

**WORKING WITH WOMEN WHO HAVE  
EXPERIENCED VIOLENCE:**

**A HANDBOOK  
FOR HEALTHCARE PROFESSIONALS  
IN SASKATCHEWAN**

Revised  
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## PART I

### STATISTICS ON VIOLENCE AGAINST WOMEN IN CANADA

- It is estimated that each year in Canada domestic violence results in \$487 million in lost wages, costs the criminal justice system \$872 million, costs the health care system \$408 million, and results in increased social service costs of \$2.3 billion. In total, the economic impact of domestic violence is approximately \$6.9 billion a year (Varcoe et al., 2011).
- According to the 2009 General Social Survey on Victimization, it is estimated that 6% of Canadians 15 years of age and over in a current, previous or common-law union experienced spousal violence in the previous 5 years (Statistics Canada, 2009).
- When looking at the most serious types of violence reported, it was found that females who reported spousal violence were about three times more likely than males to report being beaten, choked, or threatened with or a gun or knife by their intimate partner than were men (34% versus 10%) (Statistics Canada, 2009).
- 2,200 spousal violence incidents were reported to police in Saskatchewan in 2007. Women typically account for more than 4 in 5 police-reported victims (Statistics Canada, 2009).
- 98 Saskatchewan women were killed by their spouses between 1975 and 2004 (Statistics Canada, 2006).
- From 2000 to 2009, 581 women were murdered by their spouse. The spousal homicide rate against women is nearly four times higher than the rate against men (Statistics Canada, 2009).
- In 2009, only 15% of victims of spousal violence said that they reported the incident to the police (Statistics Canada, 2009).
- Only 28% of victims who experienced spousal violence in 2009 reported that they contacted or used formal services (including crisis centres, crisis lines, counsellors, shelters, victims' services programs, etc.) (Statistics Canada, 2009).
- Since 2000, the rate of spousal violence against women has decreased while the rate of violence against women by their boyfriends has increased.
  - The most likely victims of domestic violence include:
    - Women under the age of 25
    - Aboriginal women
    - Women in lower-income households (Statistics Canada, 2009).

## DOMESTIC VIOLENCE AND HEALTH CARE PROFESSIONALS

According to a 2009 Statistics Canada report, Saskatchewan has the highest rate of spousal violence in Canada at 329 per 100,000 population. In 2007, there were a total of 2,177 incidents of domestic violence reported, though this number may be low because of difficulties in collecting this kind of data from women who have experienced violence. For example, in 2009 only 15% of victims of spousal violence said that they reported the incident to the police. Women may be isolated and difficult to access for a survey.

Each year, emergency shelters, transition houses, and second stage homes in Saskatchewan take in over 4000 women and children who have been through extremely difficult circumstances. Women face a range of issues as they flee from abuse, such as: poverty, lack of housing, post-traumatic stress, and a lack of social support. Aboriginal women, suffering from the turmoil resulted from colonization and identity loss, experience rates of violence % higher than the overall population of women.

Some reasons why health care professionals may find it difficult to ask clients about domestic violence could be:

- they are 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; and
- 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 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 who 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 the abusive partner. 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 frustra-

tion 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 violence against women can go a long way in reducing this frustration.

## WHAT IS ABUSE?

The societal issue of violence against women has been labelled as interpersonal violence, intimate partner violence, family violence, wife abuse, wife battering, spousal abuse, and conjugal violence, or domestic violence. For the purposes of this manual we will use the term abuse or domestic violence, referring 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 violence, women receive more severe and life threatening injuries. 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, disallowing her money for emergencies, misappropriating her 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); punishing or ridiculing one's beliefs; preventing the practice of beliefs.

## WHY DO MEN ABUSE?

Men abuse because:

- Abusive behaviour is **sanctioned:**  
Many traditional laws and religions, until recently, permitted or encouraged men to beat their wives (the reverse has not been true).
- Abusive behaviour is **socialized:**  
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.
- Abusive behaviour is **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.
- Abusive behaviour is **successful:**  
The man feels he can get away with it.
- There are issues of **systemic 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 - effectively intervenes.
- There are issues of **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 assault their female partners.

