

# Child Abuse Screening in the Emergency Department Before and After Implementation of a Formal Screening Tool

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## Background:

Child abuse and neglect is a leading cause of mortality and morbidity in children. Victims of abuse often present to emergency departments due to these injuries. Early identification of suspected child abuse by emergency department staff allows the opportunity for intervention prior to a devastating injury. Signs of child abuse can be subtle and may not always be identified. Recent efforts have worked to improve suspected child abuse identification by implementation of validated screening protocols. Specifically, the IU Health Riley Emergency Department has recently implemented a new child abuse screening tool (effective on 15Apr2021). The Covid-19 pandemic has further exacerbated this issue, creating social isolation and additional socioeconomic stressors that contribute to child abuse.

## Method:

A retrospective chart review was conducted to analyze patients identified for child abuse evaluation in the Riley emergency department. Patients prior to the implementation of the screening tool were identified by those undergoing a social work evaluation for child abuse. For patients presenting after implementation of the screening tool, all patients with a positive screen were reviewed. Charts were then reviewed for baseline demographics, diagnostic testing performed, and injuries identified. All data was recorded in an electronic Redcap database.

## Results:

Implementation of a formal screening tool increased the number of patients identified for a child abuse evaluation (1.34% vs 3.17%) and those evaluated who had an injury also increased (1.15% vs 1.81%). More patients received a head CT scan after implementation of the screening tool (0.89% vs 1.07%), while the percentage of patients with an abnormal head CT decreased (62% vs 45%).

## Conclusions:

Implementation of a formal screening tool for child abuse in the emergency department successfully improved identification of patients that should be further evaluated for child abuse. These results may be used to support implementation of the tool in additional emergency departments.