



BRIEF

Canadian
Medical
Association

Association
des médecins
du Canada

MÉMOIRE

STATEMENT

TO

**THE CANADIAN PANEL ON VIOLENCE
AGAINST WOMEN**

OTTAWA - SEPTEMBER, 1992

*To provide leadership for physicians and to promote the highest standard of health and health care for Canadians.
Jouer un rôle de chef de file auprès des médecins et promouvoir les normes les plus élevées de santé et de soins de
santé pour les Canadiens.*

The Canadian Medical Association (CMA) is a national voluntary professional organization representing approximately 46 000 physicians in Canada. As the voice of organized medicine in Canada, **CMA's mission is to provide leadership for physicians and to promote the highest standard of health and health care for Canadians.** On behalf of its members, the CMA strives to protect and improve the health of Canadians; preserve a high level of professional ethics; promote high-quality, cost-effective health care accessible to everyone; present the profession's views as effectively as possible to government and to the public; and, further the legitimate vested interests of the medical profession.

The CMA is pleased to have this opportunity to address the Canadian Panel on Violence Against Women. As a professional organization with a leadership role in societal issues affecting health, it is both appropriate and important for the CMA to be actively involved in addressing the problems associated with violence. The extremely high incidence of abuse, the associated severe physical, mental and psychological health problems and the significant role played by physicians in recognizing and caring for victims make this a priority for organized medicine.

The CMA has significant experience and expertise in this field. In 1984, the CMA General Council passed a resolution stating:

"That Health and Welfare Canada and the Provincial Ministries of Health and Education alert the Canadian public to the existence of family violence, including wife assault, child abuse, and elder abuse, and to the services available which respond to these problems, and

that organized medicine (through such vehicles as professional journals, newsletters, conferences and formal medical education) alert the physicians of Canada to the problem and

that all physicians learn to recognize the signs of family violence in their daily contact with patients and undertake the care and management of victims using available community resources."

(Resolution #84-47)

The CMA calls the Panel's attention to four major areas of concern: Recognition and Treatment, Education and Training, Protocol Development and Research.

1. **Recognition and Treatment:**

Recognition includes acknowledging the existence and prevalence of abuse and identifying victims of violence. Violence against women is clearly a health issue and one that should be given a very high priority. Statistics indicate that nearly one in eight Canadian women will be subject to spousal violence in her lifetime and that one in five will be a victim of sexual assault. Violence against women is a major determinant of both short - and long-term health problems including traumatic injury, physical and psychological illnesses, alcohol/drug addiction and death. Furthermore, although it is critically important to recognize that abuse crosses all racial and socio-economic boundaries, there are strong indications that certain groups are particularly vulnerable to abusive acts (e.g., pregnant, disabled and elderly women).

Recognition includes acknowledging and understanding the social context within which violence occurs. Violence is not an isolated phenomenon, but is part of the much broader issue of societal abuse of women.

Physicians are often the first point of contact for patients who have been abused physically, sexually, mentally and/or psychologically. They have a vital role to play in identifying victims and providing treatment and supportive intervention including appropriate referral. Abuse is not always readily apparent, however, and may go undetected for extended periods of time. Numerous studies have shown that both physicians and patients often fail to identify abuse as an underlying cause of symptoms. Such delays can result in devastating and sometimes fatal consequences for patients. Even in those cases where abuse is apparent, both physicians and patients often feel uncomfortable talking openly about the abuse and the circumstances surrounding it. It is the physician's role and responsibility to create a safe and supportive environment for the disclosure and discussion of abuse.

Furthermore, the lack of resources for support services or the lack of awareness of what services are available to provide immediate and follow-up care to patients in need may discourage physicians from acknowledging the existence of abuse and identifying victims. It is clear that improvement in the ability and the degree to which victims of abuse are recognized and given appropriate assistance by physicians and other caring professionals in a non-threatening environment is urgently required.

