Knowledge of and preparedness to respond to violence against women in Nova Scotia's health system: a comparison of professionals working in rural and urban areas

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Background and objectives: Violence against women (VAW), including intimate partner violence and sexualized violence, increased during the COVID-19 pandemic. VAW has detrimental impacts on women's health, making the health system an important intervention point. Nova Scotia has the highest prevalence of intimate partner violence self-reported by women among all Canadian provinces. We aimed to investigate knowledge, opinions, and practices around VAW among health professionals in Nova Scotia and evaluate potential differences between rural versus urban areas.

Methods: We conducted a mixed-methods survey with 1,655 people working on health services and policy in Nova Scotia from 2022-2023, including 798 healthcare professionals servicing rural and remote areas. We used an integrated knowledge translation approach, which involved partnering with leaders, advocates, and service providers from the VAW and health sectors and women with lived experience of violence in all stages of the research. We descriptively analyzed and integrated quantitative and qualitative survey data on participants' knowledge, opinions, and practices related to VAW.

Outcomes: 89% of the sample worked in areas deemed a priori to be of high priority to addressing VAW (e.g., mental health and addictions; maternity and childcare), yet only 35% of participants reported that addressing VAW was part of their team's objectives. Nearly half the sample (42%) reported seeing at least one new case of abuse in their work in the last 6 months, two-thirds of whom had not received any training on responding to VAW since March 2020. In addition to a lack of training, participants reported significant deficits in organizational and systems-level supports for responding to violence, including inadequate referral resources at their worksites and lack of time, space, and encouragement to respond to violence among patients. Knowledge, opinions, and practices around responding to VAW were similar among professionals in rural versus urban areas, except in terms of opportunities and challenges to responding to VAW among patients since March 2020. Participants in rural and remote areas more commonly reported: decreased supports for patients and issues related to arranging transportation but also an increased awareness of domestic and sexualized violence among patients and new training opportunities.

Conclusions: Our study demonstrates significant gaps in the current capacity of Nova Scotia's health system to respond to VAW across both rural and urban areas. These gaps have persisted despite an increase in awareness and training around VAW among some healthcare providers since March 2020. Given the health and social inequities faced by rural VAW survivors, it is critical for rural healthcare services in Nova Scotia to be better equipped to respond to VAW.