## CHALLENGES FACING WOMEN WHEN THEY ATTEMPT TO LEAVE ABUSIVE RELATIONSHIPS: THE 10 “F’S” THAT FORCE WOMEN TO STAY

Often women stay in abusive relationships when it seems clear to others 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 his life and well-being.
- **Finances:** Women are often compelled 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, emotionally draining, and all too often, fruitless.
- **Failure of the Support Systems:** Sometimes professionals with whom the woman has contact respond in unhelpful or inappropriate ways, due to a lack of training or information. The woman may not know where to access appropriate counselling services or there may not be services in her area.
- **Family:** The woman may fear that relatives will blame her for breaking up the family. “She made her bed and she should lie in it” is often heard. Women are socialized to feel that they are responsible for the emotional health and well-being of the family. When there is tension at home, women may feel it is because they are not good wives and mothers, and therefore 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. She may feel ashamed to go to her family for help, or her family may be intimidated by the abuser and be reluctant to assist.
- **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 usually love their father, but want his abusive behaviour to stop. They worry

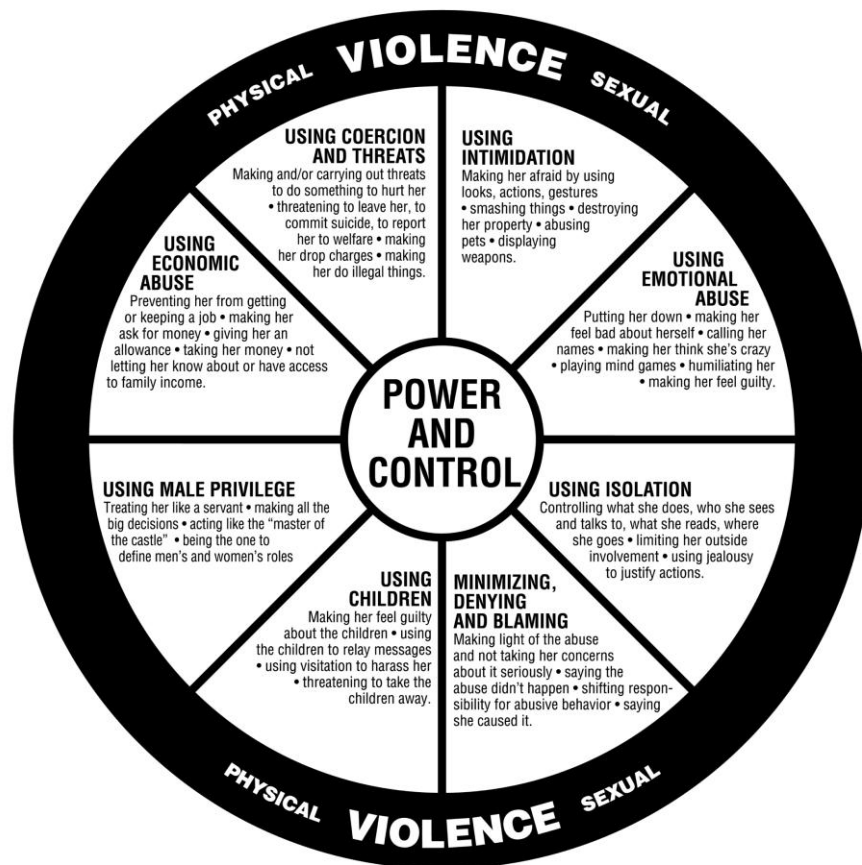


about him, and may blame their mother for the separation.