Individuals who are abused usually approach the health care system through primary contact with emergency departments or other primary care centres. The care available in such settings is acute, fragmented and episodic. Such settings are not appropriate for the victims of violence.

The challenge that we, as physicians, recognize is to be able to provide access in a coordinated way to medical, social, legal and other support services that are essential for the victim of violence. This integration of services is essential at the point of initial recognition and contact. The CMA has been involved with eight other organizations in the Interdisciplinary Project on Domestic Violence (IPVD), the primary goal of which is to promote interdisciplinary co-operation in the recognition and management of domestic violence.

2. Education and Training:

The spectrum of abuse is complex; the victims are diverse; expertise in the field is developing. The current system of medical education neither provides health care personnel with the knowledge or skills nor does it foster the attitude to deal adequately with this issue. Some of CMA's divisions have played an active role in this area. For instance, the Ontario Medical Association has developed curriculum guidelines and medical management of wife abuse for undergraduate medical students. It is important that there be more involvement by relevant medical groups in developing educational and training programs and more commitment from medical educators to integrate these programs and resources into the curriculum.

Programs must be developed and instituted at all levels of medical education in order that physicians can gain the requisite knowledge and skills and be sensitive to the diversity of victims of violence.

The CMA believes that the educational programs must result in:

- understanding of the health consequences of violence;
- development of effective communication skills; and,
- understanding of the social context in which violence occurs.

Understanding of the social context in which violence occurs will require an examination of the values and attitudes that persist in our society, including a close consideration of the concepts of gender role socialization, sexuality and power. This is required in order to dispel the pervasive societal misconceptions held by physicians and others which act as barriers to an effective and supportive medical response to patients suffering the effects of violence.

3. **Development of Protocols:**

The CMA recognizes the need for more effective management and treatment of the spectrum of problems associated with violence against women. **Health care facilities, professional organizations and other relevant groups are challenged to formulate educational and policy protocols for integrated and collaborative approaches to dealing with prevention of abuse and the management of victims of violence.**

The CMA and a number of its divisions have been active in this area:

- In 1985, the CMA prepared and published *Family Violence: Guidelines for Recognition and Management* (Ghent, W.R., Da Sylva, N.P., Farren, M.E.), which dealt with the signs and symptoms, assessment and management, referral assistance and medical records with respect to wife battering, child abuse and abuse of the elderly;
- The Ontario Medical Association published *Reports on Wife Assault* in January 1991. This document, endorsed by the CMA, examines the problem of wife assault from a medical perspective and outlines approaches to treatment of the male batterer and his family;
- The Medical Society of Nova Scotia has developed a handbook entitled *Wife Abuse: A Handbook for Physicians*, advising on the identification and management of cases involving the battering of women;
- The New Brunswick Medical Society has produced a series of discussion papers on violence and in conjunction with that province's Advisory Council on the Status of Women, has produced a graphic poster depicting physical assault on pregnant women as a way of urging physicians to be alert for signs of violence against women;

- The Medical Society of Prince Edward Island has worked cooperatively with the provincial Department of Health and Social Services and the Interministerial Committee on Family Violence to produce a document entitled *Domestic Violence: A Handbook for Physicians*.

The CMA encourages continued involvement by the medical profession in the development of initiatives such as these and welcomes the opportunity to work in collaboration with other professionals involved in this area.

4. Research

The CMA has identified violence against women as a priority health issue. Like many other areas in women's health, there is a need for research focusing on all aspects of violence and the associated problems. More specifically, **the CMA maintains that there should be more research on the incidence of abuse (particularly as it relates to particular groups), on ways to facilitate the disclosure by victims of abuse and on the effectiveness of educational and prevention programs.**

The CMA recognizes that the medical profession must show a greater commitment to ending abuse of women and providing more appropriate care and support services to those who are victims of violence. The CMA possesses unique skills and expertise in this area and welcomes the opportunity to work with the Panel on this challenging social and health problem.