

INTIMATE PARTNER VIOLENCE

Risks and Resources

CREATED BY

Riseup Society Alberta

Why Medical Professionals

We want to screen people for IPV earlier to get them the resources and support they need.

Goal #1

Increase awareness of and screening for IPV

Goal #2

Increase confidence in medical professionals to discuss issues of IPV

Goal #3

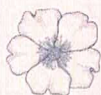
Get survivors access to necessary resources faster and increase positive health outcomes

Riseup Society Alberta provides no cost counselling to any adult who is experiencing IPV (intimate partner violence) our services are virtual or in person and we help connect survivors to other resources. We are also passionate about education and we hope that more proactive approaches can help empower survivors to reach out for help sooner. Riseup Society is a small agency, but we are not alone, there are numerous resources in the Edmonton area that are available to survivors. But, many survivors are isolated and struggle to connect to resources; their partners want to keep them from getting help. We noticed, that our clients are often still able to connect with doctors, pharmacists, and other medical professionals even while living with abusive partners. Our hope is that if more medical professionals feel confident to screen for IPV, they can be a first point of contact for survivors who are looking for help. Many survivors do not realize that what they are experiencing is abuse, so it is important to ask specific questions to determine if your patient might be experiencing IPV.

Riseup Society Alberta

Intimate Partner Violence in Alberta

Just the Facts



Alberta has the **3rd highest** rate of IPV in Canada



IPV is **3.5x higher** in women than men



Police reported IPV increased for the **fifth consecutive year**



Since 2021 there has been a large **increase in sexual IPV** reports

Types of Abuse

Physical: Abuse using physical force (hitting, pushing, strangulation, etc.)

Emotional/Psychological: Insults/humiliation, threats, manipulation, etc.

Sexual: Any sexual acts that occur without consent

Coercive Control: Patterns of coercion causing fear to control a partner's actions

Financial: Control/misuse of finances or keeping partner from employment

Spiritual: Using partner's spiritual beliefs to control them

Reproductive Coercion: Control over reproductive choice/pregnancy

Technology Assisted Violence: Use of technology to harm partner

Red Flags

These are by no means the only warning signs that exist but they are some quick things that should make you consider assessing further.

- Delay in seeking treatment
- Repeat injuries
- Hiding injuries
- Storyline not lining up
- Patients describing mental health or sleep concerns- ask what stressors might impact this, especially what relationship stressors
- It is important to note that not all survivors of abuse will be ready or willing to label their relationship as abusive. You can still ask the questions and provide some information to let patients know that you are a safe person to talk to

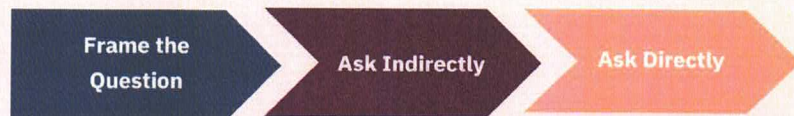


Want more information? Pages with QR codes will take you to relevant resources.



Encouraging Disclosure

Many patients will be reluctant to disclose abuse. Here are some options:




Let's Talk

Framing the question: A great way to start a conversation about abuse is to tell your patient that abuse is very common and you like to ask all your patients about abuse. This is normalizing and encourages honest responses.

Indirectly: Some easy questions like "how are things at home", "how are your stress levels-relationships, work, life", these questions open the door for deeper conversations.

Directly: You can directly ask the patient questions about their relationship. Remember that not all patients will be honest, laying some groundwork to normalize abuse can help patients feel more comfortable to disclose. You can ask questions like "are you afraid of your partner", "Has there been violence at home", "what happens when your partner is angry"?





Strangulation

- Strangulation is one of the most lethal kind of intimate partner violence.
 - The **risk of death increases 7x** for women who have been strangled by their partner.
 - **30-70% of women** who have experienced intimate partner violence have been strangled.
 - A man's handshake creates 80lbs of pressure per square inch; it takes less pressure than this to stop blood flow to and from the brain.
 - Strangulation is linked to risk of depression, suicidal thoughts, nightmares, and PTSD.
 - Many survivors do not realize that they have been strangled or do not know the risks
-
- **But only 50%** of victims of strangulation show any physical symptoms.
 - So it's important to ask patients:

"Has anyone put anything around your throat or applied pressure to your throat?"

- Also note, that some patients might have experienced strangulation during sex, this is still dangerous even if consensual as many partners do not understand how little pressure it takes to cut off blood flow to the brain.

<https://www.cbc.ca/news/canada/newfoundland-labrador/strangulation-domestic-violence-prevention-murder-st-john-s-boalag-1.4706377>



Assessing for IPV

1. Ask indirect questions:

- a. How does your partner treat you?
- b. Do you feel safe at home?

2. Ask direct questions:

- a. Has your partner ever hit you, hurt you, or threatened you?
- b. Does your partner make you feel afraid?
- c. Has your partner ever forced you to have sex when you didn't want to?

3. Also ask about past history of IPV:

- a. Have you ever had a partner who hit you, hurt you, or threatened you?
- b. Have you ever had a partner who treated you badly? c. Have you ever had a partner who forced you to have sex when you didn't want to?

