

SOMETHING IS OFF



Pregnancy & Intimate Partner Violence



Midwives
Recognize & Respond
to Family Violence

MY NAME IS SHAYLA.

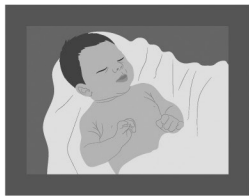
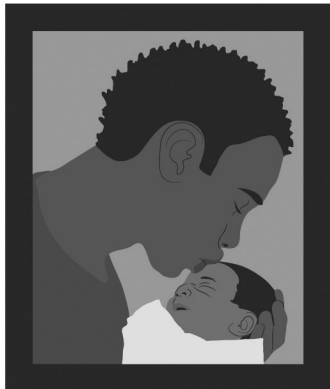
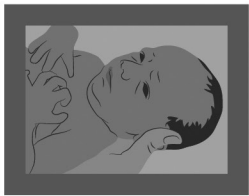
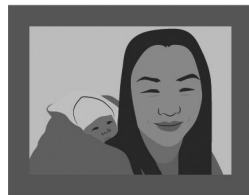
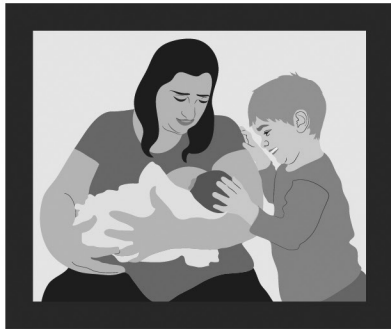
I AM A MIDWIFE.



WHEN SOMEONE BECOMES PREGNANT AND CHOOSES TO BRING A LIFE INTO THIS WORLD, THEY NEED TO BE STRONG ENOUGH FOR THEMSELVES AND THEIR CHILD. MY JOB IS TO SUPPORT PREGNANT PEOPLE AND HELP THEM BUILD THAT STRENGTH.

PREGNANCY AMPLIFIES LIFE. ALL OF OUR FEELINGS SWELL IN REACTION TO IT.

WHERE LOVE EXISTS, IT FLOURISHES.



SO CAN ABUSE.

BUT ABUSE CAN STAY HIDDEN FROM
FAMILY, FRIENDS, SOCIAL MEDIA...

IT'S PART OF MY JOB TO SPOT ABUSE. I HAVE GOTTEN PRETTY GOOD AT RECOGNIZING IT. I HAVE BEEN A MIDWIFE FOR A LONG TIME AND HAVE SEEN THINGS THAT NO PREGNANT PERSON SHOULD EXPERIENCE. BUT ALL KINDS OF WOMEN AND GENDER-DIVERSE FOLKS DO.



PEOPLE OF EVERY RACE, CLASS, AGE, PROFESSION AND IDENTITY...



PIPER,
25-YEAR-OLD
GRAD STUDENT

Hi. I have an appointment with Shayla.

Do you know how long this is going to take?

I need to leave by 11:40 at the latest.

Oh hi there.
You must be Piper.
Your partner phoned for you, I think?

The first appointment is always the longest. But it kind of depends on how long you all talk.

Piper?



I CHECK HER BLOOD PRESSURE...



AND MEASURE HER BELLY...





HER VOICE CHANGES. SHE IS NERVOUS.



I had to record it for you...

But I did...

I would have been late...

I...

Please don't say that...

THIS IS HARD TO WATCH...