- **Fatigue:** Abuse keeps a woman so focused on the abuser and on the immediate present that she is too physically and emotionally exhausted to plan for the future. He may deprive her of sleep and food. He may not allow her to be sick. He may force 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 might learn to anticipate his every need at the cost of her own. She might walk on eggshells, keeping the children quiet, trying to stay out of his way. Isolation and loss of self-esteem are often part of her overwhelming burden. She might begin to see herself as the abuser defines her—fat, ugly, stupid, a bad mother, a bad lover, a bad housekeeper. He might control her entire life, what she does, whom she sees, and when and how long she does it. She may believe she is going crazy. He may lie about unimportant things and isolate her from family, friends, community resources, education and the work force. He may control her communication by not allowing her to speak on the phone, by listening in on phone calls, by opening and censoring her mail, and by checking her email and cellphone. She might not be allowed access to a vehicle. She may be locked in the house, or winter boots and coats might be locked in a closet so that she cannot access them to leave the house.
- **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.

## POWER AND CONTROL WHEEL

As demonstrated in the Power and Control Wheel, physical violence “is one form of domestic or intimate partner violence. It is characterized by the pattern of actions that an individual uses to intentionally control or dominate his intimate partner. That is why the words ‘power and control’ are in the center of the wheel. An abuser systematically uses threats, intimidation, and coercion to instill fear in his partner. These behaviours are the spokes of the wheel. Physical and sexual violence holds it all together—this violence is the rim of the wheel” (Domestic Abuse Intervention Programs, 2011).



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## 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 violent 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 Violent 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 than 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 incidents of violence, and a new cycle of violence begins.

Over time, the cycle of violence shifts. Honeymoon periods become shorter; denial, tension and violence increase. 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: Domestic violence only happens in lower socio-economic classes or in certain ethnic groups.**

**Fact:** Women of all income and educational levels, ethnic backgrounds 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 and immigrant women stay in abusive relationships because violence against women is part of their culture.**

**FACT:** Aboriginal women and immigrant women 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. Some immigrant women do not speak English and may be unfamiliar with the services that are available to them. Many racialized women, even when familiar with the services available, may not seek assistance 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.

## **PART II: THE PROCESS OF WORKING WITH WOMEN WHO HAVE EXPERIENCED VIOLENCE**

### **HOW TO HELP WOMEN WHO HAVE EXPERIENCED VIOLENCE**

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

Health care professionals 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 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. Health care professionals 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 screen all patients for abuse accordingly. Research has found that women are in fact more likely to reveal abuse when asked by their primary health care giver. Health care professionals have an important role to play in identifying 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. 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.

## **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 type of care 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 experienced abuse does not return to her abusive partner. Physicians, nurses, and social workers must respect the patient's decisions.
- And, most of all, screening for all women presenting signs of abuse 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, interview the patient on her own—away from anyone who may have accompanied her, including sisters, daughters, friends, children or partner.

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 Brown, J. B., Lent, B., Brett, P. J., Sas, G., and Pederson, L. L. Development of the Woman Abuse Screening Tool for Use in Family Practice, Family Medicine, 28(6), 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 language that tells her that you know domestic violence 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.
- Unlike with child abuse, reporting of abuse of adults is not required by law. Assure her of confidentiality, as well as any limits to confidentiality that may be part of your internal policies and code of ethics.



## OTHER WAYS TO ASK ABOUT ABUSE

It is important to be sensitive to the woman's experience, particularly her isolation and fear for her personal safety.

### ***Ways to screen for abuse or inquire about violence 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?

If there is no immediate evidence or disclosure of sexual violence, it may be preferable to wait until rapport has been established before questioning the woman about her past experience with sexual abuse.

### ***Ways to ask about sexual abuse 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.
- Work with the woman to make a plan to keep herself and her children safe.
- Talk to the woman about her options for safety, such as going to a shelter.
- 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 your partner 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 indicating abuse.
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 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. Each year, emergency shelters, transition houses, and second stage homes in Saskatchewan take in over 4000 women and children who have been through extremely difficult circumstances.

- 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 the abuser decides to change.
- There are people who want to help. There are 14 women's shelters in Saskatchewan where women and their children can go when they have experienced abuse and need a free, safe and supportive place to stay. There are also counselling, support, and outreach services that women can access if they choose not to go to a shelter.

