

# **WORKING WITH BATTERED WOMEN:**

## **A HANDBOOK FOR HEALTH CARE PROFESSIONALS (Compiled in Saskatchewan)**

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## DOMESTIC VIOLENCE AND HEALTH CARE PROFESSIONALS

Domestic violence is one of the most common causes of injury to women. It accounts for more injuries to women than automobile accidents, stranger assaults and sexual assaults combined. It is experienced by 25% of Canadian women at some time in their lives—women from all cultural groups, all ages and all economic classes. It is especially likely during pregnancy—21% of women who are abused report being physically and/or sexually assaulted during pregnancy—40% of women who are assaulted during their pregnancy report that the assault began during pregnancy. **Almost half of all wife assault results in physical injury to the woman**—physical injuries such as bruising, cuts, scratches, burns and broken bones. And 4 in 10 women who are injured by a partner seek medical attention. That means they are going to physicians.

Yet studies show that physicians have been unlikely in the past to identify and respond to women as victims of wife assault. Why? Health care professionals give the following reasons for not asking patients about their experiences with domestic violence:

- they're afraid of offending the patient;
- they aren't sure how to approach the patient about the subject;
- they believe they are powerless to make changes since the woman is likely to remain in the abusive relationship despite intervention; and
- they believe the low prevalence of domestic violence does not warrant the time it would take to raise and deal with the issue.

But health care professionals can play a major role in assisting abused women. Once they are educated about the issue of wife abuse and the possible indicators:

- they'll be in a better position to understand the motivations and actions of their patients;
- they'll better be able to identify a woman has been abused by her partner;
- they'll be better able to approach a woman about the subject of wife abuse; and
- if a woman discloses abuse, knowing what her immediate needs are and how to refer her to community agencies that offer crisis and long term support will make a significant difference to her.

**It's not the job of the health care professional to rescue an abused woman.** You cannot make her disclose abuse nor can you make her leave her abusive husband. What you can offer her is the understanding, support and information that will allow her to make her own informed choices when she is ready to do so.

Of course, one of the greatest frustrations experienced by all professionals is the inability to have a direct impact on an abused women's decision to leave an abusive partner. This frustration is normal, and is experienced by all who try to assist: social workers, police officers, lawyers, doctors, nurses, and shelter workers. **Knowing about the dynamics of domestic violence against women can go a long way in reducing this frustration.**

## What Is Abuse?

The societal issue of battered women has been labeled as wife abuse, spousal abuse, and conjugal, domestic or family violence. For the purposes of this manual we will use the term battered or abused women, which refers specifically to assaultive or abusive behavior committed by a man against a woman with whom he has an intimate, sexual, usually co-habiting relationship. (The definition is sex specific because while men may also be victims of battering, the numbers are very small, the abuse usually isn't accompanied by the threat of physical abuse, and the power balance is distinctly different. Abuse of men in our society is also not reinforced by the social, religious and economic factors that are operative in women's experience.) Battering can take many forms including, but not limited to:

**Physical Abuse:** may include but is not limited to: pushing, slapping, punching, choking, kicking, breaking bones, throwing objects; abandoning her in an unsafe place; deprivation of food, water, clothing; confining her in a closet, room or building; locking her out of her home; using weapons against her; murder.

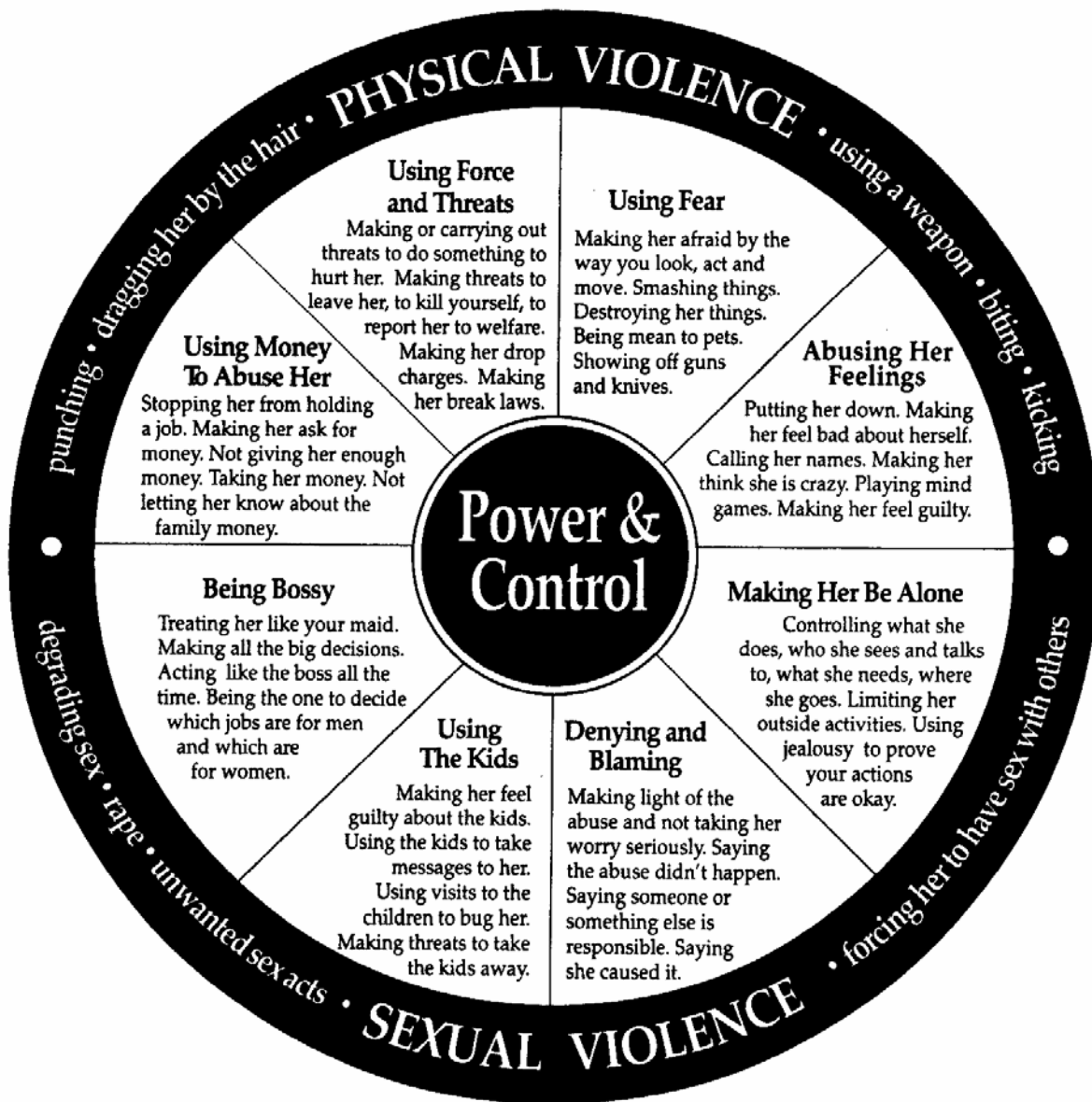
**Sexual Abuse:** may include but not limited to: forced, coerced or unwanted touching or sex with partner; withholding of sex or affection; demanding that she wear more/less provocative clothing; forced sex with objects, friends, animals, or other sexual practices that make her feel humiliated, or degraded; insisting that she act out pornographic fantasies; denial of her sexuality, sexual feelings or desirability as a sexual partner; rape.

**Emotional Abuse:** may include but is not limited to: withdrawal of affection; jealousy; denial of her right to feelings or emotions; putdowns, constant criticism; name calling; isolating her from friends and family; controlling her activities; denying her any personal pleasures or outside interests; destruction of property, pets or treasured objects; threats to harm friends or family; forcing her to watch her children being abused without being allowed to intervene; making her account for every minute, every action; controlling her with fear, threats of suicide, threats on her life.

**Economic Abuse:** may include but is not limited to: allowing a woman to have no money of her own, no money for emergencies, not even her own earnings; forcing her to account for and justify all money spent; not allowing her to earn money or improve her earning capacity.

**Spiritual Abuse:** may include but is not limited to: breaking down one's belief system (cultural or religious); being punished or ridiculed for one's beliefs; preventing the practice of beliefs.