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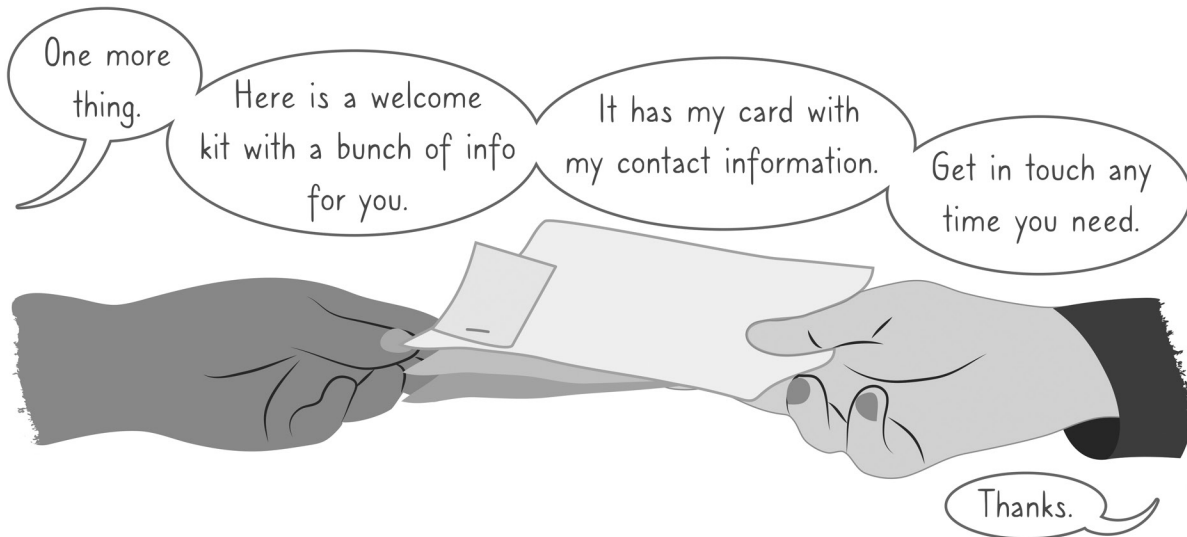
It's 11:40.
You are going to be on time.

It doesn't matter.

He doesn't want to have lunch with me now.

I should have waited.





SIGNS OF INTIMATE PARTNER VIOLENCE



PHYSICAL AGGRESSION

- Pushing, hitting, cutting, punching, slapping, shoving, strangling



STALKING

- Making verbal threats, obscene phone calls
- Following, watching, tracking, contacting on the Internet, including through texts or emails



SEXUAL VIOLENCE

- Sexual acts without consent
- Threats of repercussions for refusing sexual activity
- Sexually degrading language and belittling sexual comments



EMOTIONAL /PSYCHOLOGICAL ABUSE

- Insulting or putting a partner down
- Belittling, making them feel bad about themselves
- Humiliation
- Making them feel guilty or ashamed
- Blaming the partner or denying things happened
- Threatening to take away children
- Harming or threatening to harm pets, themselves, or loved ones
- Making a partner afraid by using looks, actions and gestures
- Gaslighting or making a partner think they are 'crazy' (have a mental illness)



COERCION

- Controlling reproductive choices, pregnancy outcomes and/or access to health services
- Using force or threats to alter behaviour
- Controlling what a partner does, who they see and where they go
- Isolating a person from family or friends



ECONOMIC ABUSE

- Controlling or misusing money, assets or property
- Controlling a partner's ability to access school or a job



SPIRITUAL ABUSE

- Using a partner's spiritual beliefs to manipulate, dominate or control them



CYBERVIOLENCE

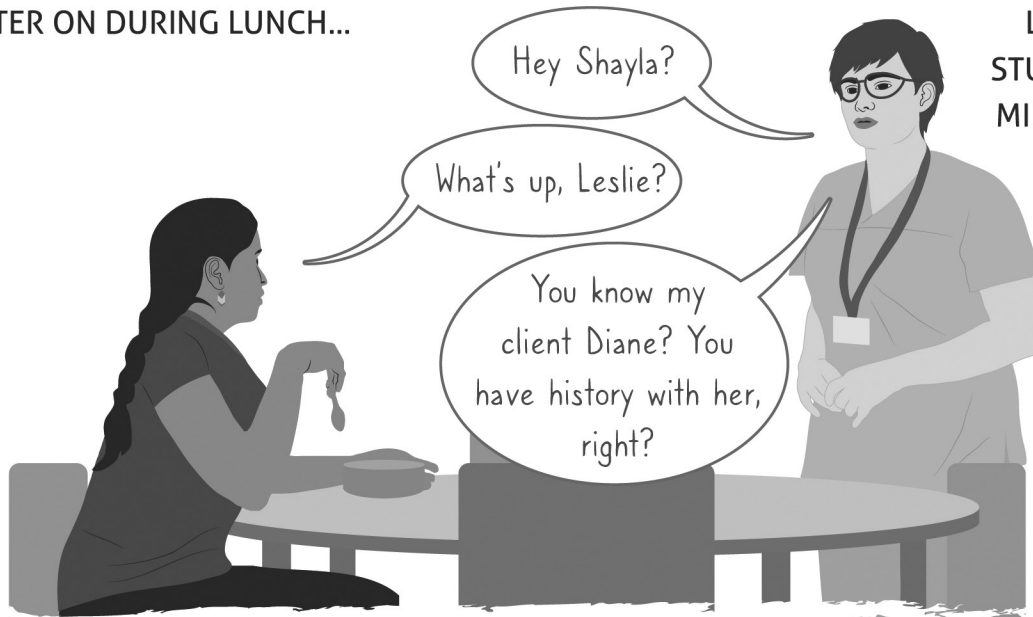
- Using technology to observe and listen to a person, track their location, scare, intimidate, or humiliate a person

