WORKING WITH WOMEN WHO HAVE EXPERIENCED VIOLENCE:

A HANDBOOK FOR HEALTH CARE PROFESSIONALS IN SASKATCHEWAN

Revised
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Working with Battered Women: A Handbook for Health Care Professionals in Saskatchewan
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PART I

DOMESTIC VIOLENCE AND HEALTH CARE PROFESSIONALS

The most recent Statistics Canada report on family violence states that 9% of Saskatchewan women said that they have been abused by a spouse or common-law partner in the past 5 years. This number may be low because of difficulties in collecting this kind of data from women who have experienced violence. Women may be isolated and hard to access for the purposes of a survey. Many may be reluctant to participate in answering a questionnaire. Some may actually be residing in a women's shelter.

Almost 4,000 women and children used shelters in Saskatchewan between April 1, 2003 and March 31, 2004 mostly for reasons of abuse. 74 % of the women using shelters in Saskatchewan are aboriginal. Women face a range of issues as they flee from abuse such as poverty, lack of housing, post-traumatic stress disorder and a lack of social support.

Studies have shown that in the past physicians have been reluctant to identify and respond to women as victims of wife assault. 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;
- 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. Being educated about the issue of wife abuse and knowledgeable about the possible indicators will have the following impact:

- physicians will be in a better position to understand the motivations and actions of their patients;
- they will be able to identify a woman has been abused by her partner;
- they will 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 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 labelled as wife abuse, spousal abuse, and conjugal, domestic or family violence. For the purposes of this manual we will use the term abused women or women who have experienced violence, which refers specifically to assaultive or abusive behaviour committed by a man against a woman with whom he currently has, or has had in the past, an intimate, sexual, usually co-habiting relationship. The definition is sex specific because while men may also be victims of battering, women receive more severe and life threatening injuries and the violence which women direct towards men is often done in self-defence. Abuse of men in our society is not reinforced by the social, religious and economic factors that are operative in women's experience of violence. Abuse 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 is 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; denial of her right to feelings or emotions; jealousy, putdowns, constant criticism; name calling; isolating her from friends and family; controlling her activities; denying her of 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.

Why Do Men Abuse?

Men abuse 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 violent behaviour from their families, their fathers, and other male role models, especially those on television, in the movies, and in magazines where women are often objectified.

- **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**

  Abusive men often inflict the greatest violence and the greatest damage when women try to leave. One of the strategies of abuse is to keep the woman from escaping.

- **successful**

  The man gets away with it and gets his way.

- **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 interfere with men's self-control, however they are less likely to beat up their drinking buddies or the police, than they are to beat their wives.

Challenges Facing Women When They Attempt to Leave Abusive Relationships: The 10 'F's' which Force Women to Stay

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

- **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 her 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. Social assistance rates and minimum wage jobs are well below the poverty line. Adequate and affordable housing is scarce particularly in the north. Obtaining and enforcing orders for child support can be time consuming and emotionally draining, and all too often, fruitless. Sometimes professionals with whom the woman has contact, such as members of the clergy, doctors, and lawyers, have no training on the issues of abuse, and therefore respond in unhelpful or inappropriate ways.

- **Failure of the Support Systems:** Sometimes professionals with whom the woman has contact, such as members of the clergy, doctors, and lawyers, have no training on the issues of abuse, and therefore respond in unhelpful or inappropriate ways. Appropriate counselling services may not be available due to lack of funding.

- **Family:** Relatives can blame women for breaking up a family. "She made her bed and she should lie in it" is often heard. 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** behaviour in the hope that his abusive behaviour 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 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, especially older women, to stay in an abusive marriage - 'til death do us part - which sometimes is 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 behaviour to stop. They worry about him, and may blame their mother for the separation.

- **Fatigue:** The abuse keeps a women so focussed on him and on the immediate present that 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 may be locked in the house, or winter boots and coats are locked in a closet.

- **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.

- **Foresight:** Women may not leave immediately because they are planning a strategy to leave. They may be organizing financing, education and arranging for a safe way to leave. It sometimes takes several years to put everything into place.

The Cycle of Violence

The Cycle of Violence: Shelter workers have noticed that 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:

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 then 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 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. 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 couples only experience 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.

Three Common Beliefs and Myths about the Causes of Abuse

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 neighbours 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 anyone we know, it makes us feel safer.

MYTH: Aboriginal women, immigrant women, and women of colour stay in abusive relationships because violence against women is 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 abuse, 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 and stress cause the man to abuse his female partner.

FACT: Alcohol, drugs, and stress caused by issues such as role expectations or a lack of resources, may contribute to a lack of impulse control, but they do 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.

PART II

THE PROCESS OF WORKING WITH WOMEN WHO HAVE EXPERIENCED VIOLENCE

How to Help Abused Women

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.

It is important to remember that 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. The stage of the process she is in when you see her will determine her response to your assistance. 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.

In fulfilling your partnership role, you can use these five aspects of care in order to help 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 women who have been assaulted by their marital partners. **A doctor or nurse may be the one and only professional with whom an abused woman has contact.** 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 you 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 unstated and often erroneous assumptions.