Assessment 1. Assessment of current IPV

a. Assess for safety in clinic

- i. Is perpetrator with patient?

b. Assess for current safety

- i. Threats of homicide
- ii. Weapons involved
- iii. History of strangulation or stalking
- c. Assess for suicidality and homicidality
- d. Assess for safety of children

2. Assessment of history of IPV

- a. Patterns of abuse
- b. History of effects of abuse
- c. Injuries/hospitalizations
- d. Physical and psychological health effects; economic, social, or other effects
- e. Support and coping strategies
- f. Readiness for change



IPV - Think Concussion

As many as 92% of IPV survivors also have a brain injury

An estimated 36% of IPV survivors experience injuries to head

Women with head injuries are 7.5 times more likely to have experienced IPV

It is common for survivors of IPV to have experienced a traumatic brain injury. The brain injury could have been sustained through strangulation, hits to head, being pushed or thrown into something, being held under water or smothered, etc. It is important to ask questions about head injuries as many survivors downplay the degree of violence that they experienced in the home or do not consider the possibility of a concussion or other brain injury.

<https://www.biausa.org/public-affairs/media/domestic-violence-as-a-cause-of-tbi>



Homicide is a leading cause of death among **pregnant women** in the United States

Reproductive Control

Forms of Control

- Denying access to forms of birth control
- Removing or damaging condoms or other birth control
- Controlling the outcome of a pregnancy
- Forcing sex or forms of sex that their partner is uncomfortable with
- Failing to use agreed upon contraceptive method
- Pressure or shame to force partner into pregnancy or abortion
- Limiting access to medical care

Risk

Risks for people experiencing IPV while pregnant are multifaceted:

- Death/increased violence
- Feeling pressure to stay in the relationship for the child
- Stress impacting fetal development

Other Abuse

If someone is experiencing reproductive control within a relationship, they are likely to be experiencing other forms of control as well. It is important to check into the overall status of the relationship. Also consider strangulation as a risk to pregnancy.

<https://www.hsph.harvard.edu/news/hsph-in-the-news/homicide-leading-cause-of-death-for-pregnant-women-in-u-s/>
<https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-021-01143-6>



Consent

- "Do you feel forced or pressured into having sex?"
- "Does your partner refuse to wear condoms?"
- Has your partner ever tried to get you pregnant when you did not want to be?
- "Does your partner support your choices about pregnancy and/or birth control?"
- "Are you worried about how your partner will react if you do not follow their wishes regarding the pregnancy?"

Pregnancy and IPV

Working in the IPV field, we see that clients often notice their partner's controlling or angry tendencies increasing during pregnancy or after the birth of a child. Pregnancy can bring a lot of stress for any family but especially so when there is abuse. Partners may feel that they are less important than the baby, they may feel financial pressure, or may be irritated by the stresses of children. Abusive partners can also use a pregnancy to trap their partner into remaining with them as many new moms do not want to leave when pregnant or with young children.

What can be done

- Always asking for consent from patients
- Advising of discrete birth control options
- Meeting with patient apart from partner to confirm their wishes
- Advising of resources

Reproductive Control: Asking the Questions



Consent is more than just a "yes". Consent is **Freely given, Specific, and Informed.**

Enthusiastic Consent

Enthusiasm

The concept of enthusiastic consent is important because many people in unhealthy or abusive relationships feel pressured, threatened, shamed, or guilted into sex. This means that even though someone might be saying "yes" their non-verbal cues are clearly saying "no". Enthusiastic consent means that you are saying yes and both partners are actively checking into each others verbal and non-verbal cues to confirm that they are both still happy and engaged participants.

Why?

It's important to explain this concept because many people feel ashamed in relationships for not saying "no" or feeling that they did not do enough to "prove" that their no really meant no. The concept of enthusiastic consent puts the responsibility on all parties involved to be actively checking in on each other. Want to know more? Our friends at SACE put together a great article on consent-see the QR code.



Safety Planning

Once a patient has identified that they are experiencing intimate partner violence, steps may need to be taken to keep them safe. A patient may or may not want to make a report to police. Other resources are available regardless of if a patient chooses to report.

1 Abuser in Clinic

Did your partner accompany you to the clinic or drop you off at the clinic? Do you have your own transportation?

2 Immediate Safety

Are you safe to go home with your partner? If not, who can pick you up or would you like to contact police or a shelter?

3 Safe Contact

How can my office contact you safely? Phone, email, leave a message, codeword to contact, etc. Does your partner have access to your phone/email.

4 Reconnect

Can we book another appointment or write a fake appointment reminder card for patient to take home as it gives them an excuse to leave the house again.

5 Refer

What other resources are available to support this patient. Provide discrete resources or make calls in office.

Safety Planning

Considering risk factors



Areas to Consider	Starting Point
Immediate Safety	Are police services or shelter services needed?
Financial	Is Alberta Income Supports needed?
Social workers	Referring to support agency for further resourcing.
Legal	Emergency Protection Order or Legal Aid

Information for Patients

Books to Share

The Body Keeps Score: Gabor Mate

Healing from Hidden Abuse: Shannon Thomas

Why Does He Do That?: Lundy Bancroft

I Thought it was Just Me: Brene Brown



Websites to Share

Love is Respect

Healthy Relationship Quiz

SACE

Great articles about
consent and relationships

**Alberta Supports:
Family Violence**

Information and referrals



RISEUP
SOCIETY
ALBERTA

For inquiries, contact us.

<https://riseupsociety.ca>

info@riseupsociety.ca

780 739 7473