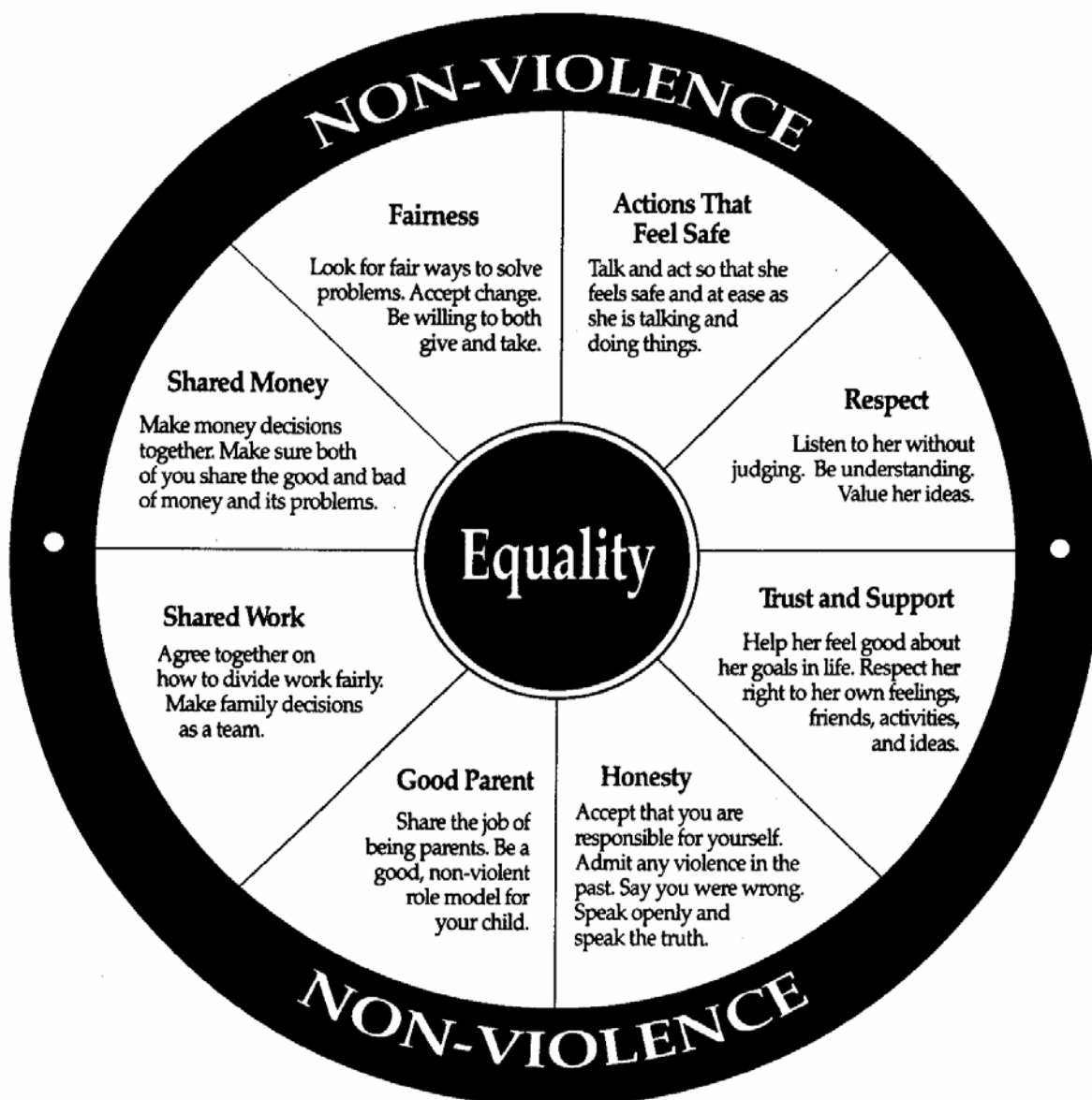
# Abusive Behaviour Chart



\* Adapted from: Ellen Pence and Michael Paymar, *Power and Control: Tactics of Men Who Batter*, Minnesota Program Development, Inc. Duluth, 1986

Adapted by: Status of Women Council of the NWT, *From Dark to Light: Regaining a Caring Community* (1995)

## Equality Chart



\* Adapted from: Ellen Pence and Michael Paymar, *Power and Control: Tactics of men Who Batter*, Minnesota Program Development, Inc. Duluth, 1986

Adapted by: Status of Women Council of the NWT, *From Dark to Light: Regaining a Caring Community* (1995)

## Why do men abuse?

One side of the dynamics is that men abuse. Why? Because abuse is:

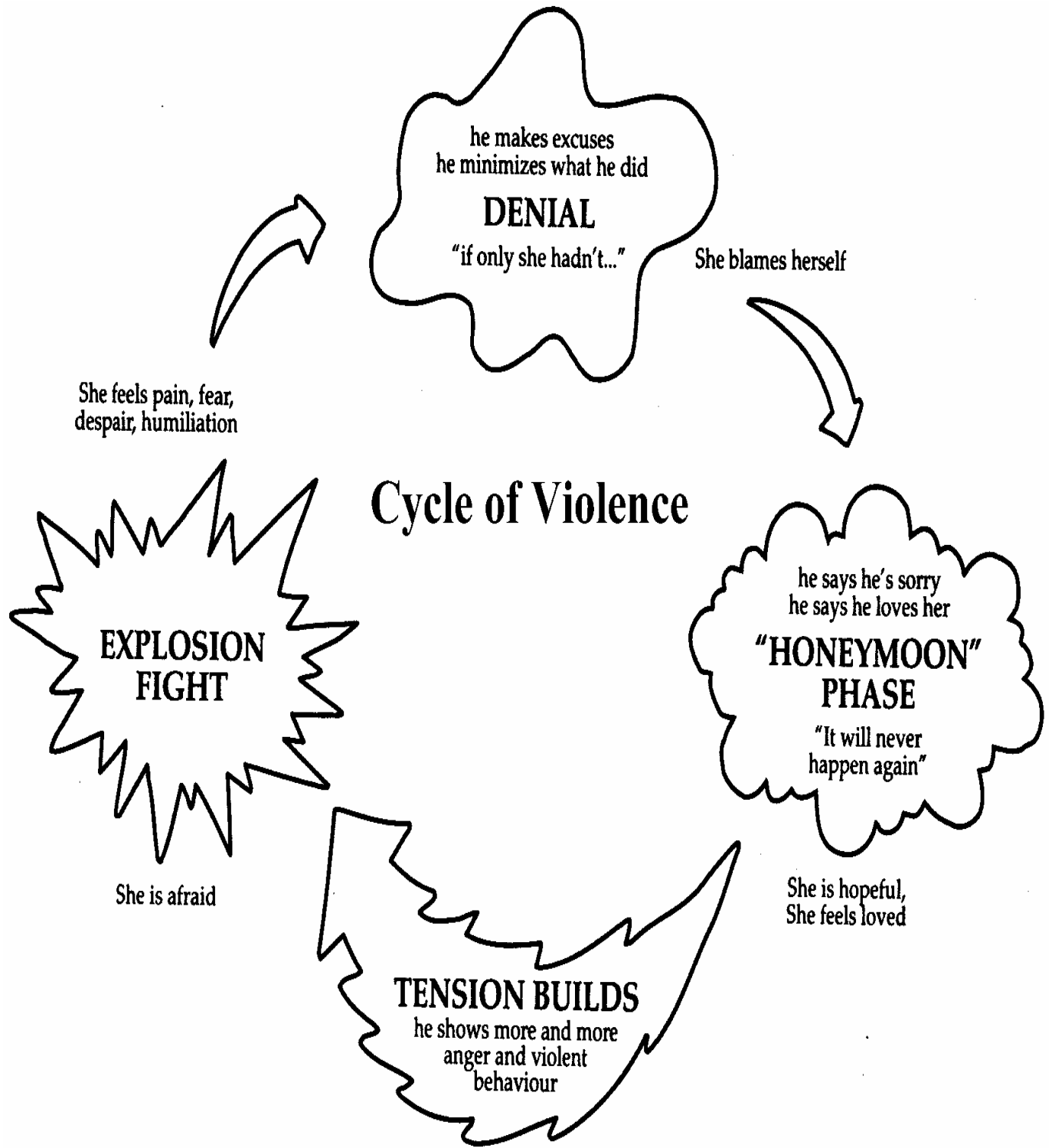
- **sanctioned:** many traditional laws and religions, until recently, permitted or encouraged men to beat their wives (the reverse has not been true);
- **socialized behaviour:** men learn to be violent toward women from their families and their fathers, and other male role models, especially those on television, in the movies, and in magazines;
- **systems failure:** men often keep abusing because no one—not their families, not their friends, not the neighbours, not the police, not the media, the workplace, the church or the courts—no one effectively intervenes;
- **strategic:** batterers inflict the greatest violence and the greatest damage when women try to leave. The strategy of abuse is to keep the woman from escaping;
- **successful:** the man gets away with it, and gets his way;
- **blamed on substance abuse:** men often say, "I was drunk and out of control. I didn't know what I was doing." Abuse of alcohol or drugs does not interfere with men's control. Drinkers rarely beat up their drinking buddies or the police, but they often beat their wives.

## What are the challenges women face in leaving abusive relationships?

The other side of the dynamics of domestic violence against women is that women stay in abusive relationships when it seems clear they should leave. So why don't women just leave abusive relationships? The number one reason is fear.

- **Fear of injury or even death:** women who are separated from abusive partners are five times more likely to be killed. He threatens to hunt her down and kill her, her children, friends or family if she ever leaves him. He also threatens to kill himself, and she feels responsible for his life and well being.
- **Finances:** women are compelled by society to rely on men for money and support. She may not want to sentence herself and her children to live in poverty if she leaves. Obtaining and enforcing orders for child support can be time consuming and emotionally draining, and all too often, fruitless. And lack of sufficient financial support for service agencies also makes leaving difficult. There are not enough battered women's shelters in Saskatchewan and the ones that exist are often full. There are not enough support groups or counselling services for abused women, especially in northern and rural Saskatchewan. And professionals with whom the woman may have contact, such as members of the clergy, doctors and lawyers, have often received no training on the issues of abuse, and therefore respond in unhelpful or inappropriate ways.
- **Family:** relatives can blame a women for breaking up a family. She made her bed and she should lie in it by putting up with the abuse. Many people feel that the woman is responsible for the emotional health and well being of her family. Women are trained that it is their role as wives to nurture their husbands and children and to create a home full of love and happiness. If they are not able to do what is expected of them, they are led to believe it is because they are not good wives or mothers. Therefore, they try desperately to change **their** behavior in the hope that his abusive behavior will then stop and the marriage can be saved. For many of these women, the admission to others or even to themselves that their marriage is "failing" would be an admission that they are failures in their primary role in life. The husband already blames her for his violence, his unhappiness, her unhappiness, and the unhappiness of the children. He tells her it is her actions or inactions or appearance and so on that provoke him and cause the violence, and she believes him. Or her family may have been intimidated by the abuser, so there is often nowhere for her to go. Society is still reluctant to get involved in "private family matters".

