

Transformative impact of routine screening for family violence on a paediatric ward

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INTRODUCTION

Rates of family violence (FV) are increasing, with children present in 30% of FV incidents attended by police.¹ Childhood exposure to FV is associated with poorer developmental, psychosocial and physical health. A standardised documentation tool (SDT) was developed to assist in identifying and assessing the impact of FV on paediatric patients and their families (Figure 1). This aligned with the gold standard Multi-Agency Risk Assessment Framework (MARAM).²

AIMS

This study assessed if routine screening with an SDT: (1) increases screening and referral rates, and (2) improves knowledge and confidence in FV screening.

METHOD

- An SDT was implemented from 5th September 2022 to aid with intended **universal screening** (definition highlighted in Figure 1) of all admissions to the paediatric ward.
- Paediatric staff were surveyed pre- and post-implementation assessing knowledge of, and confidence in FV screening, with targeted education prior.
- Effectiveness of the tool was assessed by comparing rates of FV screening, detection rates and subsequent referrals between 1st February and 31st March 2022 (pre-implementation) and 5th November 2022 and 5th January 2023 (post-implementation).
- Chi-square, unpaired t-tests and Mann-Whitney tests were used for proportions, parametric and non-parametric data respectively.

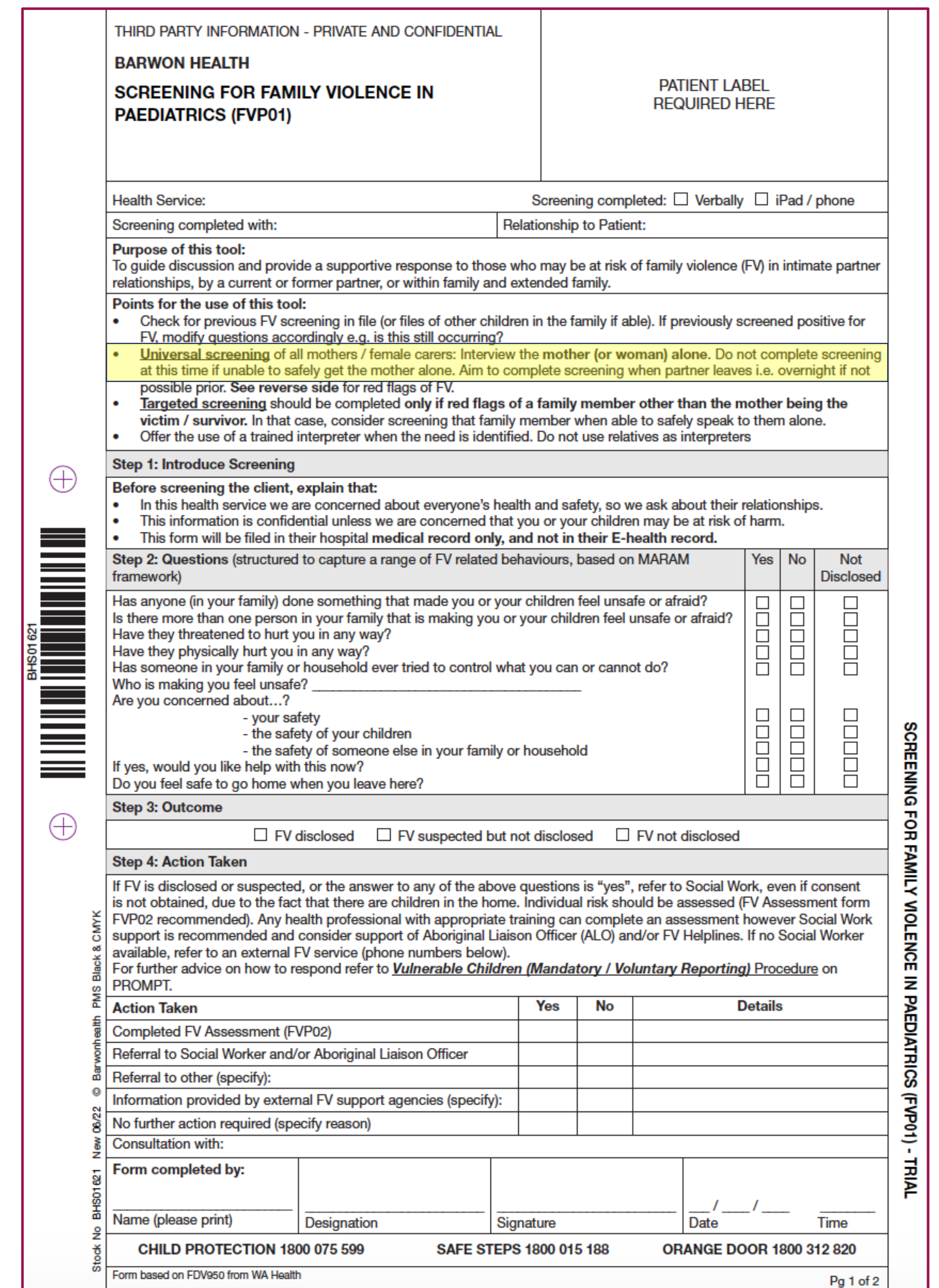


FIGURE 1: FVP01 Standardised screening and documentation tool

Table 1: FV Screening Rates and Disclosures	Pre-Implementation (n=510)	Post-Implementation (n=580)	p-value
Family Violence Screening Rates			
FV Screening performed – yes, n (%)	10 (2.0)	76 (13.1)	<.0001
Detection Rates			
Screened with new disclosure – n (%)	2 (0.4)	10 (1.7)	<.0001
Screened with known FV history – n (%)	4 (0.8)	8 (1.4)	
Screened without disclosure – n (%)	4 (0.8)	58 (10.0)	
Not screened – n (%)	500 (98.0)	504 (86.9)	
Referral Rates – n (%)	3 (0.6)	13 (2.2)	0.02

