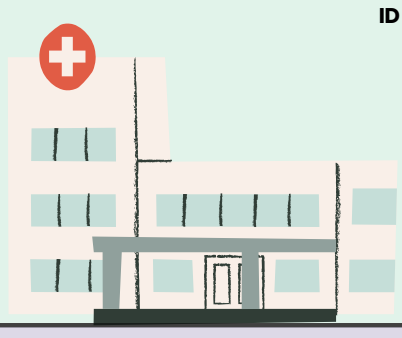
ID 1532, Clinical Coordinator

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.

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