Intimate Partner Violence (IPV) and COVID-19: Considerations for Health Care Workers

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Disclosures

The presenters have no financial disclosures or conflicts of interest related to this presentation

Content Warning

Some images and descriptions contain graphic/violent content

National Centre for Domestic Violence, 2020

Learning Objectives:

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- Understand the definition, Canadian prevalence, and various clinical presentations of **IPV**
- Review literature regarding how IPV may be impacted by disaster situations (including the **COVID-19** pandemic)
- Review **trauma-informed approaches** to suspected IPV or to an IPV disclosure by a patient

Definitions

- Intimate Partner Violence (IPV) – “refers to any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship.”

Examples:

- Physical violence
- Sexual violence
- Emotional (psychological) abuse
- Controlling behaviours

World Health Organization 2012

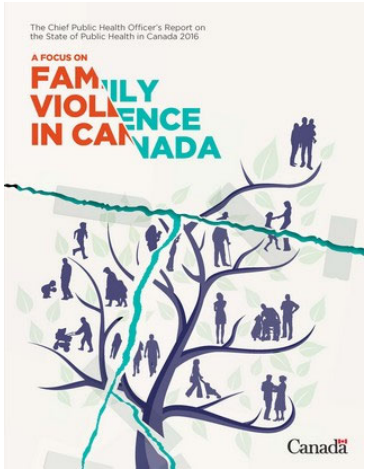
IPV Continued..

- IPV occurs amongst all age, socioeconomic, religious, cultural and ethnic groups – some are at higher risk:
  - Young adults
  - Sexual and gender minorities
  - Racialized and ethnic minority groups
  - Persons with disabilities
  - Unique forms of IPV may be present

- IPV is seen in couples who are married, common-law, dating, or separated/divorced