FIND OUT MORE:

- Read the Women and Gender Equality Canada Fact Sheet on Intimate Partner Violence
» Visit the Gender-Based Violence Knowledge Centre at: women-gender-equality.canada.ca/

LATER ON DURING LUNCH...

LESLIE,
STUDENT
MIDWIFE



Hey Shayla?

What's up, Leslie?

You know my client Diane? You have history with her, right?

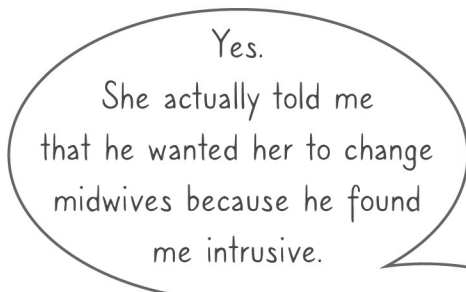


Yeah.

She was in my care during her first pregnancy when she miscarried. It was awful.

And her partner was a real piece of work. She wasn't even allowed to grieve in front of me. Everything had to be about him.

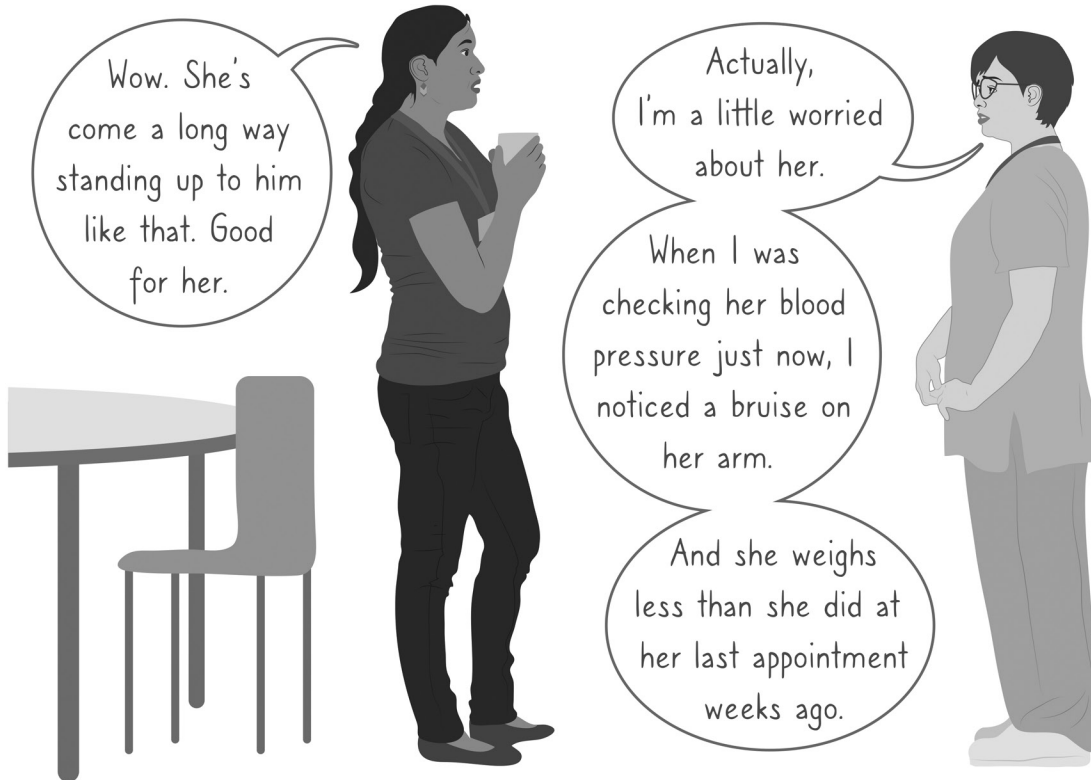
Is she still with Patrick?