- **Faith:** some religious groups may pressure women to stay in an abusive marriage—'til death do us part—which is sometimes exactly the case
- **Father:** women are concerned about their children growing up without a father. They are reluctant to uproot their children from their home, pets, toys, schools and friends. Children desire a happy two-parent family. They usually love their father, but want his abusive behavior to stop. They worry about him, and often blame their mother for the separation.
- **Fatigue:** the abuser keeps a women so focused on him and on the immediate present, she is too physically and emotionally exhausted to plan for a different future. He may deprive her of sleep and food. He does not allow her to be sick. He forces her to work at one or more jobs, and to be solely responsible for the children and the household. To avoid or minimize abuse, she learns to anticipate his every need at the cost of her own. She walks on eggshells, keeps the children quiet, tries to stay out of his way. Isolation and loss of self-esteem are also part of her overwhelming burden. She begins to see herself as he defines her—fat, ugly, stupid, a bad mother, a bad lover, a bad housekeeper. He controls her entire life, what she does, whom she sees, and when and how long she does it. He makes her believe she is going crazy. He begins to lie about unimportant things. She gets pulled into his agenda. He isolates her from family, friends, community resources, schooling and the work force, and her ability to conduct reality checks is severely diminished. He controls her communication by not allowing her to speak on the phone, by listening in on phone calls, by opening and censoring her mail. She is not allowed access to a vehicle. She is locked in the house, or winter boots and coats are locked in a closet, or the phone is locked in a box, or....
- **Fantasy and Forgiveness:** She loves him. She doesn't want the relationship to end, just the abuse. He is not violent all the time. She believes the abuser's apologies and hopes he will change.
- **Familiar:** It's what she knows—she can't imagine leaving to go to something unfamiliar.
- **The Cycle of Violence:** Abusive behaviour usually follows a set pattern, which has been termed the cycle of violence. Understanding the pattern also helps explain why it is difficult for women to leave:



- The cycle can cover a long or short period of time
  - The violence usually gets worse
- The "honeymoon" phase, then the denial phase, will eventually disappear

## The Cycle Of Violence

### **Phase One: Tension Building State**

He attacks her verbally with insults, put-downs, accusations. Minor battering incidents occur. She tries to calm him, trying to anticipate his every whim. As tension builds, she becomes more passive, he becomes more oppressive. She blames herself for not being able to control the situation. Nothing she tries works and a feeling of hopelessness begins to grow within her. The tension becomes unbearable.

### **Phase Two: Acute Battering Incident**

Tensions that build up in Phase One erupt in violence. The incident is usually triggered by an external event or by the internal state of the man, rather than by the woman's behaviour. It is during this stage that the woman is most likely to be sexually assaulted, physically injured, or killed.

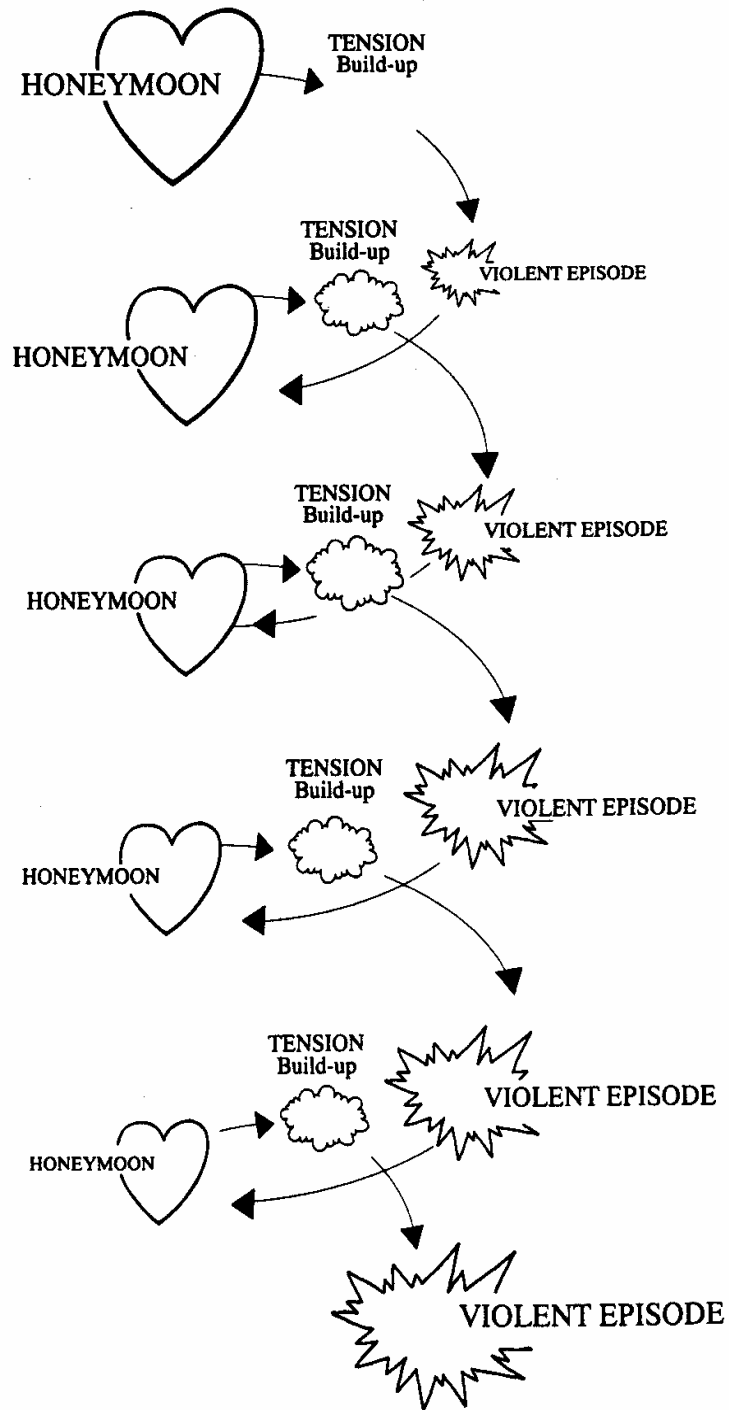
### **Phase Three: Honeymoon Stage**

After the acute battering incident, the man becomes extremely loving, kind and contrite. He tells her that it happened because he had a bad day at work or had too much to drink. He begs forgiveness and promises it will never happen again. He tells her that he still loves her and needs her more than ever. For a time he becomes the perfect husband, father, lover, friend. As their relationship deteriorates, his loving behaviour is increasingly important to her. For a time he seems like the man she fell in love with. The "Honeymoon" stage also causes the woman to doubt the abuse ever took place, or if it did, to think that she caused it. The purpose is to invalidate the memory of the abuse.

Guilt also holds her. They both believe she is responsible for his future welfare, or, if she leaves, for breaking up the home. However, if she stays, it is not long before the loving behaviour gives way to small battering incidents, and **a new cycle of violence begins.**

Over time, the cycle of violence shifts. Honeymoon periods become shorter; denial, tension and violence increase. Eventually the couple only experiences affection and tenderness during a honeymoon stage, after a beating. The absence of other closeness in their lives makes them increasingly desperate and hopeful during the honeymoon phase, especially as the time period becomes shorter and the violence increases. The cycle becomes a trap—there is hope during the quiet periods that it will end, but it doesn't end.

# The Cycle of Violence Over Time



From: Shirly Phillpe and Bonnie Hutchinson,  
Breaking the Pattern-How Alberta Communities Can Help  
Assaulted Women and Their Families.  
Alberta Social Services and Community Health, 1985

## Information Means Choices

Because leaving is so difficult, it is most often not a one-time event. It is a process. It is normal for an abused woman to leave and return many times. Each time she leaves is a test:

- will he stalk me and hurt or kill me (or my family) like he promised?
- will he change and get counselling like he promised?
- can I make it on my own? will I be able to get groceries, with three kids under five and no car, in the middle of winter?

The stage of the process she is in when you see her will determine her response to your assistance. But with information comes choice. **Perhaps she just needs to know this happens to other women. Perhaps she just needs to know where to go for help.** You can provide her with that information.

There has been reluctance on the part of health care providers to develop intervention procedures and protocols around domestic violence. This reluctance stems in large part from the earliest tradition that this is a private matter between a husband and his wife, and from a more recent belief that it is not a health care issue but rather a social problem that is the responsibility of social service agencies and community groups. But the statistics (see Appendix C) tell us that domestic violence **is** a health care issue. The ongoing stress of living in an abusive situation, as well as the physical and emotional consequences of violence, have many serious health ramifications. Helping women who are abused requires a partnership between the health care professions, social services, justice services and community groups. Each of these partners must develop meaningful intervention procedures and protocols that meet the needs of abused women.

In the late 1980's, an Inter-Hospital Committee on Domestic Violence developed a booklet entitled "**Spousal Abuse: Information and Protocol for Hospitals**". The booklet contained copies of Adult Concern Forms and a model protocol. The Adult Concern Forms provided a specific format for documenting on the patient's medical file confirmed and suspected cases of battering. The "Model Protocol" was intended to provide hospitals or medical facilities with a step by step process to follow in order to deal with suspected or confirmed cases of the abuse of women by their partners. The protocol dealt with Identification, Registration, Assessment Intervention, Follow-up and Resources. Although this booklet is out of print, the Provincial Department of Health had distributed at least one copy of this booklet to each hospital and Health Districts should since have each worked out their own protocols around this issue.

## HOW TO HELP BATTERED WOMEN

What can you as health care providers do to make a positive difference in the lives of abused women and thereby fulfil your partnership role? Essentially there are five aspects of care that you can provide for women who have been abused and who come to you for help. They are:

- **IDENTIFICATION**
- **ASSESSMENT/EXAMINATION**
- **DOCUMENTATION**
- **SAFETY PLANNING/PROTECTION**
- **REFERRAL**

You may be concerned that implementing procedures and protocols around these five aspects of care for abused women will be difficult because of time constraints. Be assured that this has proven not to be the case in hospitals and offices where these practices have been implemented. It is not your responsibility to solve all the problems of a woman's life. It **is** your responsibility to develop meaningful intervention procedures that meet the immediate needs of an abused woman presenting to you. Appropriate medical intervention is crucial for the one in four women who will have been assaulted by their marital partners. **A doctor or nurse may be the one and only professional an abused woman has contact with.** Nurses and physicians caring for a woman throughout her pregnancy will be in the unique position of having regular and continuous contact with her over an extended period of time.