## 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.
- 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 (contained in this document). 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 should be considered a success if:**

- the abuse is accurately diagnosed;
- the patient is educated about abuse;
- the patient is made aware of existing resources; and
- 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 health care professional's suspicions of abuse, even if denied by the patient, will be important observations that could alert a subsequent health care provider to the possible presence of 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; and
  - who took it and who else was present in the room, if anyone.
- It is preferable to print two sets of pictures, and 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; and
  - 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 health care professional are suspicious of 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

### 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.

### ASSESSING HER RISK

Answering yes to any of these questions adds to the women's risk of being assaulted in the future.

#### 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 he have access to a weapon?
- Has he assaulted you or threatened you with weapons in the past?
- Has he assaulted or threatened to assault your children, or others?
- Have you 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 answered with "yes", the more likely she is to be assaulted, or even murdered, in the future.

- Risk assessments can inform individuals of their overall level of risk. "Many risk factors—such as mental health problems, employment instability, and substance abuse—can be perceived by potential victims and others as sympathy factors rather than causal factors of violence... Thus, the very process of risk communication can be enlightening for those victims who are naïve about the existing danger or who minimize their partners' violence and can serve as an important component of a safety plan" (Kropp, 2008, p. 213).
- Risk assessment aims to identify clients who are most at risk of experiencing violence again in the future. Risk assessment tools provide a consistent way for staff to gather relevant information from clients. This is useful for understanding the client's specific needs and providing services and referrals accordingly, as well as for sharing perti-

ment information with shelter and counselling staff (Robinson, 2006).

- Risk assessment “also provides an enhanced paper trail of evidence” (Robinson, 2006, p. 764).

## **SAFETY PLANNING**

It is important to ask the woman if anyone has ever talked to her about a safety plan for herself 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. While the woman is in your office, try to go over safety planning basics to ensure her immediate safety. Refer her to a shelter or service for assistance with more detailed safety planning. She does not need to be staying in shelter or be a client of the agency for assistance—support is available over the telephone 24 hours per day.

- 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.

### **If she is in immediate danger:**

- 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?
- Help her to plan where she will go when she leaves your office.
- Offer referrals appropriate to her intentions at this time. Encourage her to act on her own behalf.
- Does she wish to have the police involved?
- Provide ongoing support.

### **If not in 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 shelters and services— she can call and speak to shelter workers or counsellors who will understand her situation and outline her options.
- 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.
- Encourage her to get in touch with a shelter or service that she can call for support.
- Talk to her about having a “contingency plan”—what she will do if things get worse and she needs to escape.

## 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 specific linguistic 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 a victim of domestic violence 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. Keep these indicators in mind during assessment and examination.



## **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 cannot be ex-

plained by one incident. Abuse 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 violence.
- Pregnancy: Many men who previously did not abuse their partner begin to do so when she becomes pregnant. Pregnancy therefore is a high-risk time for violence. Physical 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 a 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 partner
- 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 or belittles what she says
- he is over-solicitous with care providers

## **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. Children who have witnessed violence are considered to be in need of protection. 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, 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, suggest they come to the hospital/clinic to speak to the woman.
- Advise the patient that a statement can be given to the police even if considerable time had passed since the event.

## OBTAINING LEGAL PROTECTION

### **Initiating the Laying of an Assault Charge:**

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* is designed to provide a non-criminal remedy to victims of domestic violence. An Emergency Intervention Order can be obtained 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; and
- 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? Be aware, however, under this policy, if the police see evidence that the woman has assaulted her partner they may lay charges against her. These charges are sometimes laid even in cases of self-defence.

Remember, women who have been assaulted may not want to involve the police. 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.

## **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.

### **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.

### **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. A woman who has made a complaint to the police does not have the right to drop the charges against her husband. As well, if the police see evidence that the woman has assaulted her partner they may lay charges against her. These charges are sometimes laid even in cases of self-defence.

### **Will Her Partner be Arrested if the Woman Complains of 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.

### **What Happens in Court?**

The first time the man appears before a judge on an assault charge he 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 plead guilty or he may plead not guilty. If he pleads guilty, he may be sentenced immediately, or some time later.