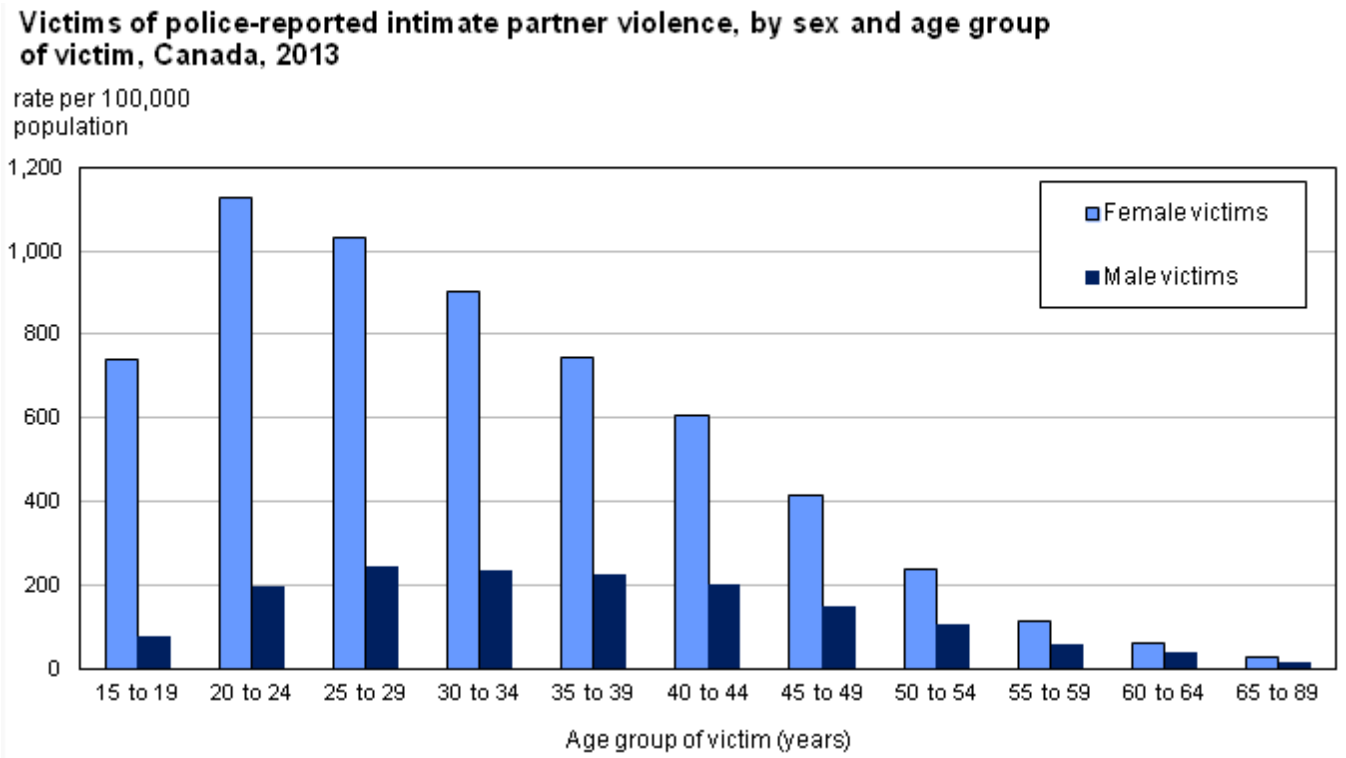
Canadian Statistics on IPV

- Over 92,000 people in Canada experience IPV yearly
- Women make up 80% of *police-reported* IPV victims in Canada and greater than 80% of IPV homicides
- A woman is killed by IPV approximately every 6 days



Perreault 2015, StatsCan, Sinha 2013 & 2012

Victims by Age Group in Canada



StatsCan 2013

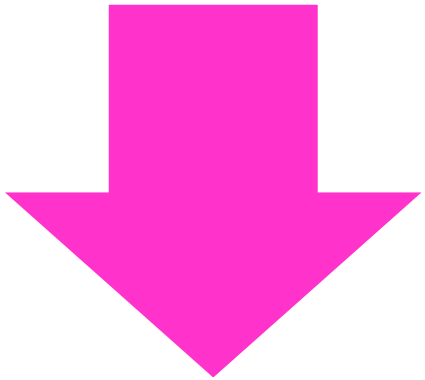
IPV and COVID19

- Rates of IPV typically increase during community disasters/crises:
  - Hurricanes
  - Floods
  - Bushfires
  - Volcanic eruption

- COVID19: Increased IPV reported in various countries
  - 10% of Canadian women and 6% of Canadian men are 'very' or 'extremely concerned' about violence in the home during the pandemic

StatsCan 2020; CMAJ 2020

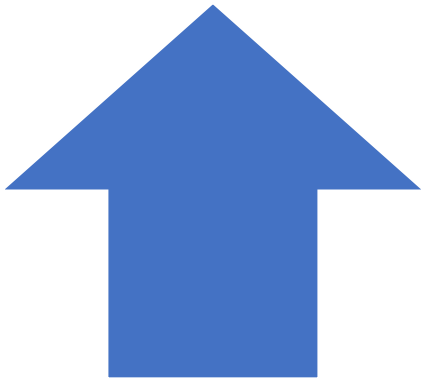
Pathways to ↑IPV during COVID19



Reduced prevention and protection efforts, social services and care

- HCW redeployment
- Delays in care
- Shelters closing due to risks of spread

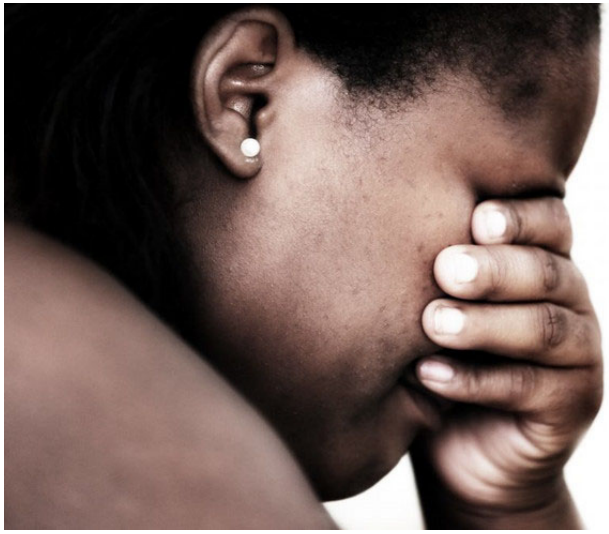
Increased incidence of violence



- Policies
- Economic stress
- Substance Use

Adapted from UNFPA 2020

IPV during Pandemics



- Perpetrators may:

➢Use restrictions to further isolate

➢Limit access to necessary items for safety

➢Spread misinformation about the virus or to stigmatize partners

WHO/PAHO 2020

The impact may be prolonged

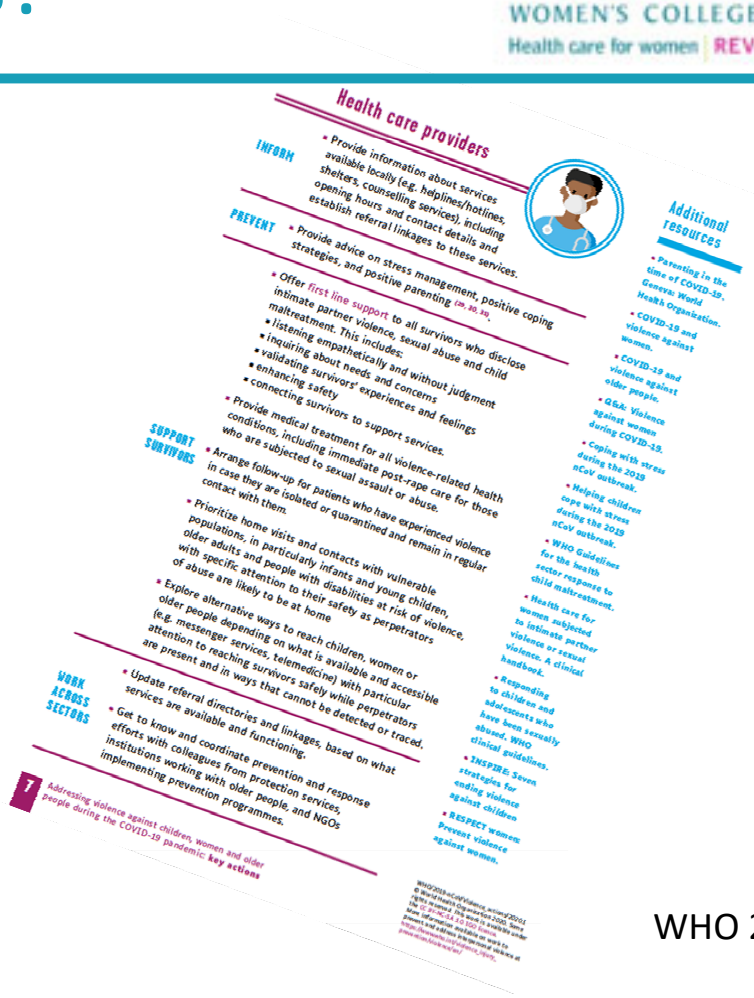
- IPV has been shown to increase both during AND after disaster situations

- US & Canada saw increased requests for DV victim services for 1 year following disasters

- The UN has expressed concern about the global burden:
  - 1/3 reduction in progress by 2030
  - For every 3 months of lockdown, expect an additional 15 million cases

UNFPA 2020, Enarson 1999

Why Health Care Workers?



WHO 2020

Why Health Care Workers?

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- Health services have the **most frequent** and widest contact

- IPV survivors were **three times more likely** to access emergency health services than those who had not experienced violence

HCWs frequently encounter IPV

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- 1 in 3 women presenting to ER after a trauma have been injured by their partner
- 1 in 6 women presenting to an orthopedic fracture clinic have experienced IPV in the previous year
- Of women murdered by IPV, 45% presented to a HCW for treatment of an IPV injury in the 2 years prior

Reviewed in CMAJ 2020

Most Patients Want Us to Ask

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- The majority of patients want to be asked
- **93%** of women believe their physicians could be helpful
- Only **14%** of patients presenting with IPV injuries are asked

Sprague et al., 2013; Burge et al., 2005

Barriers (Providers)