It is important that medical professionals be aware of possible indicators of abuse and follow up their suspicions by questioning their patients about whether or not they are experiencing violence at the hands of their marital partner. Recent research has found that women are in fact more likely to reveal abuse when asked by their primary health care giver. You have an important role to play in uncovering abuse. And once the abuse has been identified, you can then treat not only the symptoms but give the information and make the referrals to appropriate emergency and counselling services in the hope of ending future violence. Begin setting up your own systems immediately. A coordinated approach to violence against women can make a difference.

Having domestic violence procedures and protocols in place for each aspect of care is the key to consistent and effective intervention—intervention that is based on clear principles and not on erroneous myths about battering.

## PRINCIPLES OF INTERVENTION

- Domestic violence is a crime in all Canadian provinces.
- Domestic violence is a serious health problem that affects physical, social and emotional health.
- No one should be subjected to abuse either physically, sexually, emotionally or financially.
- The perpetrator of the abuse is fully responsible for it.
- Health care providers are responsible for ensuring that abused women receive high-quality and compassionate care from them. This is accomplished by understanding the nature of the woman's experience and attending to emotional and physical symptoms.
- Health care providers are not responsible for ensuring that a woman who has been battered is not beaten again. Individuals are the best judges of their lives and circumstance. Physicians, nurses and social workers must respect the patient's decisions—including the decision to continue to live with the individual who has harmed her.
- And, most of all, **the principle of universal screening for all women presenting is vital.**

## Common Beliefs And Myths About The Causes Of Wife Battering

### **Myth: Battering only happens in the working class or in certain ethnic groups.**

**Fact:** Women of all income and educational levels, races and religions can be, and are, victims of abuse. Middle and upper class women tend to have more economic and social resources and so are less visible victims of abuse. For example, upper and middle class women tend to live in private homes rather than in apartment buildings where abusive incidents are more readily overheard by neighbors who call the police. People have a natural tendency to see social problems as something that can affect only "those other people". If we believe it can't happen to us or to anyone we know, it makes us feel safer.

### **MYTH: Aboriginal women, immigrant women, and women of colour stay in abusive relationships because it's part of their culture.**

**FACT:** Aboriginal women, immigrant women, and women of colour may remain in abusive relationships for many of the same reasons that other women do. They may stay because they are socially isolated, have few options, and little support. Some may stay out of a sense of duty or family pride. Others may stay because they fear that once they leave the abuser, they may be forced to leave the family or the community in which they live.

Culture, in general, may be used to rationalize violence in relationships. Immigrant women may fear deportation, and believe that their right to remain in Canada depends on the abusive partner. Many immigrant women do not speak English or French and may be unfamiliar with the services that are available to them. Many women of colour, even when familiar with the services available, do not seek them for fear of encountering racism.

### **MYTH: Alcohol/drugs causes the man to abuse his female partner.**

**FACT:** No research data supports the contention that alcohol causes men to batter. Many men who batter do not drink at all and many alcoholics do not batter. Alcohol may, however, affect the severity and timing of physical abuse. It is important to note that alcohol in this society is often used as a way to legitimize violence. When a person is drunk he is often not required to take full responsibility for his violent behaviour. Some men who were abusive report that drinking made it easier for them to be violent. They no longer felt the responsibility to control their actions. After the assault they could point to alcohol consumption as a way of excusing their behaviour to themselves and their partners, friends, family and the justice system. You must remember that the perpetrator chooses his victim carefully. An abusive alcoholic man may often be under the influence of alcohol while on the job but he does not assault his co-workers; he waits until he gets home and then assaults his partner.

**MYTH: Women provoke violence.**

**FACT:** All couples argue from time to time over a variety of marital issues: children, money, sex, etc., and these arguments are not likely to be diplomatic and "fair" in each instance. However, all couples do not resolve these conflicts through violent means. The actions of abuse victims may indeed trigger the assault but that is different from causing or provoking the assault. Those triggers are common, normal everyday actions on the part of the woman and it is impossible for her to anticipate her partner's reactions. Some triggers include:

- not having supper ready on time/having supper ready at the regular time and asking him to come to the table,
- not spending enough time with the kids/spending too much time with the kids and not enough time with him,
- asking for grocery money/not having enough groceries in the house.

In the early stages of a violent relationship, women try very hard to do whatever their partners want of them in the hope of avoiding the violence.

**MYTH: Men abuse their female partners because they are mentally ill.**

**FACT:** The incidence of violence against women in relationships is too high to be explained by mental illness. If this myth were accurate, one in every eight Canadian men could be mentally ill.

Studies show that psychopathic personalities or other forms of mental illness among men who batter are rare. Men who batter have not been found to be measurably different from non-battering men except that they usually have adopted a very traditional stereotypical role, which makes it difficult for them to express their emotions.

If we label abusive men as having a problem that comes from inside them personally instead of stemming from their socialization, then the weight of responsibility can be shifted from us as a society and from the batterer, and placed entirely on the man's illness. Again, it also makes us "feel better" to believe that if only "mentally ill" men batter and we don't know any mentally ill men, no one we know could possibly be a batterer.

**MYTH: Men abuse their partners because they are under stress.**

**FACT:** This myth suggests that violence is a response to stress caused by role expectations, lack of resources, etc. It does not explain why the chosen target of the violence is most often an intimate partner. It also does not explain why women under stress do not attack men with the same frequency. Nor does it explain why there are many men under stress who do not beat their partners.

## I. IDENTIFICATION OF ABUSE

Identification is the first aspect of care. In order for you to identify if domestic violence is affecting a patient's health, it is crucial to ask **all women** who come to you for care about domestic violence. To be effective, the screening procedure should be made a part of regular routine. All professional staff should become familiar and proficient with various ways of asking patients about abuse they may be experiencing and at communicating this information to appropriate referral sources.

### How to Ask About Domestic Violence

- ◆ Most importantly, you interview the patient on her own—away from anyone who may have accompanied her, including sisters, daughters, friends, children or partner. She especially may not feel free to speak openly and honestly if her partner is nearby.
- ◆ Consider starting with the first two questions of the **Woman Abuse Screening Tool (WAST)** on the next page. These questions can “easily and unobtrusively” be asked along with the usual questions during a complete physical (i.e. questions about history of heart disease in the family, or alcoholism), or asked during other routine check-ups.

*“The [first] two simple and non-threatening questions from the WAST were effective in detecting women who might be experiencing abuse and who warranted further questioning with the full WAST. From a clinical perspective, these two questions can be easily and unobtrusively included in a family physician's interactions with female patients during routine office visits. If a woman answers “A lot of tension” and “Great difficulty”, respectively, to these first two questions, the physician can then use the remaining WAST questions or other appropriate questions to elicit more information about the patient's experience of abuse” (from Judith Belle Brown, PhD; Barbara Lent, MD, CCFP; Pamela J Brett, MA; George Sas, MD, CCFP; Linda L. Pederson, PhD, Development of the Woman Abuse Screening Tool for Use in Family Practice, *Family Medicine (Fam Med)* 1996; 28(6):422-8) p. 426)*

#### **When asking questions 3 to 7 of the WAST(or other questions about abuse):**

- Avoid an intimidating stance: *sit at or below the patient's level.*
- Use questions that tell her that you know wife abuse exists, that you will believe her if she tells you, that you won't be shocked by her answer, and that you are concerned.
- Ask about abuse in a *direct and compassionate* way. Focus your attention directly on the person to increase trust and build rapport. Avoid doing paperwork during the interview.
- Affirm clearly that you believe violence against women is a crime.
- Offer support in an emphatic, non-judgmental way that shows you respect the patient.
- Make it clear that you will not compromise her safety if she discloses to you.
- Assure her that what she says to you is confidential—you will only call the police if she wants.

## **Woman Abuse Screening Tool (WAST)**

1. In general, how would you describe your relationship?
  - A lot of tension
  - Some tension
  - No tension
  
2. Do you and your partner work out arguments with:
  - Great difficulty
  - Some difficulty
  - No difficulty
  
3. Do arguments ever result in you feeling down or bad about yourself?
  - Often
  - Sometimes
  - Never
  
4. Do arguments ever result in hitting, kicking, or pushing?
  - Often
  - Sometimes
  - Never
  
5. Do you ever feel frightened by what your partner says or does?
  - Often
  - Sometimes
  - Never
  
6. Has your partner ever abused you physically?
  - Often
  - Sometimes
  - Never
  
7. Has your partner ever abused you emotionally?
  - Often
  - Sometimes
  - Never

## **Other Ways To Ask About Abuse**

### ***Ways to ask about abuse when screening for abuse OR when there are no obvious injuries:***

- From my experience here in the emergency department, I know that abuse and violence at home is a problem for many women. Is it a problem for you in any way?
- We know that abuse and violence in the home affect many women and that this directly affects their health. I wonder if you ever experience abuse or violence at home?
- Have you ever felt unsafe or threatened in your own home?

### ***Ways to ask about abuse when there are physical signs of abuse:***

- Has anyone hurt you?
- The injuries you have suggest to me that someone hit you. Is that possible?
- Who hit you?
- In my experience, women often get these kinds of injuries when someone hits them in some way. Did someone hit you?
- It seems that the injuries you have could have been caused by someone hurting or abusing you? Did someone hurt you?

### ***Ways to ask about emotional abuse:***

- Does someone call you names? Or try to control what you do?
- Does anyone you are close to criticize your friends or family?
- Often, when a woman feels suicidal as you so, it means she is being abused at home. Is this happening to you?

It is important to be sensitive to the woman's experience, particularly her isolation and fear for her personal safety. It is never helpful to make light of the situation or to ask questions such as "what did you do to make it happen?"

