

Intimate Partner Violence (IPV)

A guide to have a meaningful interview

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IPV

- Intimate partner violence (IPV) describes physical, sexual or psychological harm by a current or former partner or spouse (World Health Organization)

Myth or Fact

IPV is rare.

50 % of women in Canada reported one incident of physical or sexual violence since age 16

The 2009 Canadian National Survey revealed that women in Canada reported 460,000 incidents of sexual assault in 1 year

In any given day in Canada, 3,300 women (and 3,000 children) use an emergency shelter to escape abuse/violence

Myth or Fact

If a woman is abused she can/should just leave

Abused women stay in an abusive relationship for different reasons:

1. They are afraid for their lives. The abuser threatens to kill them. In fact up to 50% of abused women are killed within 2 months of leaving
2. They are financially dependent on the abuser
3. They have strong beliefs that they have to maintain the family together
4. There maybe societal, religious and family pressures to have the woman stay
5. Abusers often and repeatedly express remorse and promise to change.
6. They are afraid they lose their children
7. There may be immigration concerns that the women will be deported

Myth or Fact

Intimate partner violence occurs only in poor, less educated or dysfunctional families.

IPV has no boundaries and affects all ethnic, demographic and geographic groups

Some groups are more at risk and they include:

1. Aboriginal women (8 X more likely to get abused compared to non aboriginal)
2. Women who have a disability (60% more likely compared to no disability)
3. Immigrant women

Myth or Fact

IPV is usually a one-time event.

Once violence begins in a relationship, it often gets worse and more frequent over time. Violence involves physical attack, intimidation, threats, economical deprivation and psychological and sexual abuse

Myth or Fact

Substance abuse and stress cause battering

Alcohol, drug use and stress do not cause IPV. Abusers use substance abuse and stress as excuses for violence.

However, alcohol and drugs may disinhibit abusers and make violence more likely

Most people who are under extreme stress do not assault their partners.

Most people who drink heavily do not go around hitting their coworkers or strangers

Patient Interview

The physician's role

Although most patients will not bring up the subject of abuse on their own, many will discuss it when the issue is brought up in a **caring, non judgmental** way in a **confidential** setting

Patient Interview

The physician's role

Tip#1

Make an opening supportive statement such as:

“Because abuse is so common in people’s lives and I care about my patients, I’ve begun to talk to all my patients about it routinely”

Patient Interview

The physician's role

Tip#2

Provide patient with support and safety*:

“We all disagree at home. What happens when you and your partner disagree?”

“During the disagreement, has there been a time when the argument has become physical?”

“Does your partner lose his temper?”

“Is it safe for you to return home today?”

***Make sure the setting is private and records are confidential**

Patient Interview

The physician's role

Tip#3

Be specific:

“When he is upset how does he react?”

“Does he throw things?”

“Do you ever get scared?”

“Has he ever threatened you?”

“Has he ever threatened the kids?”

“Does he have a weapon?”

Patient Interview

The physician's role

Tip#4

Make validating statements:

“I am glad you told me. You are brave”

“You are not alone”

“Help is available. I can connect you with resources”

“It is not your fault. You might feel this way but it is your partner who has to end the abuse”

“No one deserves to live with violence”

“Violence is illegal in Canada”

“No one should live in fear. You deserve better”

Patient Interview

The physician's role

Tip#5

Questions not to ask:

“Why don't you leave?”

“What did you do to make him angry?”

“Why do you go back?”

Patient Interview

The physician's role

Tip#6

Be aware:

You should recognize that some patients will deny that they are in an abusive relationship.

If you did a good job of providing information and resources, a positive intervention has been made which is the real goal.

She may bring it up later now that she knows that you are interested to listen and to help.

Patient Interview

The physician's role

Tip#7

Legal obligations/reporting:

There are no reporting requirements for adults*. What is important is for the physician to ask, when the partner is not present, and give the message it is ok to tell about it. Retain some suspicion that when women come in with injuries or non-specific stress-related symptoms, they are not just clumsy or neurotic.

* However if a child is involved as a victim or observer, there are mandatory reporting requirements which you need to disclose to the women.

QUIZ #1

There are certain medical findings that are related to intimate partner violence. Which of the following **you do not see** in such cases:

- a. Chronic pain
- b. Chronic headaches
- c. Irritable bowel syndrome
- d. Atypical chest pain
- e. Abdominal and GI complaints
- f. Pelvic pain
- g. Dyspareunia
- h. Abortions and unplanned pregnancies
- i. Contusions and bruises
- j. Injuries to multiple sites
- k. Injuries that are not compatible with the history

QUIZ #1 answer

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ANSWER: All of the above is seen in cases of intimate partner violence. Always keep a high index of suspicion

QUIZ #2

Like all violent crime in Canada, the rates of IPV have fallen in recent years. What do you think could have contributed to the fall in these rates ?

QUIZ #2 answer

Like all violent crime in Canada, the rates of IPV have fallen in recent years. What do you think could have contributed to the fall in these rates ?

1. Increased social equality for women
2. Increased financial freedom for women
3. Improved training of police and judges
4. Improved violence legislation
5. Increased treatment programs for violent men
6. Improved community coordination
7. Improved public awareness

Reflective Question

How am I going to deal with the next patient I see when I suspect there is IPV?

Resources

***Police and Ambulance Call 911**

***Assaulted Women's Helpline** Tel: **416-863-0511**; TTY **416-364-8762** [Website: www.awhl.org](http://www.awhl.org) [E-mail: info@awhl.org](mailto:info@awhl.org)

***Victim Services Program of Toronto** Tel: **416-808-7066**

***Toronto Rape Crisis Centre: Multicultural Women Against Rape** Tel: **416-597-8808**; TTY **416-597-1214**

***Family Service Toronto (FST)** David Kelley Lesbian and Gay Community Counselling Program Tel: **416-595-9618**

***Centre for Independent Living in Toronto (CILT)** Tel: **416-599-2458**; TTY **416-599-5077**; Toll-free **1-800-354-9950**; [Website: www.cilt.ca](http://www.cilt.ca)

***Canadian Hearing Society Connect Counselling Services** Tel: **416-928-2512** (voice); TTY **416-928-2511**; [Website: www.chs.ca/services/connect.html](http://www.chs.ca/services/connect.html)

References

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2. Blue Cross Blue Shield Michigan & Blue Care Network. (2007). Reach Out: Intervening in Domestic Violence and Abuse. Available from http://www.bcbsm.com/pdf/DV_ReferenceGuide.pdf
3. Stewart D, MacMillan H, & Wathen N. (2013). Canadian Psychiatric Association Position Paper on Intimate Partner Violence . Available from <http://publications.cpa-apc.org/browse/documents/69>