- **Personal discomfort**
- Perceived inadequate knowledge/**lack of formal training** with IPV questioning tools and approaches
- Fear of offending patients
- A lack of **time/workload** issues
- Forgetting
- A lack of patient **privacy**
- Lack of appropriate **referral pathways** in the event of a positive screen, and/or belief that **resources** are inadequate

UNFPA 2020, O'Reilly 2018, Sprague 2012

Barriers (Patients)

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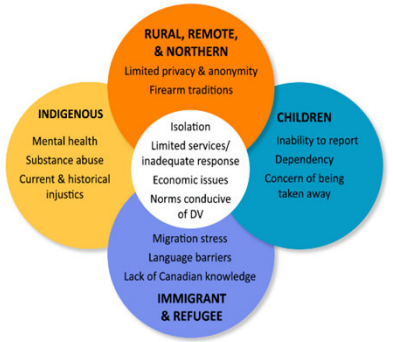
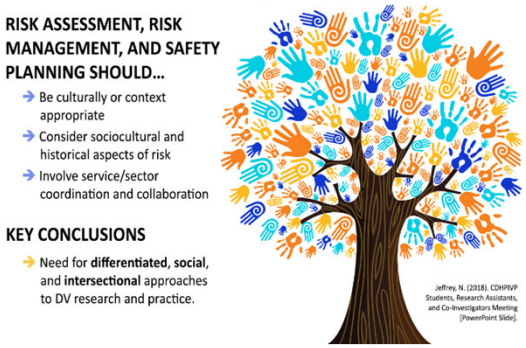
- Fear of stigma of reporting
- Fear of reprisal by assailant or their associates
- Distrust of health care professionals
- Concerns of privacy in health care settings
- Concerns of being re-victimized by the health and criminal justice systems
- The effects of sexual assault myths and stereotypes

Added Barriers for Multi-Marginalized

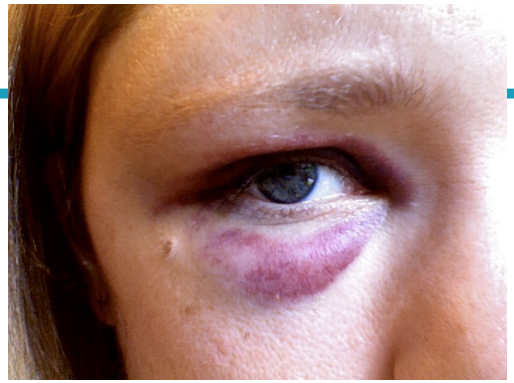
- Lack of cultural competency with queer/nonbinary/trans identities
- Past negative experiences with health care, police, social services
- Past negative experiences with IPV services



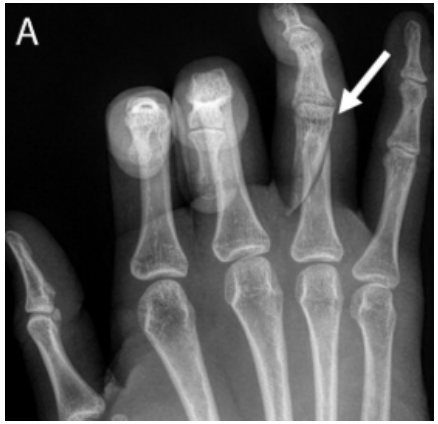


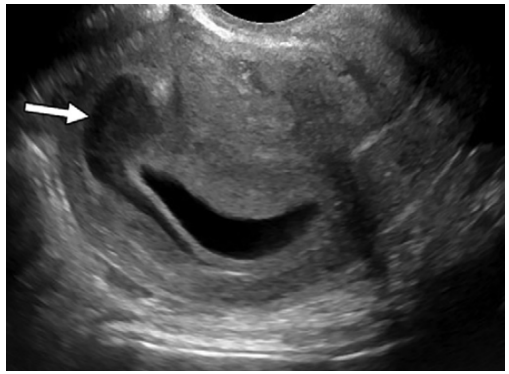
CCGSD 2019

Clinical Presentations Associated with IPV



- Visible Recurrent injury to:
- Head, face, torso, teeth
- Perforated eardrums
- Broken bones
- Injury *in pregnancy (*subchorionic hematoma, fetal loss)
- Bruising: pattern bruises, symmetrical bruises, bruises in varying stages of healing
- Burns (stoves, appliances, acids)