Asking about sexual abuse is important but may be very distressing for the patient. Therefore, it is usually best to wait until rapport has been established before asking about this type of abuse.

### ***Ways to ask about sexual abuse in the relationship:***

- Have you ever been forced to have sex with your partner when you didn't want to?
- Has your partner ever forced you to take part in sexual acts you didn't feel good about?

## What To Do When A Patient Discloses Abuse

If a patient answers positively when asked if she is experiencing abuse or violence, this needs to be addressed immediately. It is important to:

- Determine if the woman or her children are in danger.
- Obtain information concerning the nature of the abuse she is experiencing.
- Obtain a history of the abuse.

The following questions can be used to obtain the patient's history of the abuse. Remember to focus on the patient and not on completing the form when asking about abuse.

- When was the last time you were abused? What happened? What did he do/say?
- How often does the abuse occur?
- Is the abuse getting worse? More frequent?
- Has (your partner) ever threatened your life? Has he ever used a weapon?
- Are you afraid of your partner? Are you afraid for your life or for the lives of your children?

### **There are four basic things an abused woman needs:**

1. Reassurance that you believe her and that you will help her.
2. Attention paid to her physical safety in both the short term and long term.
3. Good documentation of her injuries or symptoms as well as notes placed on her file about any statement she has made which indicates that she has been abused.
4. Information about abuse and referrals to agencies that provide safe accommodation and counselling support for her and her children.

## What Can You Say To Her To Be Of Assistance?

There is information that you can give her that all women who are being abused need to know. You may wish to pass along some or all of this information even if she indicates she is not being abused but you are still very suspicious.

- **She is not alone.** In Canada one of every four women is, or has been, abused by the men they live with. It is common for each woman to think she is the only one this is happening to.
- **She is not to blame.** Despite what her partner or others have said, she is not responsible for the abuse. All of us have faults and all of us have disagreements within a relationship. This doesn't mean we deserve to be abused. Her partner is the one choosing to be violent—he is responsible, not her.
- **She cannot make the abuse stop by changing her behaviour.** Abusive behaviour gets more severe and more frequent over time. No matter how accommodating she is, the abusive behaviour won't stop until he decides to change.
- **There are people who want to help.** In Saskatchewan, there are battered women's shelters where she and her children can go if she needs a free, safe and supportive place to stay. But never promise a woman that she can get into a shelter. At last count, 4000 women and children a year are taken into Saskatchewan shelters, but 2000 a year are turned away because the shelters are full. If she can't get into or doesn't need the services of a shelter, she can sign up for a counselling/support group for abused women in her area. In these groups, abused women share their experiences and feelings with the assistance of a trained facilitator.

## Difficult Situations

There are a number of situations in which it may be difficult to ask about domestic violence.

- **Intoxicated patients:** Minimize talk. Provide support and allow the patient time to recover sobriety before attempting to discuss the issue of domestic violence. Then provide assessment and referral as usual.
- **Hostile/abusive patients:** Acknowledge the patient's anger. Offer support and services, but do not insist or pressure the patient.
- **Patients who cannot communicate due to language barriers:** Do not use relatives, children or the abuser as interpreters. If an interpreter is obtained, *determine that the patient is not acquainted* with the translator. If possible obtain a translator from an agency dealing with the ethnocultural community.
- **Patients who are seriously ill or hallucinating:** Provide support and allow the patient's condition to stabilize before exploring the issue of domestic violence.
- **Patients who deny they have been battered:** Because of the difficulties a woman may have in leaving an abusive relationship, she may be hesitant to self-identify and may even deny abuse has occurred. Explain that she can come back for further assistance if she ever finds herself in such a situation. Give her the referral and resource information, telling her you always give it out to everyone.

## **Indicators Of Abuse**

Identification of a woman as battered is often made difficult by a woman's hesitancy to discuss the issue of abuse or the woman's outright denial of abuse even when presenting with some very suspicious injuries. Medical personnel therefore may often have to rely on factors other than self-identification in identifying a woman as the victim of abuse. The following lists are not exhaustive and serve as guidelines only. Through your own experiences, you may have identified some indicators not included on our list that you may wish to share with your peers.

### **Behavioral/Psychological Indicators**

#### **1. In Emergency Room or Walk-in Clinics:**

- The woman may readily offer a suspiciously detailed explanation of how her injuries occurred even before she is asked.
- The woman's account of how she was injured may be inconsistent with her physical injuries.
- The woman may display a high level of fear or apprehension, she may avoid eye contact (but remember, this could be cultural), she may turn away from the individual she is speaking with, or display a reluctance to be examined.
- If her husband or partner is present or nearby, she may appear to be guarded in his presence or afraid of him. This fear is most often displayed by the woman constantly glancing at her partner.
- If the partner is present he may answer questions that are directed at the woman.
- The woman may not have any identification because her partner has taken it or has taken her purse.

#### **2. In Doctor's Offices/Clinics:**

- There may be an inappropriate and unexplained delay in seeking medical attention.
- The woman may speak "vaguely" about problems with her partner. She may say that he is very jealous, impulsive, drinks, abuses drugs, or is depressed. She may refer to the fact that they have "fights".
- The woman may often need her glasses replaced, as they are often broken by her partner during an abusive incident, sometimes on purpose.
- If the woman is attending because of a workplace referral, her supervisor or colleague may report increased use of sick leave (especially on Mondays), lowered initiative, loss of concentration, deterioration in personal grooming, withdrawn or emotional behaviour, and/or increased error or accident rate.

## Physical Indicators/Symptoms

### **1. In Emergency Room or Walk-in Clinics:**

- Serious bleeding injuries, especially to the head and face. In the case of sexually assaulted women, there may be vaginal or anal tears that require stitching.
- Internal injuries, concussions, perforated ear-drums, damaged spleen or kidneys, abdominal injuries, punctured lungs, severe bruising, eye injuries, and strangulation marks on the neck. Note that bruising can be hidden by clothing.
- Broken or cracked jaw, arms, pelvis, ribs, collarbones, and legs.
- Hair pulled out.
- Injured knees.
- Burns. (Cigarette burns, stove injuries and scalds are common.)
- Multiple bruises or injuries which do not have the same cause or can not be explained by one incident. Battering victims commonly exhibit injuries on both sides of their head and trunk area. By comparison, most accident victims sustain injuries to their limbs, and primarily on one side or the other.
- Apparent whiplash symptoms such as twisted or stiff neck and shoulder muscles, which can result from severe shaking.
- Signs of old, untreated injuries: some women do not attend for medical services or are not allowed to do so. Evidence of previous injuries may indicate that the current injury was the result of battering.
- Pregnancy: Many men who previously did not batter their partner begin to do so when she becomes pregnant. Pregnancy therefore is a high-risk time for battered women. Injury sites tend to be concentrated on the breasts, abdomen and genitals.

### **2. In Doctor's Office/Clinics:**

The physical symptoms presented in a doctor's office will be similar to those presented in emergency rooms but may be of less serious or urgent nature. The most common injuries presented may include:

- Damaged ear drums.
- Whiplash injuries such as twisted or stiff neck and shoulder muscles.
- Old untreated injuries that now have resulted in physical comfort or complications.
- The woman may be experiencing depression ranging from mild to severe, and may exhibit suicidal tendencies.
- The woman may present stress related, sometimes vague symptoms, such as insomnia, nightmares, anxiety, extreme fatigue, eczema or hair loss, weight loss or gain, gastrointestinal symptoms, hyperventilation, chest pain, pelvic pain, back pain or headaches.

## **Specific Indicators of Abuse During Pregnancy**

- spontaneous or threatened miscarriages
- premature contractions
- low birth weight
- unexplained fetal distress and demise
- late prenatal care
- missed appointments—especially if cancelled by male
- fear of partner
- asks partner for permission

The woman's partner may also exhibit behaviors that could alert you to the possibility of abuse:

- he hovers, is unwilling to leave her side
- he speaks for her/belittles what she says
- he is over-solicitous with care providers

While keeping all the indicators in mind, you will want to move into the second aspect of care, assessment/examination.

## II. ASSESSMENT/EXAMINATION

- Perform an appropriate physical examination
- **Visually examine under the patient's hospital gown for injuries to the ribs, breasts, groin, upper arms, and other body parts covered by clothing.**
- Note injuries that do not seem consistent with the explanation provided.
- Note multiple injuries in various states of healing.

Of course, not all women who come to you will present with obvious injuries. It is possible that a woman when questioned about abuse may deny being abused even if there is strong evidence to the contrary. The woman may not be able to see herself as an abused woman or may not be ready to ask for assistance. Remember the different reasons that make it difficult for women to leave or even to seek help. It is important not to be judgmental. You may wish to give information about the extent and nature of violence against women. It is very important to offer her names and telephone numbers of emergency services or counselling services for abused women. You can indicate that it is something you always do and she can throw away the information later if it is not relevant to her. Don't assume your attempts to intervene have been ineffectual. Your help may make all the difference if and when she does decide to take action.

**The encounter must be considered a success if:**

- the abuse is accurately diagnosed
- the patient is educated about woman abuse
- the patient is made aware of existing resources
- a follow-up appointment is arranged

### **III. DOCUMENTATION**

Thorough documentation of the nature and severity of the injuries as well as any statements made by the woman about the perpetrator, time, date, location of the event are important legal details that may be used at a later date in civil or criminal proceedings. Proper documentation can make the difference between getting a conviction or the abuser going free, between a woman being convicted of murder or your documentation helping to prove she was acting in self-defence, as well as in custody/access actions involving vulnerable children. And medical documentation of a doctor's or nurse's suspicions of abuse, even if denied by the patient, will be important observations that could alert a subsequent nurse or doctor to the possible presence of wife abuse if the woman displays suspicious injuries or symptoms at some future date.

