

Task force recommends screening females for abuse beginning at age 12

A task force in London, Ont., hopes to make screening for females who have been abused as much a part of the physician–patient relationship as taking a pulse or applying a blood-pressure cuff.

A 91-page report from the Task Force on the Health Effects of Woman Abuse (www.healthunit.com/reports/research.htm), released in September, contains 29 recommendations for identifying and preventing such abuse. The task force members included physicians and representatives from London hospitals, community agencies, the University of Western Ontario and the judicial system.

“Screening works,” says Dr. Graham Pollett, medical officer of health with the Middlesex–London Health Unit. “We do it for breast cancer, diabetes and high blood pressure, and we must begin doing it for woman abuse.”

Because of the potential health impact of such screening, adds Pollett, “woman abuse is an area where a public health approach — that is, a community response — is long overdue.”

A key recommendation is that females older than 12 be routinely screened by health care professionals

for any form of physical, sexual or emotional abuse occurring in childhood, adolescence or adulthood. Family physicians in London will take part in a pilot project to test a routine protocol for universal screening.

“We’re not asking health care professionals to fix this problem, because there is no quick fix,” says task force Chairperson Marion Boyd, a former attorney general in Ontario. “We’re asking them to play a pivotal role in the early identification and prevention of woman abuse.”

Because of the time constraints that physicians face, referral to community agencies — considered the “specialists” in dealing with this type of abuse — is suggested. This, says Pollett, would mean that “the woman is connected to the support services she needs. What

we ask is that physicians document and undertake the health care assessments so that doesn’t get lost.”

The task force organizers say London’s excellent network of services, its reputation as a leader in research of woman abuse, along with its lobbying for criminalization of intimate partner abuse, makes the city the ideal setting for the pilot project.

“We think that as physicians do this, they will see the immediate benefits,” says Boyd. “All those puzzling [symptoms] become clearer. The [physician–patient] relationship grows with this — it isn’t destroyed by this.”

The task force concluded that if physicians help to “break the silence very early,” woman abuse can be treated before it becomes an emergency and results in injury or even death. — *Lynne Swanson, London, Ont.*



Alberta child abuse program swamped

Organizers of an Edmonton program for investigating alleged child abuse have seen 50% more children than predicted during the program’s first year of operation. Of the 450 cases, more than half involved alleged sexual abuse and 236 cases involved children under age 5. Linda McConnan, coordinator of Capital Health’s Child and Adolescent Protection Centre, says there was pent-up demand for this type of centre. It differs from a similar program in Winnipeg because it has a pediatric social worker on site.

Children are referred from child welfare agencies or local police. While the children play in a separate area, a history is taken from parents or caregivers. The children then choose someone to accompany them while they are physically examined by one of the centre’s 2 physicians. The examination is videotaped and the second doctor reviews the findings. The team then meets the child’s family to discuss the results, and a report is made to the referral source.

Pediatrician Lionel Dibden, who now devotes half his time to the pro-

gram, says that many of the cases never reach the courtroom, but he has already testified a few times and has several subpoenas regarding further appearances sitting on his desk. Dibden is well aware of the need for physician witnesses to be neutral when making court appearances. “We are trying to provide the most accurate medical evidence that we can, and try not to be seen as an advocate. There sometimes are concerns that medical people are biased in favour of the child.” — *Heather Kent, Vancouver*