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BACKGROUND

- **Violence Against Persons (VAP)** includes both **interpersonal violence and human trafficking**
- The **incidence of VAP** in 2020 was reported as **1.6%**
- Victims of VAP experience **multiple health issues** including chronic diseases and mental health disorders
- Trauma Informed Care training (TICI) of healthcare professionals and referral systems for victim services are currently **inadequate to properly address VAP**
- **Screening tools** are often implemented to only specific at-risk populations
- Widespread **systematic screening** of all patients for VAP across hospital systems **can improve detection of VAP**

OBJECTIVE

To examine the prevalence of VAP and evaluate characteristics of VAP-positive patient encounters at a large safety-net hospital after implementation of an expanded screening program.

METHODS

- A **new expanded VAP screening program** in the Emergency Department (ED) at Parkland Health and Hospital system was implemented in January 2021
- The program involved 1) a mixed **four-question survey and observational procedure**, 2) a **strengthened referral pathways** to Parkland's Victim Intervention Program/Rape Crisis Center (VIP), and 3) **clinical education** on VAP to nursing staff who implemented the screening
- This study was a **prospective chart analysis** using Electronic Health Records (EHR) data for all patients who received the new VAP screening from January 2021-July 2021
- The screening tool categorized VAP into five corresponding types: **psychological, sexual, control of food or money, physical abuse, and observational signs** including body language, injury, and appearance
- A **positive screen** was recorded if any of the five categories had a positive response
- Statistical analysis was conducted using SAS 9.4. software and included univariate descriptive analysis and bivariate statistics (frequencies, chi square, Wilcoxon rank sum)

RESULTS

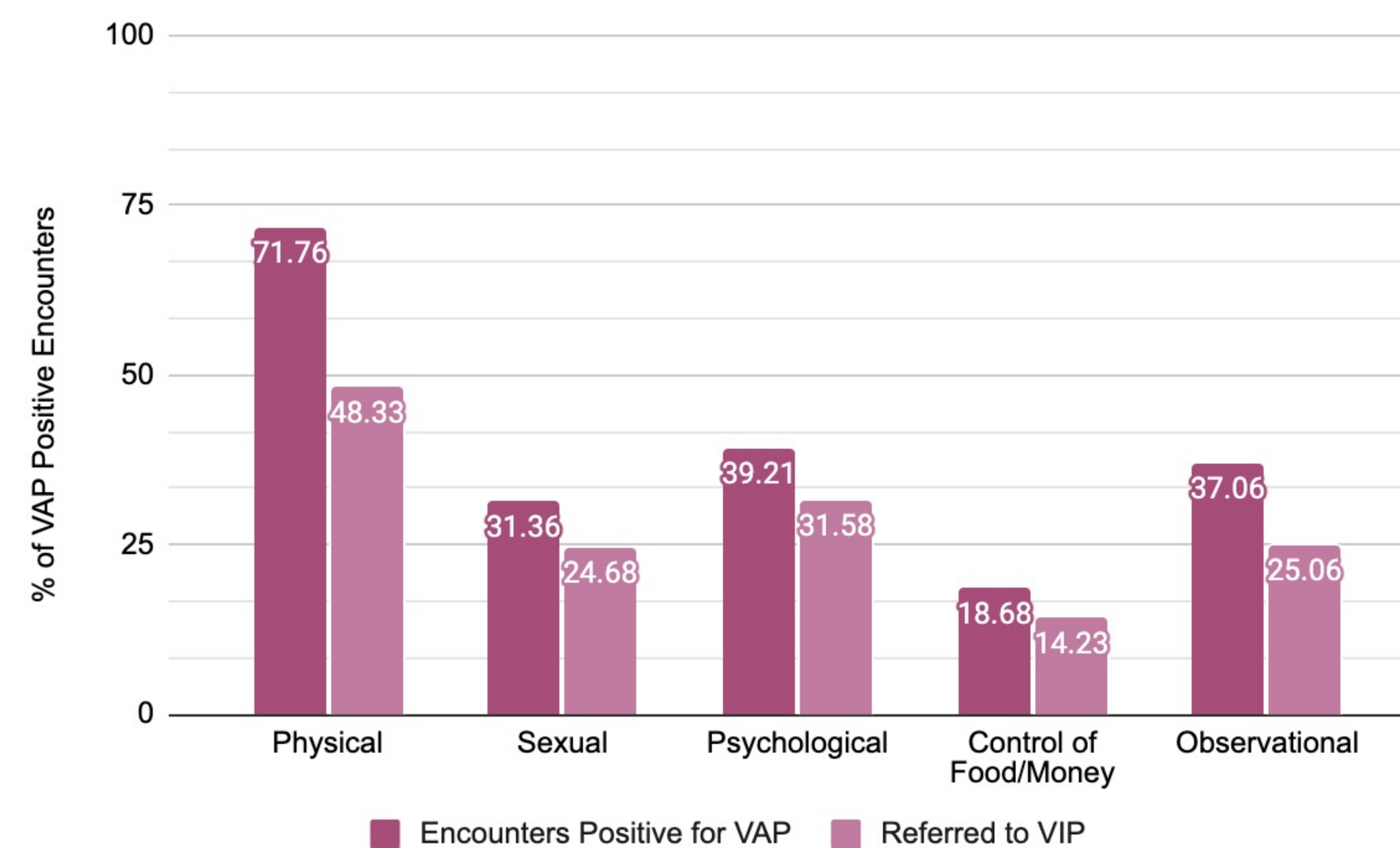
A total of 67,535 patients were screened at the Parkland ED between January 2021- July 2021. There were 1,349 encounters positive for VAP. 861 encounters positive for VAP were referred to VIP.

