

The Health of Canada's Children and Youth: A CICH Profile

Health Profile on Immigrant and Refugee Children and Youth in Canada



Appendix to module page 3.2.2: Child Maltreatment – Summary of two Canadian Guidelines

Guideline	Evidence Based?	Recommendation	Areas of Discrepancy
Evidence-Based Clinical Guidelines for Immigrants and Refugees (Pottie et al., 2011; http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3168666/pdf/183e824.pdf)	Yes	<ul style="list-style-type: none">• Do not conduct routine screening for child maltreatment• Be alert for signs and symptoms of child maltreatment during physical and mental examinations, and assess further when reasonable doubt exists or after patient disclosure• Consider home visitation by a nurse, particularly for first-time mothers who are younger than 19 years of age, single or economically disadvantaged	
Intimate Partner Violence Consensus Statement (Cheerniak et al., 2005; http://sogc.org/wp-content/uploads/2013/01/157E-CPG-April2005.pdf)	Yes – published and unpublished meta-analyses on screening for violence were reviewed	<ul style="list-style-type: none">• Healthcare professionals should be sensitive to the manifestations of IPV in populations with differing needs (i.e. immigrant women and children)• Essential elements of health sector response include documentation, risk assessment, addressing the safety of children present in the home, facilitation of a safety plan, and effective referral and follow-up• Women disclosing the presence of children at risk should be assisted by the reporting health professional in contacting their local child welfare agency	