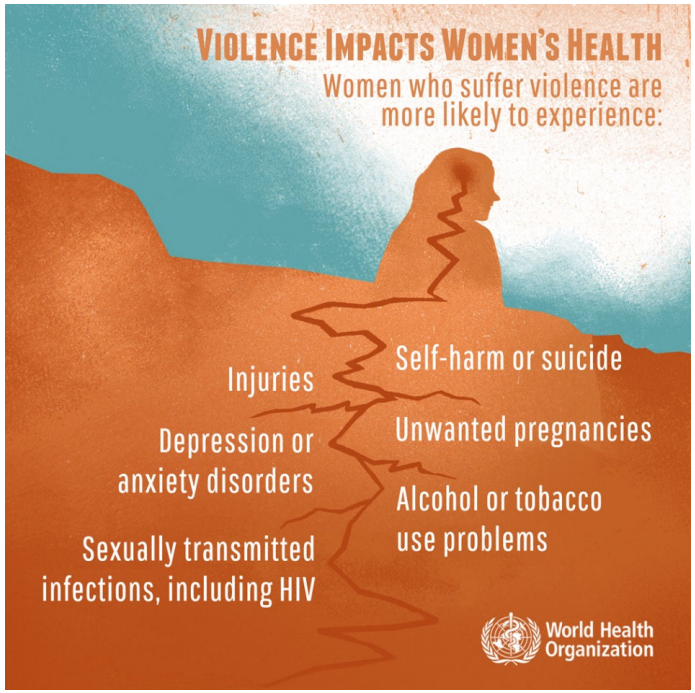




George 2019; Matteoli 2016

Clinical Presentations Associated with IPV

- Headaches
- Joint pain
- Dyspareunia or UTI/STIs
- Dysphagia
- IBS/chronic abdominal pain
- Unwanted pregnancy
- Chronic pain
- Psychiatric and sleep disturbance
- Behavioural ‘cues’



WHO 2020, Wathen et al., 2016

BE AWARE

KNOW HOW TO ASK DIRECTLY

PROVIDE INFO, REFERRALS

RECOGNIZE THE SIGNS

PROVIDE CARE AND 1st LINE SUPPORT

WHO 2020

Responding to SA/DV Victims/Survivors

1. Take a deep breath
2. It is not your responsibility to fix things or to have all the solutions
3. Think about how you would treat a friend - compassion
4. Be aware of local resources for Sexual Assault and Domestic Violence
5. Safety Plan
6. Be aware that staying with an abuser can at times be easier than leaving

Responding to SA/DV Victims/Survivors

If you suspect SA/DV:

- If the client is accompanied by someone, find a clever way to separate them for a few minutes:
  - "I just need to take some height and weight measurements with you in our scale room, can you follow me for a moment?"; "I need a urine sample, let me show you where the bathroom is"
- Be supportive but direct:
  - "I am noticing this bruise around your eye, how did this happen?"; "The last time you were here I saw some marks on your arms. I am seeing more today. Did someone hurt you?"; "Is there anything that is putting you in danger at home or at work?"; "I am worried about you. You can talk to me anytime, I am here to help"
  - "I see that you are here for STI testing/Plan B. Do you have any symptoms? Are your concerns general in nature, or are you worried about a specific incident i.e. where there may have been lack of consent?"
- Remember that you may not get a disclosure the first time

Responding to SA/DV Victims/Survivors

DO NOT:

- **Panic,** freeze up, and immediately refer out – take time and just listen to what they need
- **Cry,** impose your own morals or beliefs on the client, or say "I know how you feel"
- **Victim blame:** "are you sure it wasn't just a misunderstanding?"; "Why didn't you fight back?"; "If it's so bad, why don't you just leave?"
- **Ask too many details or irrelevant/inappropriate questions:** "Why did you let him back in the room?"; "Why did you call him after the assault?; "Why would you stay… have you been forced into an arranged marriage?"
- **Tell them you can't treat them or will report them** if they don't go to the hospital*, leave the assailant, report to the police etc. **– on average it takes 7 attempts for a survivor of violence to leave their abuser**
- Pretend to have the answers if you don't, or **overpromise**…