Yes.

She actually told me that he wanted her to change midwives because he found me intrusive.

But she put her foot down and insisted on keeping me.



NORMALLY I WOULD ENCOURAGE A COLLEAGUE TO HAVE FAITH IN THEIR ABILITIES AND HANDLE SOMETHING LIKE THIS THEMSELVES...

...BUT LESLIE IS STILL LEARNING, AND I WANT HER TO FEEL SUPPORTED.



DIANE,
20 YEARS OLD



SHE IS TENSE. LESLIE'S INSTINCTS WERE RIGHT. SOMETHING IS OFF...



OH NO...



AS SHE GETS ONTO THE EXAM BED,
WE CAN SEE A HUGE BRUISE
ON HER THIGH.



SHE SEES THE SHOCK ON OUR
FACES AND STARTS TO PANIC...



SHE CAN'T HIDE IT ANYMORE. SHE STARTS TO BREAK DOWN.



PREPARING TO LEAVE? TAKE THESE WITH YOU:



IDENTIFICATION (FOR YOU AND ANY CHILDREN)

- Birth certificates
- Driver's licence and registration
- Health insurance cards
- Social insurance card (SIN card)
- Passports



PERSONAL ITEMS

- Cell phone and charger
- Keys – house/car/office
- Transit pass
- Address/telephone book
- Glasses/contacts and solution



IMPORTANT DOCUMENTS

- Court orders, protection/restraining orders and custody documentation
- Work permits
- School and vaccination records
- Citizenship or immigration documents or Certificate of Indian Status

IF POSSIBLE:

- Divorce papers, marriage certificate
- Copies of lease/rental agreement, house deed, mortgage papers
- Insurance papers (car, home, health)
- Tax papers



MONEY

- Cash
- Debit and credit cards
- Chequebook
- Valuables such as jewellery



HEALTH ITEMS

- Medications and prescriptions
- Medical records
- Assistive devices (i.e. dentures, walkers, canes, hearing aids)



SENTIMENTAL ITEMS (IF POSSIBLE)

- Pictures of family and children/ grandchildren
- Children's favourite toys and/or blanket
- Anything else that will help you cope

NOTE:

- Leave no personal information behind.
- Delete files and clear your browser history from any computers that you cannot take with you.
- Change all of your passwords for government, banking, schooling, work, shopping and social media accounts.



Talk to your midwife about creating a Perinatal Safety Plan that works for you.

A FEW MONTHS LATER...

THINGS ARE NOT GOING ANY BETTER FOR PIPER...



I want to say this, to make sure it's perfectly clear.

There is absolutely nothing wrong with your weight.

When you say Steve is counting out your snacks...

He's been really stressed with his new position at work...

I think he's just trying to figure out how to feel more involved with the pregnancy.

This is just his way of being helpful.



SHE SOUNDS CONDESCENDING BUT SHE LOOKS SO DEFEATED.



SOMETIMES BEING PRESENT IS ALL YOU CAN DO.



YOU CAN'T FORCE PEOPLE
TO GET HELP.

THEY HAVE TO REALIZE
IT ON THEIR OWN.

SO, I CONTINUE WITH MY WORK AND
PROVIDE THE BEST CARE I CAN TO
PREGNANT PEOPLE.



AND WITNESS THE LOVE OF BRINGING
LIFE INTO THIS WORLD.



