Title: Child Safety Assessments during a Caregiver’s Evaluation in Emergency Departments after intimate partner violence
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Background: Physical child abuse is reported to occur in 30-60% of homes with intimate partner violence (IPV), but these data have not resulted in widespread evaluation of children exposed to IPV. IPV is often first diagnosed when an adult victim presents for care to an emergency department (ED) and may represent a critical opportunity to recognize and intervene to prevent co-occurring child abuse. The primary objective of this study was to determine the frequency of child safety assessments when adults experiencing IPV present to EDs.

Methods: We performed a retrospective chart review of patients aged 17-60 with ICD 10 codes for IPV presenting to one academic and 2 community EDs in Connecticut from January 2017-December 2019. Descriptive statistics were used to describe the proportion of subjects with child safety assessments.

Results: Among the 255 encounters for IPV visits included in our study, 173 encounters (68%) occurred in the academic ED and 82 encounters (32%) in the community EDs. A social worker was involved in 73.7% of the cases and more likely to be involved in the academic vs. community EDs, 80.9% vs 56.1%, p<0.01.

Child safety assessments were completed by an ED provider in 65/255 cases (25.5%) and when a social worker was involved, in 160/188 cases (85.1%). Overall, child safety assessments were completed by a provider or social worker in 180/255 cases (70.6%). There were no statistically significant differences in the performance of child safety assessments by ED type or race.

Children were in the home at the time of the IPV incident in 98/180 (54.4%) cases. Of these 98 cases, children were found to be physically involved (directly assaulted or inadvertently injured) in the violence in 11 (11.2%) cases. Reports to child protective services (CPS) were made in 47/98 (49.0%) encounters in which children were present.

Conclusions: Child safety assessments were omitted in approximately 30% of encounters for adult IPV. Given the high prevalence of children in the home and physically involved in the IPV episodes, adult encounters for IPV represent an opportunity to assess for and intervene to improve the safety of children living in homes with IPV.