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, **screening for all women presenting is vital.**

1. 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)

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

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 empathetic, 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.

<u>Other Ways To Ask About Abuse</u>

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?
- Sometimes when a woman feels suicidal as you do, 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 <u>sexual abuse</u> 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 the 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 You Can 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, 7% of women have been assaulted by a current or previous partner in the last 5 years. Over 95,000 women were admitted to shelters from April 1, 2003 to March 31, 2004. It is common for each woman to think she is the only one having this experience.

- **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 women’s shelters where she and her children can go if she needs a free, safe and supportive place to stay. There is someone in a shelter or a crisis service anywhere in the province who will speak to her and arrange for a safe place for her to stay. Alternately, she may prefer to sign up for counselling or a support group for abused women in her area. In a support group, 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 abused:** 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 determining if a woman has been abused. 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.

Behavioural/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 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 discomfort or complications.
- 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 behaviours 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.

2. 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 the violence against women. It is very important to offer her names and telephone numbers of emergency services of 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

3. DOCUMENTATION

Thorough documentation of the nature and severity of the injuries is important. Also record any statements made by the woman about the perpetrator, the time, date, and the location of the event. These 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. This information could also be used in custody and access actions involving vulnerable children. Children who have witnessed violence are considered to be in need of protection. 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 of 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 children.

In taking the photographs, there are some specific 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 on which you based your suspicions. 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, labelled, 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.

4. 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 abused 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 he threaten to harm or kill you or anyone else
- does he do things to prevent you from leaving
- is he more angry or violent when he uses drugs or alcohol
- have police ever been involved because of this violence
- does he disobey no contact orders
- 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 accusations of infidelity?
- are you concerned that he will assault you or the children in the future

The more questions which are answered 'yes', the more likely she is to be assaulted, or even murdered, in the future.

If you believe a woman is at risk or danger if she returns home, you should tell her so honestly. However, abused 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 abuse women, and counselling programs. If none are available, you should provide the women with the name and number of the police, the closest women's shelter or crisis service, 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. You can also direct her to the Abuse Help Lines which are on page 3 of all SaskTel Phonebooks.

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.

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 children's group, school psychologist or community health nurse, where available. If required, report the situation to the child protection 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, she will need to 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 had 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 had 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 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 abuse 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 testify.

5. REFERRAL

You will want to prepare a short list of local resources to give to patients who have been abused. It is recommended that the list be printed on a card that can be folded into the size of a business card so that the patient can keep it out of sight. You can also direct her to the Abuse Help Lines on page 3 of all SaskTel Phonebooks.

Resource/Referral list

Services available in your area would include the following:
- transition houses (see next page for more information)
- support groups for abused 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.

Women's Shelters

Women's shelters, also known as interval or transition houses, are operated as not for profit services under a local board of directors. The provincial or federal government provides ongoing funding for the shelters and services are offered free of charge to the women. Services include:

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

Meals and Emergency Clothing: 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 partner.

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

Transportation: Transportation is usually 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.

The following is a list of women's shelters or emergency services for women who have experienced violence:

Prince Albert Safe Shelter for Women	764-7233
Saskatoon Interval House	244-0185
Moose Jaw Transition House	693-6511
Southwest Crisis Services, Swift Current	778-3386
Battlefords Interval House	445-2750
Regina Transition House	757-2096
Shelwin House, Yorkton	783-7233
Isabel Johnson Shelter, Regina	525-2141 ext.105
Violence Intervention Program, Estevan and Weyburn	637-4004
Piwapan Women's Centre, LaRonge	425-3900
YWCA Crisis Shelter, Saskatoon	244-7034 ext. 111
North East Crisis Intervention Services, Melfort	752-9464
Qu'Appelle Safe Haven Shelter, Fort Qu'Appelle	332-6881
WISH, Regina	543-0493
Hudson Bay and District Crisis Centre	865-3064
West Central Crisis and Family Centre, Kindersley	463-6655
SOFIA House, Regina	565-0120
Aboriginal Family Services, Regina	525-4161

APPENDIX A

INTERVIEWER'S CHECKLIST

- ❑ If you suspect abuse, ask the woman directly.
- ❑ Is she in need of immediate protection? Are there 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 in immediate danger:

- ❑ If she wishes to go to a Women's Shelter, help her arrange transportation
- ❑ Plans for children
- ❑ Medical care: Is hospitalization appropriate?
- ❑ Police action: Does she wish to have the police involved?
- ❑ Ongoing support

If not immediate danger, but planning to separate:

- ❑ Provide her with a list of emergency numbers in your area (police, mobile crisis, women's shelters, women's crisis services).
- ❑ Shelter/housing: give her the number of the shelter or emergency service- she can call and speak to shelter workers or counsellors 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, women's shelters, women's crisis services).
- ❑ 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 Response of the Criminal Justice System

Not all abusive behaviours 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 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 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 behaviour, 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 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 the 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 neighbours hear fighting and call the police, it is more likely the man will be arrested than if the woman attends 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 h 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 plea guilty or he may plea not guilty. If he pleas guilty, he may be sentenced immediately, or some time later.