AFTER MY SHIFT, I HAVE SOMEWHERE IMPORTANT TO GO.



IT TOOK SOME EFFORT TO MAKE IT HAPPEN...



BUT LESLIE AND I WERE ABLE TO HELP DIANE GET INTO A GREAT SHELTER.



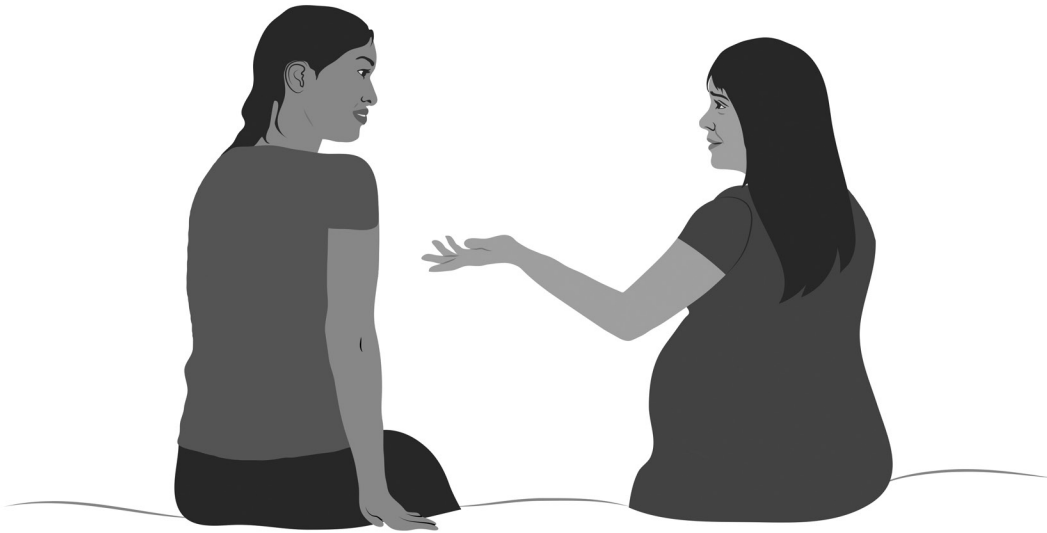
WHEN I SEE HER, SHE IS ALMOST UNRECOGNIZABLE. SHE IS A HEALTHY WEIGHT AND APPEARS TO BE HAPPY AND GLOWING.



SOMETIMES IT'S HARD TO HIDE MY FEELINGS...



WE TALK FOR A LONG TIME. SHE TELLS ME ABOUT HER LIFE. WHEN SHE WAS GROWING UP HER MOM WAS IN AND OUT OF ABUSIVE RELATIONSHIPS. DIANE WANTS TO BREAK THAT CYCLE FOR THE SAKE OF HER BABY.

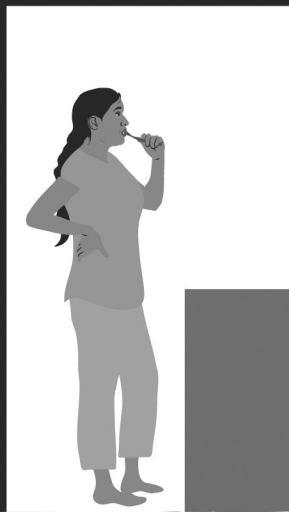


SHE'S FULL OF HOPE NOW. IT IS JUST SO GREAT TO SEE.



DIANE'S PATH IS GOING TO BE DIFFICULT,
BUT IT IS BETTER THAN THE ONE SHE WAS ON.

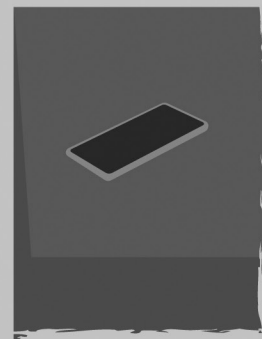
IT'S LATE BY THE TIME I GET HOME.



IT'S BEEN A HEAVY DAY...



BUT A
FULFILLING ONE.





MY PHONE RINGS...



Piper?

No, it's fine...

I'm here.



