



It is human to remember; It is human to strive towards change.

I write this piece as a woman, a partner, a mother and a physician. However, I am also keenly aware that these words are not mine but are reflections of so much pain, of so much yearning towards a better future. These are the words of a community, our community, that wants to make changes because violence against women hurts everyone.

Canadians have highlighted 16 days before the end of the year celebrations that ensure we stop and have a moment of reflection. To remember those who have been murdered, like the loss of Dr. Elena Fric. This might be a time to ensure your resources are up to date for domestic violence, also referred to as intimate partner violence or IPV (used interchangeably), or to review screening questions. It is a time to consider what our role is in eliminating such violence against women (International Day for the Elimination of Violence Against Women Nov 25th). December 6th has special significance for Canadians being the National Day of Remembrance and Action on Violence Against Women and culminates with the positive genderless day marking rights for all (International Human Rights Day Dec 10th). #myactionsmatter

Mr. Al O'Marra, in his former role as chief counsel of Ontario Coroner's Office was quoted as saying that "in almost every case of domestic homicide, we found that the people around the victim knew what was going on - but didn't know what to do about it."

Taking stock of what we know, understanding what the evidence tells us and crafting or revising interventions is the hallmark of medicine, so it makes sense to apply it to IPV.

What do we know:

- Violence against women crosses all borders, all races and all occupations. And in this light it is no surprise that IPV happens in the house of medicine.
- Domestic violence occurs across all ages and stages of life and is not limited to heterosexual relationships.
- Intimate Partner Violence is "physical violence, sexual violence, stalking, psychological aggression (including coercive tactics) by a current or former intimate partner...Some forms of IPV can be perpetrated electronically through mobile devices and social media sites, as well as, in person" (<https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>)
- Approximately every 6 days a woman is killed by her intimate partner
- In 2015: 92, 000 Canadians were victims of IPV in police-reported violent crime, 80% women.

The wrong question: In 2014, when videos emerged of Baltimore Raven player Ray Rice attacking his fiancée, media backlash questioned her intentions and why she stayed, eventually marrying her abuser. In response, Beverly Gooden coined #WhyIStayed which was quickly trending on Twitter and helped expand the conversation around domestic violence. Gooden came out with her own experience, emphasizing that "Leaving is a process not an event." #WhyIStayed has continued allowing survivors of domestic violence to share their reasons for staying and later for leaving (#WhyILeft). A reminder that many women are not in a position to leave and that having information and a place to share without judgment is crucial.

What does the evidence tell us?

- The Ontario Coroner's Office completed a death review in 2015. In Ontario (2002-2014) of almost 500 deaths due to IPV 80% victims were women <http://www.mcscs.jus.gov.on.ca/sites/default/files/content/mcscs/docs/ec165340.pdf>
- 40 risk factors were identified
- Top 10: 1. Previous history of IPV, 2. Actual or impending separation, 3. Obsessive behaviour of the perpetrator, 4. Depression in perpetrator, 5. Escalating violence, 6. Prior attempts to commit suicide, 7. Prior threats to kill the victim 8. Prior attempts to isolate the victim 9. Victim afraid, 10. Perpetrator unemployed.
N=199 cases of IPV deaths analyzed: No risk factors – 1%, 1-3 risk factors present – 13%, 4-6 risk factors present – 12%, 7 or more factors – 80%

A 2016 review article on IPV experienced in the physician population Hernandez et al. highlights the need for screening, support and resources. Physicians who reported abuse presented with very similar fears, isolation and challenges in holding their abuser accountable. Financial security and education were not protective and even suggested a barrier where people might not believe it could happen to this privileged group. The fear, and perhaps reality, is not being believed.

In the calls we receive at the OMA's Physician Health Program, there are always a few each year that have to do with IPV. The woman physician often wants to do something but is not only afraid for herself, she may not have control of her finances and she also fears problems related to not being able to adequately manage her practice.

What is Needed?

As in many public health issues some of the basic pieces is awareness, what to look for, knowing what are responsibility is to get the person to the next step. Knowing the risk factors makes it easier to teach and to screen. Knowing that help is out there makes it much smoother to provide resources and next steps.

- SEE it – NAME it – CHECK it (SNCit)
Neighbours, Friends, and Families strategy identifies three bystander behaviours designed to help intercept the isolation of domestic violence and aid discussion.
Helping us notice our intuitions or something we see, to encourage us to name it with the person and then ask about IPV. The focus is always on the facts and never with judgement.
http://makeitourbusiness.ca/sites/makeitourbusiness.ca/files/Seelt_Namelt_CheckIt.pdf
- BLUESKY – Believe her, Listen to her, Understand her current status, Ease isolation, Support her choices, Know about resources, Your voice matters (Name it)
- <http://dveducation.ca/domesticviolence/>
- Commitment – pledge <http://www.swc-cfc.gc.ca/commemoration/vaw-vff/pledge-en.php>

Resources:

- www.sheltersafe.ca
- www.talk4healing.com – line for Indigenous women
- femaide.ca – for francophone women
- Assaulted women's hotline: <http://www.awhl.org/> 18668630511 or txt #SAFE (#7233)
- www.neighboursfriendsandfamilies.ca – information for both victim and help for a perpetrator (to get help)
- World Health Organization - http://apps.who.int/iris/bitstream/10665/77432/1/WHO_RHR_12.36_eng.pdf

Hernandez B et al 2016. Intimate Partner Violence Experienced by Physicians: A review. Journal of Women's Health 25(3):311-320.

Any doctor can call the OMA PHP if they have questions or concerns about IPV. We want to be a resource that can help with the next step. Call 1.800.851.6606.

Violence against women impacts us all; let's all do our part to make our community safer.

- Joy Albuquerque MD, PHP Medical Director