There are now domestic violence courts in North Battleford and Saskatoon and one being developed for Regina. These courts have the intention of addressing the treatment needs of the offender, of creating an environment where women are more likely to testify and of generally of approaching the judicial response to domestic violence in a manner which will stop the violence.

E. THE TRIAL

When a man enters a not guilty plea the case is adjourned for a trail. 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 later 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 to 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 pormise to be of good behaviour and must be followed. The probation order will have terms such as refraining from the use of alcohol, seeking alcohol treatment or attending a treatment program. An obligation to keep the peace and be of good behaviour 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 judges 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. She may qualify to receive a free cell phone which will give her immediate access to the police. Another option is second stage housing which offers a higher level of safety than normal housing.

Often, the only guaranteed protection for a woman is the incarceration of the offender.

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

Family Violence in Canada: A Statistical Profile 2005
Canadian Centre for Justice Statistics
Statistics Canada

Trends in Self-Reported Spousal Violence - Highlights

- According to the 2004 General Social Survey it is estimated that 7% of Canadians 15 years of age and over in a current, previous or common-law union experienced spousal violence in the previous 5 years. This is unchanged from previous results in 1999.
- Rates of spousal violence by a current or previous partner in the 5 year period were 7% for women and 6% for men, representing an estimated 653,000 women and 546,000 men. While there was no statistically significant change in the level of spousal violence against men since 1999 (7% versus 6%), there was a small but statistically significant decline for women during this period (8% versus 7%).
- When looking at the most serious types of violence reported to the survey, it was found that a larger proportion of women reported being beaten, choked, or threatened with or had a gun or knife used against them by their intimate partner than were men (23% versus 15%).
- Women were also much more likely to report that they were the targets of more than ten violent incidents at the hands of their partner (21% versus 10%).
- The most pronounced changes in spousal violence between 1999 and 2004 have been within previous relationships. While violence in previous relationships remain significantly higher than that in current unions, the percentage in these relationships who have experienced violence dropped significantly for both women (from 28% in 1999 to 21% in 2004) and men (from 22% to 16%).
- Violence in current unions has remained relatively stable. In 1999 it was found that 4% of both men and women in current marital or common-law relationships experienced either physical or sexual violence from their partner. In 2004 there was no significant change in rates for either women or men in current relationships.
- According to the 2004 GSS those who are between the ages of 15 and 24 who live in a common-law relationship, who have been in a relationship for three years or less, and whose partner is a frequent heavy drinker, defined as consuming five or more drinks on one occasion, five or more times per month, are at increased risk of experiencing violence at the hands of their intimate partner.

- While the rate of spousal violence among those who are gay or lesbian was twice the rate of reported violence experienced by those who are heterosexual (15% versus 7%), the survey found that those who indicated that their sexual orientation is gay or lesbian were more likely not to have a current partner (40% versus 16%) than those who are heterosexual. Survey data show that rates of spousal violence are highest among those who are common-law and who have a previous partner/spouse.

- Aboriginal people were three times more likely to be victims of spousal violence than were those who were non-Aboriginal (21% versus 7%).

- More than one-half (58%) of those who indicated they were stalked by a current or previous marital or common-law partner in the past 5 years also self-reported being the victim of spousal violence during the same time period. This was especially true in the case of female victims of intimate partner stalking (61%) though this figure was also high for male stalking victims (48%).

- Results found that 27% of victims of spousal violence reported the incident to police. This proportion is relatively unchanged from that which was reported in 1999 (28%). Results also found that a larger proportion of female victims of spousal violence reported the incidents to the police relative to male victims (37% versus 17%).

- About one-third (32%) of spousal violence victims who reported to the police also had a restraining order or protective order against their abuser. Female victims of spousal violence who had reported the violence to the police were much more likely to seek the protection of a restraining or protective order than were their male counterparts (38% versus 15%).

- In both 1999 and 2004, about one-third (34%) of victims (47% of female victims and 20% male victims) indicated that they had turned to a formal help agency because of violence.

Women More Likely to be Injured and Fear for their Life
p. 16

"Given that women are more likely than men to report more serious types of violence and more repeated episodes of violence by a marital or common-law partner, it is not surprising that women are also more likely to suffer physical injury and to fear for their lives as a result of the violence endured at the hands of an intimate partner. According to the 2004 GSS, 4 in 10 (44%) females reported injury as a result of the violence, while this was the case for 19% of male spousal violence victims. Overall, 13% of female victims indicated that they sought medical attention compared to 2% of male victims of spousal violence who sought medical intervention.

Among all those who indicated that they were injured, bruises (92%) and cuts (40%) were the most frequently self-reported injuries bor both women and men. While women were more likely to say that they had been bruised than men (96% versus 82%), men were more likely to have been cut (56% versus 35%). These results are consistent with police-reported data that reveal that women in cases of spousal violence are more likely to rely on weapons than men, while men are more likely to use physical force against their spouse (Brzozowski, 2004). Women were also more likely to report more severe injuries, such as fractures and broken bones. In addition, 8% of women who were injured also reported that they had suffered a miscarriage as a result of the violence."