*If there are no injuries warranting a medical assessment

Reporting Obligations

- There is **no** mandatory reporting of **sexual assault** to police in the **adult population**; there is no mandatory charging if police become involved
- There **is** mandatory reporting of **sexual assault of a minor under 16** to CAS if there is a relationship of trust, authority, or dependency

- There is **no** mandatory reporting of **domestic violence** to the police in the **adult population**; though if the police *are* called following a domestic violence incident there **is** mandatory charging
- There **is** mandatory reporting of abuse of a minor to CAS; and there **is** mandatory reporting to CAS if an adult reports **violence in the home** and there are children 16 and under living in the home where the violence took place

Responding to SA/DV Victims/Survivors

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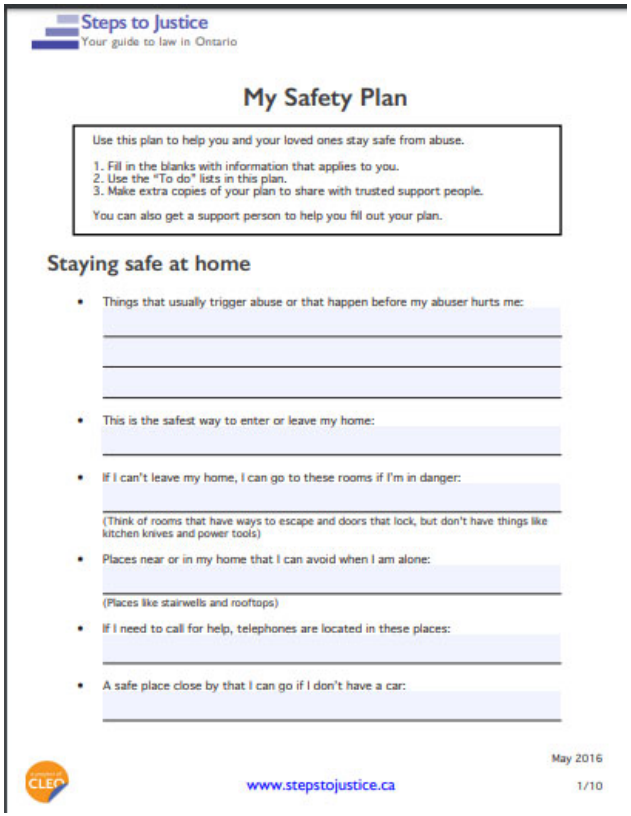
DO:

- Respond in a supportive manner and convey that you believe them
- engage in active listening
- Treat the individual with dignity and respect
- Provide emotional support and validation – do not rush
  - "I'm so sorry this happened to you"; "that must have been incredibly difficult"; "I know this must be very hard to talk about, thank you for sharing with me"; **"it is not your fault"; "No one has the right to hurt you - abuse is never ok"**
- Normalize the experience by **acknowledging** the prevalence of abuse – "you are not alone"
- Assesses for Suicidal Ideation (Thoughts+Intent+Plan = intervention)
- Give the individual control over their disclosure
  - "Do you know your options are and what you would like to do next?'; "How can I best support you at this time?"
- Help the patient think through a safety plan – numerous resources available online
- Be knowledgeable about sexual assault and domestic violence
- Be culturally sensitive

Safety Planning

- Awareness of dangerous areas (kitchen, stairs), exits, and telephones
- Importance of calling 911, having a safe contact on speed dial – code word
- Emergency bag, important documents, emergency contact numbers including shelter
- Deactivating GPS
- Advising employer of abuse and their responsibility to keep survivor safe



Steps to Justice
Your guide to law in Ontario

My Safety Plan

Use this plan to help you and your loved ones stay safe from abuse.

1. Fill in the blanks with information that applies to you.
2. Use the "To do" lists in this plan.
3. Make extra copies of your plan to share with trusted support people.

You can also get a support person to help you fill out your plan.