#### **Essential Points to Document**

- Location and severity injuries, both past and present. Use a body map (page after next) to indicate where on the patient's body each injury or area of tenderness is located. Take photographs of the woman's injuries.
- The woman's account of the incident.
- The abuser's name or names (there may be more than one).
- Details of previous violent contacts the abuser has had with the patient.
- Police information (i.e., police officer's name, identification number), if relevant.
- Telephone numbers where the patient may be reached, or the telephone number of a close friend or relative who would be able to contact her.
- Emotional as well as physical symptoms.
- Any additional non-physical indications of abuse, such as torn or damaged clothing.
- The whereabouts and safety of the patient's children.

In taking the photographs, there are some specific and detailed procedures to follow:

- Discuss the fact that the photographs will be important legal evidence. (Even if she is not considering criminal or civil action now, she may at a later date.)
- Obtain her written consent to take the photographs and keep the signed consent on file.
- Try to ensure that her face or hand with a ring on it appears in as many pictures as possible.
- Use a scale such as a small ruler or a coin to provide verification of the size of the injury.

- After the photographs are taken, write the following information on the back of each of them:
  - the name of the woman
  - the date and time the photograph was taken
  - where it was taken
  - who took it and who else was present in the room, if anyone.
  
- It is preferable to take two sets of pictures, so you can offer one set to the patient. Place the other set in an envelope, seal it and write the following across the seal:
  - the date
  - who sealed the envelope
  - what is contained in the envelope.
  
- Put the envelope in a file that is not accessible to the public. Do not open the envelope unless the woman requests it.

If you as the doctor or nurse are suspicious of wife abuse but the patient denies it, it is still important to document your suspicions. If possible, documentation should list the factors you based your suspicions on. Record that the patient's explanation of injuries was not supported by the physical examination. To provide a full and accurate record for each case in which domestic violence has been reported by the patient, be certain to:

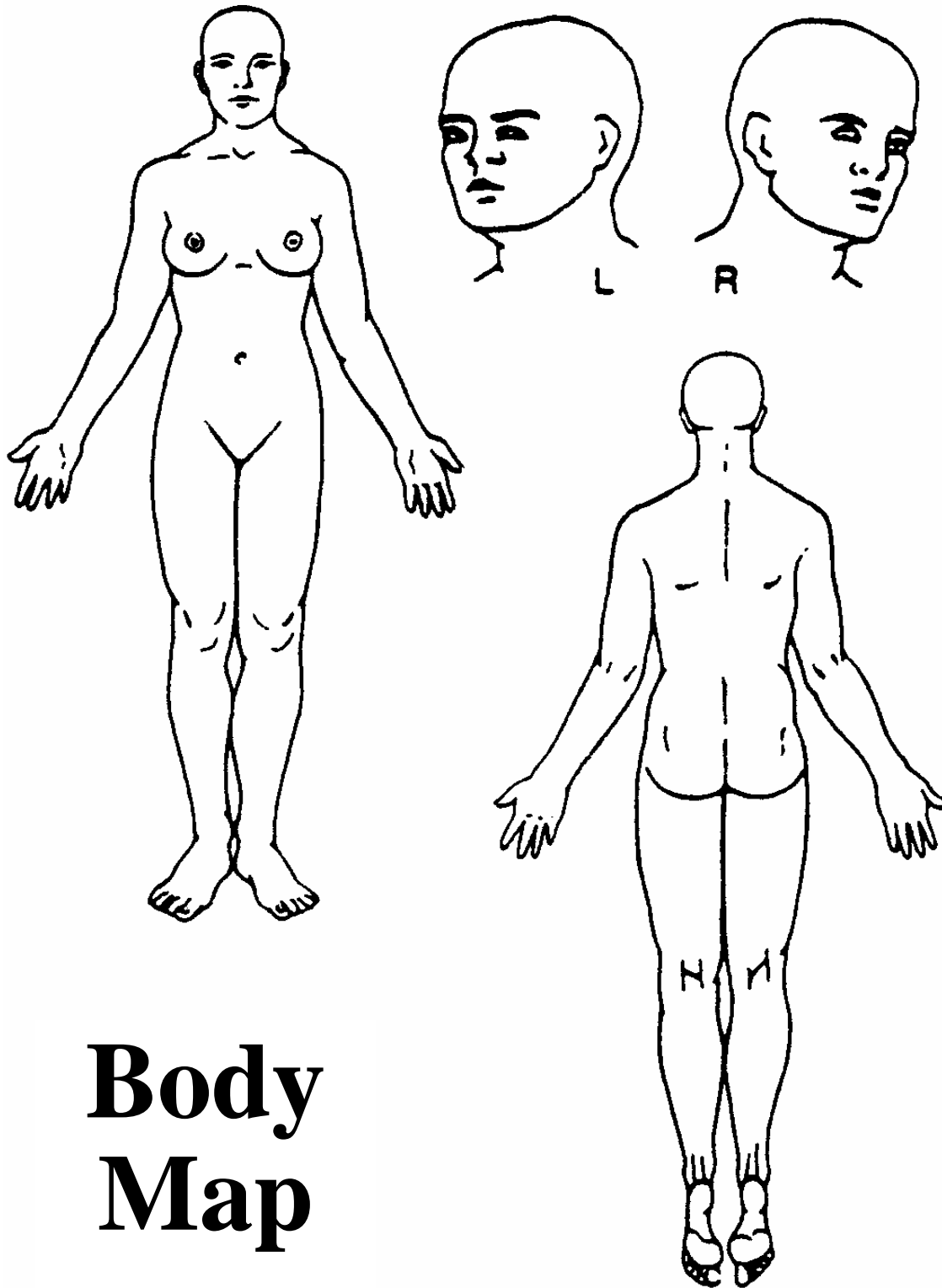
- Specify "*domestic violence*" as part of the diagnosis note in the hospital record
- Use wording such as "the patient states ... ", "injuries are consistent with ... " when describing the situation.

### **Collecting Forensic Evidence**

If the patient has decided to take legal action against the abuser, evidence related to the assault must be collected, labeled, and handled to ensure that it is useful to the patient's case. When specific questions arise concerning handling and collecting forensic evidence, the attending police officer should be consulted concerning the specific protocol to follow for such material. If the patient is unsure about taking legal action at the time, encourage her to allow the collection of forensic evidence in case she changes her mind later on.

# LEGEND

- |                |               |                       |              |             |
|----------------|---------------|-----------------------|--------------|-------------|
| Ⓐ - Abrasion   | Ⓒ - Confusion | / - Laceration        | S - Splinted | ⌘ - Sutures |
| □ - Amputation | ⊗ - Crush     | # - Open Fracture     | ○ - Swelling |             |
| Ⓔ - Burn       | Ⓓ - Deformity | ✓ - Penetrating Wound | T - Traction |             |
| I - Pain       | ⌘ - Tender    | ⊠ - Sprained          |              |             |



# Body Map

## IV. SAFETY PLANNING/PROTECTION

### Assessing Her Safety:

As a medical professional, your most pressing concern is to deal with the woman's safety. After her injuries have been attended to, you must assist her in planning for her physical and emotional safety once she leaves your office or hospital.

#### **Her options may include:**

- returning home to the male partner (Try to get her to make a follow up appointment with you so you can check on her.)
- staying with a friend or relatives
- staying at a hotel/motel/YWCA residence
- staying at a shelter for battered women
- shelter information and access at a later date
- access to counselling
- referral to police

### Assessing Her Risk:

In deciding whether or not to return home, the woman has to determine whether she is at risk if she does return. You may wish to ask a few questions to assist her in assessing her current level of danger:

#### **Questions to Assess Risk:**

- does her partner have access to a weapon?
- has he assaulted her or threatened her with weapons in the past?
- has he assaulted or threatened to assault her children, or others?
- have they recently discussed separating?
- has he been extremely jealous or made accusation of infidelity?
- has he been expressing less and less remorse after each violent incident?

If she answers yes to any of these questions, she is likely at increased risk of physical assault or even murder.

If you believe a woman is at risk or danger if she returns home, you should tell her so honestly. However, battered women are in the best position to assess their levels of danger, so if she decides to return home after discussing this issue with you, you must respect her decision. Intervention should be aimed not at making decisions for her, but at facilitating her ability to think through alternatives and seek an acceptable course of action for herself.

## **Women Who Are Returning Home**

Abused women who are returning home will need a list of telephone numbers of emergency and counselling services for abused women. In some cities or areas, shelters or other service providers have produced cards that contain listings of emergency numbers, shelters for abused women, and counselling programs. If none are available, you should provide the women with the name and number of the police, the closest battered women's shelter, and the name and number of any agency in your area that offers support programs for abused women. You should review with her how the services operate so she will feel more comfortable in accessing them.

### **Safety Plan**

It is important to ask the woman if anyone has ever talked to her about a safety plan for her and her children. A safety plan is a simple checklist that assists the woman in making necessary preparations for fast and safe escape when violence occurs. It is important to review a plan with the woman and if it is safe for her, to give her a copy to take away (see next page).

- Help the patient "problem solve" specific concerns about her safety and where she will be staying after discharge from the emergency department or after leaving your office.
- If the patient will be returning to a living situation that may expose her to abuse in the future, recommend that she prepare a safety bag to keep hidden in a secure place such as at a friend's house or in a closet. In the bag should be items such as clothing for the woman and her children, cash for taxis and telephone calls, and important telephone numbers. Documentation such as passports, visas and birth certificates for herself and her children, legal papers, marriage license, bankbooks and insurance papers should also be taken or photocopied.
- Discuss how the patient can protect herself during an attack, although it should be noted that this may not prevent injury. This includes calling 911 immediately, protecting the head and abdomen by curling up and placing the hands over the head, yelling loudly and continuously while being hit, ensuring in advance that a neighbour will call for help if he or she hears any sounds suggesting an attack is occurring.