There are now domestic violence courts in North Battleford, Saskatoon, and 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.

### **The Trial**

When a man enters a not guilty plea the case is adjourned for a trial. 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.

### **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 health care professional 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.

### **What sentence will he receive if he is 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 promise 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.

### **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 judge has 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.

### **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.

## **5. REFERRAL**

### **PROVIDING REFERRALS TO SHELTERS AND SERVICES**

Women who have experienced violence will need a list of telephone numbers of emergency and counselling services for abused women when they leave the hospital—a listing of PATHS shelters and services is provided at the end of this manual. A listing of Saskatchewan shelters and services is also available at <http://abusehelplines.org/resources/find-a-shelter/>, along with a printable PDF. As well, these services are listed in the Abuse Help Lines pages, on page 3 of all SaskTel Phonebooks.

As well, women may be reluctant about leaving an abusive relationship if they have pets or livestock. They may be concerned that their partner will harm or neglect the animals. For advice on what to do in this situation, the woman should get in touch with her local SPCA or Humane Society. Some agencies have foster care programs for pets where an animal can be placed in a volunteer's home temporarily while the woman is in shelter.

### **RESOURCE/REFERRAL LIST**

Others services available in Saskatchewan communities that might be of assistance to your clients:

- support groups for abused women
- financial aid
- victim's services
- legal aid
- services for immigrant women
- services provided by Aboriginal organizations
- counselling services and crisis lines
- sexual assault centres

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. As well, support is available over the telephone 24 hours per day for women who are not staying in the shelter.

**Practical Assistance, Referrals and Advocacy:** The woman will receive assistance, or appropriate referrals, to assist her in dealing with her legal, financial, housing, and other needs.

**Transportation:** Transportation is usually provided for the children to school, and women may receive assistance getting to appointments.

**Outreach:** Many shelters provide follow-up and aftercare services for women who have left shelter. As well, staff provide information, referrals, and counselling to anyone who calls.

**PATHS Member Agencies provide shelter and services for women in Saskatchewan who have experienced violence:**

**EMERGENCY SHELTERS**

<b>Community</b>	<b>Agency</b>	<b>Phone Number</b>
La Ronge	Piwapan Women's Centre	(306) 425-3900
Meadow Lake	Waskoosis Safe Shelter	(306) 236-5570
Prince Albert	Prince Albert Safe Shelter for Women	(306) 764-7233
North Battleford	Battlefords Interval House	(306) 445-2742
Saskatoon	Saskatoon Interval House	(306) 244-0185
	YWCA of Saskatoon	(306) 244-2844
	Shelwin House	(306) 783-7233
Yorkton	Project Safe Haven	(306) 782-0676
Fort Qu'Appelle	Qu'Appelle Haven Safe Shelter	(306) 322-6881
Regina	Regina Transition House	(306) 569-2292
	YWCA Isabel Johnson Shelter	(306) 525-2141
	Wichihik Iskwewak Safe House (WISH)	(306) 543-0493
	Moose Jaw Transition House	(306) 693-6511
Moose Jaw	Moose Jaw Transition House	(306) 693-6511
Swift Current	Southwest Crisis Services (Swift Current)	(306) 778-3692

**SECOND STAGE SHELTERS**

Prince Albert	Prince Albert Safe Shelter for Women	(306) 764-7233
Saskatoon	Adelle House	(306) 668-2761
Regina	Wichihik Iskwewak Safe House (WISH)	(306) 543-0493
	SOFIA House	(306) 565-2537
Swift Current	Genesis House	(306) 778-3692

**COUNSELLING & SUPPORT CENTRES**

Melfort	North East Outreach and Support Services	(306) 752-9464
Hudson Bay	Hudson Bay Family and Support Centre	(306) 865-3064
Kindersley	West Central Crisis & Family Support Centre	(306) 463-6655
	Inc.	
Swift Current	Southwest Crisis Services	(306) 778-3692
Weyburn	Envision Counselling and Support Centre Inc.	(306) 842-8821
Estevan	Envision Counselling and Support Centre Inc.	(306) 637-4004

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