Staying safe at home

- Things that usually trigger abuse or that happen before my abuser hurts me:
- This is the safest way to enter or leave my home:
- If I can't leave my home, I can go to these rooms if I'm in danger:

(Think of rooms that have ways to escape and doors that lock, but don't have things like kitchen knives and power tools)

- Places near or in my home that I can avoid when I am alone:

(Places like stairwells and rooftops)

- If I need to call for help, telephones are located in these places:
- A safe place close by that I can go if I don't have a car:

May 2016

www.stepstojustice.ca

1/10

Responding to SA/DV Victims/Survivors

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DO:

- Provide information about local resources
  - Assaulted Women's Helpline 1.866.863.7868
  - ShelterSafe.ca
  - Refer to Ontario Network of Sexual Assault and Domestic Violence Care Centres
  - Local Violence Against Women Resources (Municipa
  - Local Women's Shelters
  - Power and Control vs. Equality Wheel
- Legal Resources
  - Community Legal Education Online (CLEO)
  - Legal Aid – DV
- Local Mental Health Resource
- Religious and Community Specific Resources

Ontario Network of Sexual Assault/Domestic Violence Treatment Centres

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- Initially funded in 1984 to address the acute post-sexual assault needs of women, men and children at Women's College Hospital
- Post-sexual assault services expanded across the province and through research to include:
  - Attention to domestic violence
  - HIV counselling and post-exposure prophylaxis
  - Drug-facilitated sexual assault care

- There are now 36 sexual assault/domestic violence care centres across Ontario. The most recent centre opened this year in Hawkesebury, ON

Ontario Network of Sexual Assault/Domestic Violence Treatment Centres

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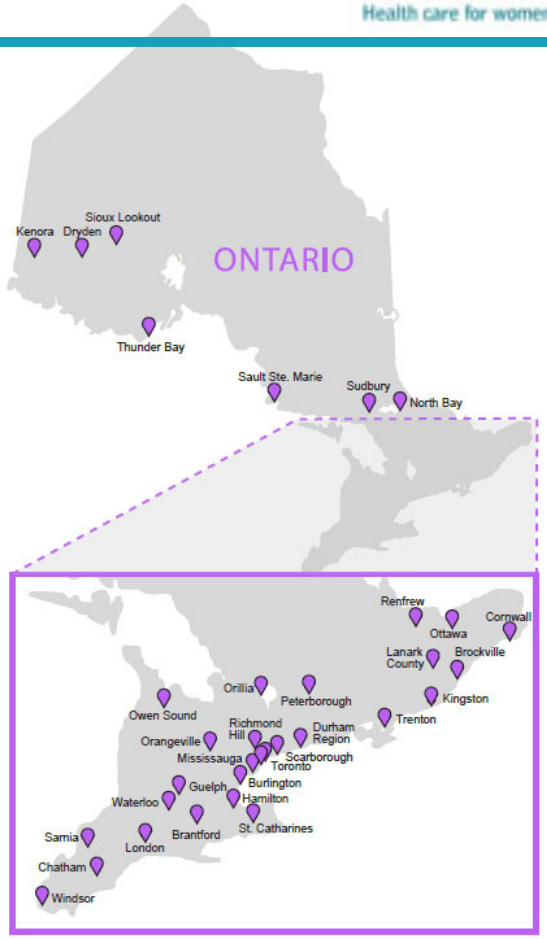
https://www.sadvtreatmentcentres.ca/find-a-centre/