## FOR YOUR PROTECTION

1. Write down important phone numbers and keep them where they can be easily found and taken with you.
2. Prepare neighbours in case you have to send your children to them.
3. Ask a neighbour to call the police when she hears violence erupt.
4. Get the phone number of the shelter in your area, and keep it in your wallet.
5. Keep enough money for taxi fare, so you can leave quickly.

## FOR YOUR CHILDREN

1. Explain the situation to them.
2. Tell them what to do when violence erupts:
  - a) to go to a neighbour.
  - b) to call the police.

**Learn the signs of approaching violence -  
GET OUT BEFORE IT STARTS**

## PREPARE YOURSELF

1. Review the following checklist.
2. Collect the items on the checklist that you possess.
3. Rent your own safety deposit box in a bank far from your house OR find another secure place for your papers. (Especially not in your home.)

## IF/WHEN YOU LEAVE (WHEN IT IS NOT AN EMERGENCY)

### Put in a safe place:

- Birth certificates: yours and your children's.
- Marriage contract.
- Passports or immigration papers.
- Insurance policies, yours and your children's.
- Jewellery; receipts of items bought by you or received by contract or will.
- School report cards.
- Diplomas.
- Any possession of great sentimental value to you.

### Keep in your purse:

- Credit cards and cash on hand.
- Driver's license.
- Health and immunization books.
- Social insurance cards.
- Medicare cards, hospital cards.
- Bank books.
- Membership cards in your names.
- Keys to the house.
- Keys to the safety deposit boxes, yours and your family's.

### Pack (ahead of time and keep in secure place):

- Clothing for you and the children that can be easily carried.
- Medications and prescriptions.
- A favourite toy for each child.

## LEAVING

1. Go to the nearest shelter or hotel.
2. Meet with a lawyer, legal aid or private. Bring all your papers with you (originals, not photocopies.) If you must leave the originals, as the lawyer for photocopies.
3. Obtain unemployment insurance if you must stop working. Go to the UIC office in your area. Bring your termination papers and social insurance card with you.
4. Obtain welfare if needed. Fill out forms at your district office. Bring a letter from your lawyer about your predicament. Bring photocopies of birth certificates, social insurance cards, your own or joint bank account books.
5. Inform the school office of your children's absence and get their report cards. Tell the school **NOT** to give out your old or new address.
6. **DO NOT tell anyone where you are.**

**SAFETY**

**PLAN**

### Children's Safety

- ◆ Ask the patient if she has children and what arrangements she has made to ensure their safety. Ask questions such as: "Do you have children? What are their ages? Where are they now? Did they see what happened?"
- ◆ Children who live with a woman who is being abused are often at risk themselves. They may be abused directly or have witnessed abuse, which can be psychologically damaging. It is therefore important to ask if the children may be experiencing or witnessing abuse, and to advise her of services for children such as a children's group, school psychologist or community health nurse, where available. If required, report the situation to the social services agency, advising the woman that all professionals are legally required to report child welfare concerns.
- ◆ If she is planning on going to a shelter for abused women, either she or you should call the shelter to see if there is space available.
- ◆ She may need some assistance in arranging transportation for herself and her children to wherever she has decided to go.

### Reporting To Legal Authorities

Unlike with child abuse, reporting abuse of adults is not mandatory. To protect the patient's right to confidentiality and safety, ***reporting violence against an adult to the police or crown is therefore done only with the patient's knowledge and permission.***

### Police Involvement and Communication with the Police

Involving the police may enable the patient to feel more power in the situation and may also act as a deterrent to further abuse, at least in the short term. Hospital records that are complete and clearly written facilitate legal proceedings. Often the hospital record itself is sufficient and there is no need for hospital staff to be further involved. ***But do not involve the police against the patient's wishes.***

- If police are already involved, *document* the officers' names and identification numbers.
- If police are not involved, offer to have them come to the emergency department.
- Advise the patient that a statement can be given to the police even if considerable time has passed since the event.

## Obtaining Legal Protection

- **Initiate the Laying of an Assault Charge** (see Appendix B for more information):

If the woman has been physically or sexually assaulted, she may wish to initiate procedures designed to offer her some legal protection from her abuser. The woman may wish to call the police and provide them with a statement about the assault that they could use to charge her partner criminally.

- **Requesting an Emergency Intervention Order:**

The *Victims of Domestic Violence Act* came into force in Saskatchewan in February 1995. This provincial legislation is designed to provide a non-criminal remedy to victims of domestic violence. An Emergency Intervention Order is available under the Act twenty-four hours a day with the assistance of a police officer or mobile crisis worker. The officer or worker can provide information to a Justice of the Peace indicating that a domestic assault has occurred. The order can:

- give a victim exclusive possession of the home;
- restrain an abuser from communicating with or contacting the victim or the victim's family;
- direct a peace officer to accompany the victim of the abuser to the home to supervise the removal of personal belongings.

These orders give abused women another choice—that of staying in their own homes. After all, why should she be the one who has to leave when he's the one who's responsible? However, if the police attend to help her ask for the Emergency Intervention Order, and there is enough evidence to lay criminal charges, they are obliged under the mandatory-charging directive to charge the abuser criminally.

**Remember: Women who have been assaulted may not be willing to involve the police if they still see some hope for their relationship. Your responsibility is to advise her of the right to have criminal charges laid and assist her by calling the police if she requests it. Medical professionals should not call the police if the woman does not want them involved. She will likely refuse to provide the police with a statement when they arrive and you will have lost her trust and confidence. Or she may give a statement but not go to court to testify as a witness against her partner, in which case a bench warrant may be issued for her arrest. Or she may go to court to testify, but will tell the court that she lied to the police and then face charges of misleading a police officer. The Justice system is currently working hard for these things not to happen so the woman is not revictimized by the courts. There is a recognition that there are many reasons a woman may not want to press charges or may want them dropped, not the least of which is that she has been threatened by the abuser not to talk to the police or to testify.**

Finally, we come to the last aspect of your care:

## **V. REFERRAL**

You'll want to prepare a short list of local resources to give to patients who have been battered. It is recommended that the list be printed on a card that can be folded into the size of a business card so that it may be kept out of sight in the patient's wallet or shoe. In small centres, it may be appropriate to include resources in surrounding areas to help ensure the patient's safety and privacy. (In Saskatchewan, such a list exists ready-made in every *DirectWest* phone book in the province (just show your patient the **Abuse Help Lines** page near the front—she should already have one in her *DirectWest* phone book at home), and at [HPP Saskatchewan \(http://www.hotpeachpages.net/canada/canada1.html\)](http://www.hotpeachpages.net/canada/canada1.html). For help in making such a list anywhere in the world, see the [Hot Peach Pages](http://www.hotpeachpages.net) at <http://www.hotpeachpages.net>.) Reviewing with the woman what to expect from each of the agencies will make it more likely that she will seek help from one of them.

### **Resource/Referral list**

The list could include names, addresses and telephone numbers for:

- transition houses (see next page for more information)
- support groups for battered women
- financial aid
- victim's services and legal aid
- multicultural and First Nations services
- counselling services and crisis lines
- sexual assault centres
- police

Reviewing with the woman what to expect from each of the agencies will make it more likely that she will seek help from one of them.

## BATTERED WOMEN'S SHELTERS

Battered women's shelters, also known as interval or transition houses, are operated by interested members of a local community. The provincial government provides ongoing funding for the shelters and services are offered at no charge to the women, unless a woman has a very large income. **Safe house networks and crisis centres operate in areas where there is no nearby shelter. They can offer only some of the services offered by shelters.**

Shelter services include:

**Safe Accommodation:** the woman and her children will be protected and their whereabouts will not be disclosed.

**Meals and Emergency Clothing:** are provided. Household chores such as meal preparation and housekeeping are shared by all women staying at the house.

**Counselling Services:** trained staff members are available to listen to the woman and to provide her with information and options. Women often benefit from meeting and discussing their problems with other women staying in the shelter who have had similar experiences. When the woman feels ready, staff will assist her in planning for the future. She will be supported and assisted in whatever decision she makes, including a decision to return home to her abuser.

**Practical Assistance, Referrals and Advocacy:** the woman will receive assistance in dealing with her legal, financial, housing, and other needs.

**Transportation:** is provided for the woman to appointments, and for the children to school.

**Outreach:** All shelters attempt to provide services to women who need some help but are not staying at the shelters. They will do their best to provide counselling and information to anyone who calls, or drops in.

See the [Hot Peach Pages](http://www.hotpeachpages.net) for lists of shelters around the world: at <http://www.hotpeachpages.net>.

## APPENDIX A

### INTERVIEWER'S CHECKLIST

- If you suspect abuse, ask the woman directly.
- Is she in need of immediate protection? Are the children?
- What action, if any, does she wish to take at this time?
- Offer referrals appropriate to her intentions at this time. Encourage her to act on her own behalf.

#### **If she is immediate danger:**

- shelter: if she wishes to go to a Battered Women's Shelter, help her arrange transportation
- plans for children
- medical care: is hospitalization appropriate?
- police action: does she wish to call the police?
- ongoing support

#### **If not in immediate danger, but planning to separate:**

- provide her with a list of emergency numbers in your area (police, Mobile Crisis, Battered Women's Shelters)
- shelter/housing: give her the number of the shelter—she can call and speak to shelter workers who will understand her situation and outline her options
- practical considerations (see Safety Plan)
- ongoing support: does she have friends or relatives to support and assist her?

#### **If remaining in the relationship:**

- provide her with a list of emergency numbers in your area (police, Mobile Crisis, Battered Women's Shelters)
- encourage her to seek out friends or relatives who can offer ongoing support
- negotiate a "contingency plan". Anticipate the worst and prepare for it. (See Safety Plan)

## **APPENDIX B**

### **ABUSE AND THE SASKATCHEWAN CRIMINAL JUSTICE SYSTEM RESPONSE**

Not all abusive behaviors can be termed criminal. Verbal abuse such as name-calling is not a crime. Physical and sexual abuse are, however, prohibited by the Criminal Code. This distinction is important because it is possible for the police to intervene when a woman is assaulted.