Survey Responses - How confident are you having sufficient skills and understanding to:

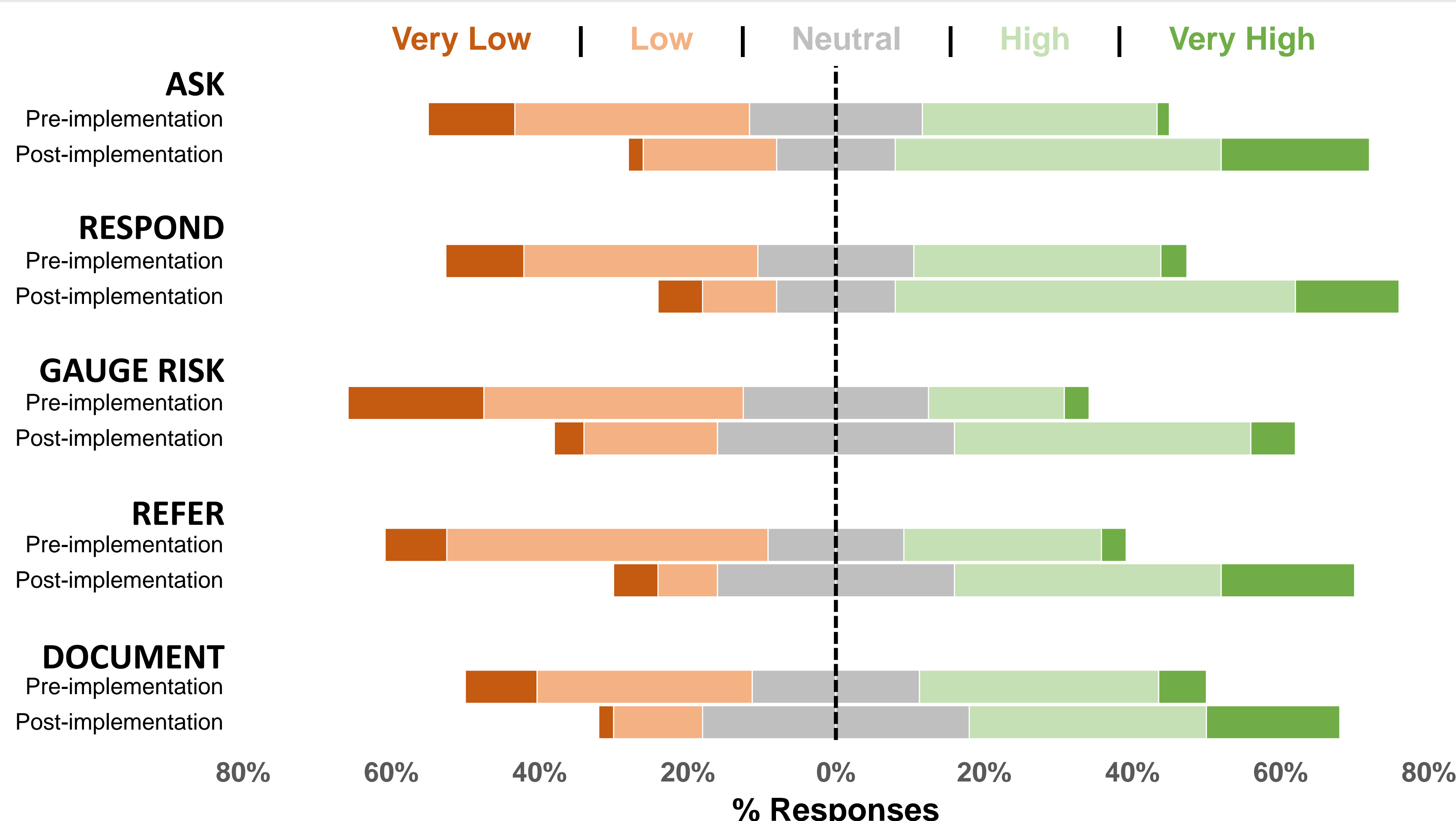


FIGURE 2: Staff survey responses to confidence and knowledge using 5-point Likert scale

RESULTS

There were 1090 admissions during the audit period.

FV screening rates and disclosure

Rates of FV screening, detection rates, and subsequent referral rates all significantly increased following the implementation of the SDT (Table 1).

Staff practices and confidence

Following implementation, staff self-reported greater confidence (evidenced by improved median scores) in having sufficient skills and knowledge to (Figure 2):

- ask a patient screening questions about FV ($p < 0.001$)
- respond to a disclosure of FV ($p < 0.001$)
- gauge the level of risk for a person experiencing FV ($p < 0.001$)
- provide appropriate referrals ($p < 0.001$)
- document the experience appropriately ($p = 0.01$)

CONCLUSION

Recognition and appropriate management of disclosures of FV dramatically improved following the implementation of the SDT, reflecting increased staff confidence and knowledge.

Routine FV screening as a standard of care is achievable and will result in increased safety for children and families. Our study provides compelling evidence that routine FV screening should be mandated and supported in all paediatric wards.

REFERENCES

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