Ontario Network of Sexual Assault/ Domestic Violence Treatment Centres

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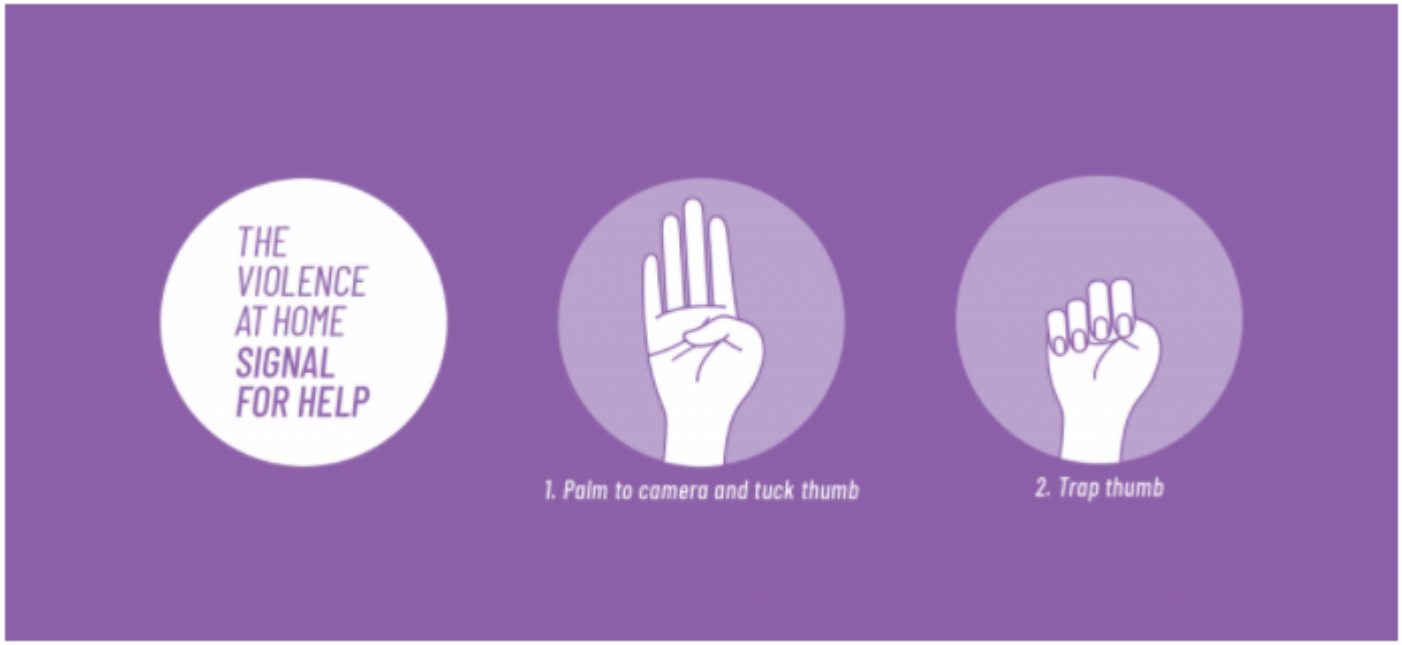
- Staffed by specially trained nurses (or less commonly nurse/physician teams)
- Emergency services offered 24/7 including:
  - Crisis intervention
  - Medical assessment and treatment
  - Testing and prophylactic treatment for pregnancy and sexually transmitted infections, including HIV
  - Collection and documentation of forensic evidence including photographs of injuries
  - Risk assessment and safety planning
  - Referral to various community agencies for other forms of support (e.g., legal, housing)

IPV and COVID19 – Signal for Help



CanadianWomen.org

IPV and COVID19 – Signal for Help

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1. **Call them and ask questions that can be answered with "yes" or "no". This may reduce risk if someone is listening. For example:**
   "Would you like me to call 911?"
   "Would you like me to call a shelter on your behalf?" (Find a shelter in your community by visiting ShelterSafe.)
   "Should I look for some services that might help you and call you back?" (Find some services you can reach out to.)

2. **Use another form of communication such as text, social media, WhatsApp, or email and ask general questions. This may reduce risk if someone is watching the person's device or accounts. For example, you can ask:**
   "How are you doing?"
   "How can I help you out?"
   "Get in touch with me when you can."

3. **Other questions you can ask:**
   "Do you want me to reach out to you regularly?"
   "How else can I support you?"

CanadianWomen.org

Summary & Questions

- IPV is a ubiquitous and cross-cutting issue, and is on the rise during Covid-19
- Victims and non-victims overwhelmingly want to be asked about IPV by providers
- Ask about abuse if you have a suspicion
- Be compassionate and non-judgemental
- Know your legal obligations
- Be knowledgeable about local IPV resources in event of IPV disclosure

Helpful Resources for HCPs

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- Online IPV Modules
- WHO – What the Health Sector Can Do
- WHO – INFOGRAPHIC IPV for Health Care Workers
- Signal For Help Campaign – toolbox for providers

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