THE END.

IS IT INTIMATE PARTNER VIOLENCE?

What could a midwife notice?

There are many overlapping signs and symptoms of intimate partner violence. Below are some of the most common signs based on history taking, physical exams and ongoing assessments at any time a client is in your care. Keep in mind that these signs may be unrelated to IPV or there may be no signs at all. Use your judgement when thinking about next steps. And always practice trauma-informed care!

MATERNAL PHYSICAL HEALTH

- A history or current signs of threatened preterm labour, preterm birth, bleeding, miscarriages or terminations of pregnancy
- Repetitive UTI's, STI's or yeast infections
- Chronic pain or functioning disorders
- Injuries that do not fit the history or at various stages of healing, injury to face, wrists, genitals, breasts and abdomen
- On-going non-specific complaints of pain and discomfort, reduced or excessive weight gain in pregnancy
- Substance abuse
- Chronic physical disorders
- Sexual health issues

MATERNAL MENTAL HEALTH

- Problematic or increased substance use
- Eating disorders
- Self-harm
- Deficits with attention and memory (may be due to traumatic brain injury)
- Anxiety and sleep disorders
- Other mental health issues

MATERNAL BEHAVIOURAL SIGNS

- Repetitive cancelling or missing appointments
- Paging/calling with non-specific complaints
- Always attends with partner, defers to partner to answer questions

FACTORS THAT MAY INFLUENCE CHANCES OF FAMILY VIOLENCE

- Recent separation
- New partner
- Financial stress
- Loss of employment
- Relocation away from family and supports
- Young maternal age

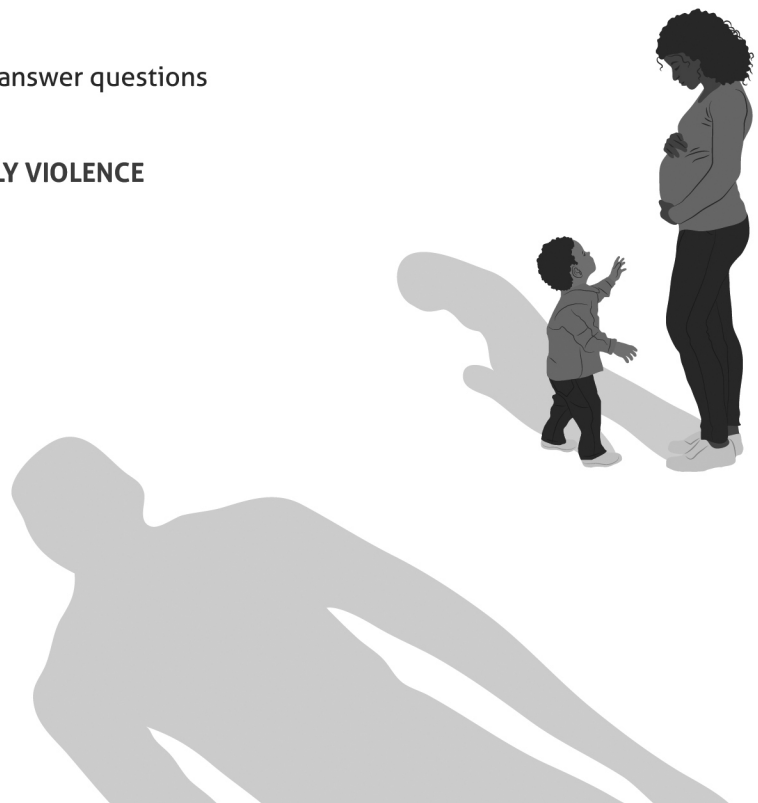
Asking about intimate partner violence:

Create a private, calm and welcoming safe space for your client.

Remember that how you ask questions is the key to gaining trust.

Find out more about asking questions here:

canadianmidwives.org/family-violence/resources/



**FOR IMMEDIATE HELP:
Call 911**

**FIND A SHELTER:
www.sheltersafe.ca**



Midwives Recognize & Respond to Family Violence

For more resources & information:
canadianmidwives.org/family-violence/



Agence de la santé
publique du Canada

Public Health
Agency of Canada