#### **A. ASSAULT DEFINED**

Assault is a general term used to describe the intentional use of force by one person against another. The definition of assault includes threats to use violence. There are several categories of assault—the actual charge will vary depending upon how serious the injury to the woman is. There are separate categories for sexual assaults and for assaults where weapons are used.

Actions such as slapping, shoving and scratching are assault. Thus a woman can complain to the police about such actions and her complaint can form the basis of a criminal charge of assault against her partner.

Actions that cause serious cuts, broken bones and/or internal injuries are termed assault causing bodily harm. The more serious the nature of the injury caused, the more severe the penalty imposed will be. Police are also more likely to arrest the man if the injury is a serious one.

Uttering threats to injure or kill, whether this is done in person or over the telephone, is also criminal behavior, as are threats to destroy property.

Sexual assault is a term used to describe any act of a sexual nature done without consent. Forced intercourse is a serious crime whether or not the man and the woman are married.

#### **B. WHO CAN LAY CHARGES?**

Generally, the police will be responsible for initiating charges of assault. The process starts with a complaint from the woman or someone on her behalf. In order to proceed with charges, the police will require evidence. This can be the woman's story or the evidence of a witness to the assault. The courts do not consider an assault that occurs between partners to be a private matter. Therefore, a woman who has made a complaint to the police does not have the right to drop charges against her husband.

**C. WILL THE MAN BE ARRESTED IF THE WOMAN COMPLAINS OF AN ASSAULT?**

In urban centres where court hearings occur daily, the man will probably be arrested and held overnight. Where court is held less frequently it is unlikely that an actual arrest will occur unless the assault is of a very serious nature. It is more usual for the police to serve the man with documents requiring him to attend court and answer to the charge at a later date. The longer the time is between the assault and when it is reported to the police, the less likely the police are to arrest the man. Thus, if the neighbors hear fighting and call the police, it is more likely the man will be arrested than if the woman attends at a doctor's office several days later, and then, after her injuries are treated, reports the assault to the police.

**D. WHAT HAPPENS IN COURT?**

The first time the man appears before a Judge on an assault charge he may do one of three things. He may ask the Judge for an adjournment in order to allow him the opportunity to see a lawyer. He may plead guilty or he may plead not guilty. If he pleads guilty, he may be sentenced immediately, or some time later.

**E. THE TRIAL**

When a man enters a not guilty plea the case is adjourned for a trial. This will be 4 to 16 weeks away from the first appearance in court. The woman will be given a subpoena to appear in court by the police. A lawyer, referred to as a prosecutor, handles the case against the man. The woman will describe the assault to the court after being sworn to tell the truth. Other evidence may also be given and a judge will decide the guilt or innocence of the man. The man's lawyer will have a chance to ask her any questions that are relevant. The man is able to tell his side of the story under oath and he will be questioned by the prosecutor. If the woman refuses to testify, she can be found to be in contempt of court. This is a charge for which she can be sent to jail.

**F. OTHER EVIDENCE**

A woman's courtroom testimony is sufficient to prove an assault. However, since it is possible that the accused man will deny the assault and the woman may not be believed, it is useful to have additional evidence. Thus any medical information that confirms her injury is important. Medical evidence is often the testimony of the doctor or nurse who examined and/or treated the woman. This evidence can also be introduced through documents such as notes made on charts, emergency forms, etc. Medical personnel are usually not required to appear in court except in serious cases. Any statement or admission made by the man may also be introduced into evidence. Any witness who observed the assault will usually be required to give evidence in court as well.

**G. WHAT SENTENCE WILL HE RECEIVE IF FOUND GUILTY?**

The type of sentence will depend upon the seriousness of the assault and the criminal record of the man. The Judge has three types of sentences that he or she may impose. The offender can be ordered to pay a fine. He can be sent to jail or he can be ordered to sign a probation order, which is a promise to be of good behavior and must be followed. The probation order will have terms such as refraining from the use of alcohol, seeking alcohol treatment or attending a batterer's treatment program. An obligation to keep the peace and be of good behavior is always part of a probation order and this necessarily means refraining from the commission of further crimes such as assault. The Judge may also impose a combination of two of the types of sentences, such as jail followed by a one-year probation period.

**H. DOES LAYING CHARGES ENSURE THE WOMAN'S SAFETY?**

Probably not. Her degree of safety will depend upon whether her partner is arrested and what kind of order the Judge released him on. Many men who are charged with assaulting their partners are required by law to stay away from the woman until a Judge has decided the guilt or innocence of the man. But it must be remembered that a court order is only paper and the police can only intervene if they know the order has been broken. If a woman is afraid her partner will harm her or her children while awaiting his trial, she should be sure to tell the police this. If the police are far away or she believes her partner is not likely to live up to a court order, she should consider taking emergency shelter at a transition or interval house.

**I. WHAT HAPPENS IF AN ASSAULT IS REPEATED AFTER CHARGES HAVE BEEN LAID?**

Once a man has a criminal record for assaulting his partner, a second conviction will be dealt with more harshly by the court. A jail term is often imposed.

## APPENDIX C

# VIOLENCE AGAINST WOMEN IN CANADA

### How Common is Violence Against Women?

- One-half (1/2) of Canadian women have experienced at least one incident of physical or sexual violence since the age of 16.<sup>1</sup>

### Who are the Perpetrators of Violence Against Women?

- Women face the greatest risk of violence from men they know. Almost one-half (45%) of all Canadian women experienced violence by men known to them.<sup>2</sup>

### How Common is Wife Abuse?

- 1 in 4 Canadian women have experienced physical or sexual violence at the hands of a marital partner.<sup>3</sup>
- 1 in 2 women with previous marriages reported experiencing violence at the hands of a previous spouse.<sup>4</sup>

### How Serious is the Violence

- Sixty-three percent (63%) of women who had been assaulted by a current or past partner or spouse were victimized on more than one occasion, 32% more than 10 times.<sup>5</sup>
- One third of women who were assaulted by a partner feared for their lives at some point during the abusive relationship.<sup>6</sup>
- 45% of incidents of violence committed by a man against his wife resulted in injury to the wife.<sup>7</sup>
- 44% of men who are violent to their wife use weapons during the physical attack.<sup>9</sup>
- Women who are separated from their spouses are at particularly high risk of intimate femicide. They are approximately five times more likely to be killed by their intimate partners than other women are. (Woman Killing: Intimate Femicide in Ontario. 1974-1990 p. 52).<sup>9</sup>
- Over the period 1974-1992, a married woman was nine times more likely to be killed by her spouse than by a stranger.<sup>10</sup>
- In Canada between 1974-1992, 1,435 women were murdered by their husbands. This is approximately 75 women in each and every year.<sup>11</sup>

## References

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2. Statistics Canada, p. 2
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4. Statistics Canada, p. 4
5. Statistics Canada, p. 3
6. Canadian Centre for Justice Statistics Juristat Service Bulletin, Wife Assault: The Findings of a National Survey Vol. 14, No 9 March 1994, p. 8
7. Statistics Canada, p. 6
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9. Crawford, Maria; Gartner, Rosemary; Women We Honour Action Committee, Women Killing: Intimate Femicide in Ontario 1974 - 1990. April 1992, p. 52
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## **WIFE ASSAULT AND THE HEALTH CARE PROFESSION**

- Almost one-half (45%) of wife assault cases resulted in physical injury to women
- The most frequent type of injuries reported were bruises (90%) followed by cuts, scratches and burns (33%), broken bones (12%) and fractures (11%).
- 10% of abused women stated that they suffered internal injuries and miscarriages.
- 21% of women abused by a marital partner were assaulted during pregnancy
- 40% of the women who reported being abused by their marital partners while they were pregnant stated that the abuse began during their pregnancy
- Approximately four in ten women (543,000 women) who were injured by a marital partner saw a doctor or nurse for medical attention
- One in four women who were assaulted by their partners told a doctor about their experience

Statistics from Violence Against Women Survey, Statistics Canada, November 1993. Reported in "Wife Assault: The Findings of a National Survey", Rodgers, Karen. Juristat Service, Bulletin, Vol 11, No.9. Canadian Centre for Domestic Statistics, March 1994.

## FACTS ON WIFE ABUSE AND PREGNANCY

- Women who are abused by their male partner may be abused during their pregnancy (21% of women who were abused reported being physically and/or sexually assaulted during pregnancy)<sup>1</sup>
- Pregnancy is a high-risk time for the onset of physical or sexual abuse by a male partner. (40% of women who were assaulted during their pregnancy reported that the assault began during their pregnancy.)<sup>2</sup>
- Many women live in a situation in which they must cope with high levels of stress and anxiety brought on by their partner's continuous emotional abuse. This stress affects their mental and physical health and therefore may negatively impact their pregnancy.
- Approximately one-quarter (25%) of ever married women who were assaulted by their partner reported using alcohol or medication to help them cope with the situation. If the abused women using these substances are pregnant, then their health and the future health of their children are at risk.<sup>3</sup>
- An American study found that abused women were more likely to begin prenatal care late in their pregnancies. (25% of abused adolescent women and 20% of abused adult women in this study did not begin care until the final three months of pregnancy).<sup>4</sup>
- During pregnancy, assaults become focussed on the woman's breasts, abdomen and genitals.
- These assaults can result in placental separation, antepartum hemorrhage, fetal fractures, rupture of the uterus, liver or spleen and preterm babies.
- Many abused women are sexually assaulted by their partners. Sexual assault could have serious health implications for pregnant women, especially when it occurs during the postpartum period.
- Pregnant women who have been abused are at increased risk of having low birth weight infants (12.5% versus 6.6%).<sup>5</sup>

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4. Parker B, McFarlane J. et al "Physical and Emotional Abuse in Pregnancy: A Comparison of Adult and Teenage Women, Nursing Research. Vol 42, No.3, p 173-177 May/June 1993.
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