Table 1. Encounter-level Differences in Patient Characteristics Across Screening Outcomes (N=67,535)

	Positive (N= 1,349)	Negative (N= 66,186)	Chi-Square†
Sex			177.94**
Female	939 (69.61)	33936 (51.27)	
Male	410 (30.39)	32250 (48.73)	
Age (years), mean (standard deviation)§	37.87 (14.59)	43.78 (16.22)	-13.54**
Race/ethnicity			290.92**
NH White	355 (26.35)	9471 (14.35)	
NH Black	587 (43.58)	22286 (33.77)	
NH Other	25 (1.86)	1630 (2.47)	
Hispanic	380 (28.21)	32610 (49.41)	
Language Spoken			286.80**
English	1206 (89.40)	44740 (67.73)	
Spanish	133 (9.83)	20369 (30.84)	
Other	10 (0.74)	948 (1.44)	
Time Spent in ED (minutes), median (interquartile range)§	321 (290)	349 (296)	-4.83**

*p<0.05; **p<0.0001
† tests of independence compare positive vs. negative results among screened encounters
§ continuous measures display Z statistic from Wilcoxon rank sum test
NH= non-Hispanic; ED= emergency department
Missing data: n=191 race/ethnicity; n= 129 language

Figure 1: Percentage of VAP Positive Encounters and Referrals to VIP by VAP Type (N=1,349)*



*Note that many VAP positive patients screened positive and were referred for more than one type of VAP

Table 1. Encounter-level Differences in Patient Characteristics Across Screening Outcomes (N=67,535)

- **1,349 (2.00%)** of all screens were positive for VAP
- More females than males were screened overall
- VAP positive patients were **on average 38 years old**, while VAP negative patients were on average 44 years old
- **Females** accounted for 69.61% of VAP positive screens in comparison to males (30.39%)

- **Non-Hispanic Black** was the most represented race/ethnicity for VAP positive patients at 43.58%, followed by Hispanic (28.21%), Non-Hispanic White (26.35%), and Non-Hispanic Other (1.86%)

- **English** was the predominant language among VAP positive patients (89.40%)

- VAP positive patients spent a median of **321 minutes** in the ED, while VAP negative patients spent a median of 349 minutes

Figure 1: Percentage of VAP Positive Encounters and Referrals to VIP by VAP Type (N=1,349)

- The percentages in the figure don't add to 100%. This is because some VAP positive patients were positive and referred to VIP for more than one type of VAP

- The **most prevalent VAP** was **physical abuse (71.76%)**, followed by psychological VAP (39.21%), observational signs VAP (37.06%), sexual VAP (31.36%), and control of food or money VAP (18.68%)

- In total, 63.83% of patients who had positive screens were **referred to VIP**

- The **number of VAP positive encounters referred to VIP** was highest for **physical VAP (48.33%)**, followed by psychological VAP (31.58%), observational VAP (25.06%), sexual VAP (24.68%), and control of food or money VAP (14.23%)

CONCLUSIONS

- Our results showed evidence of **successful implementation of a broad screening program for VAP** at a large safety net hospital
- The rate of VAP identified through the screening protocol at 2.00% was **greater than the national average** of 1.60% identified in 2020
- VAP positive screens were **more prevalent in young patients, women, and non-Hispanic Black** identifying patients. This has important implications for studying the potential compounded effects of gender and race on VAP
- Around one third of patients who were VAP positive were not referred to VIP. This could be because patients declined referral services or because of time constraints during the visit

Public Health Implications

- These results can inform future implementation of the expanded VAP screening program
- Further research on gender and race/ethnicity patterns for VAP positive patients can provide insight for targeted interventions
- Analysis of the referral system to VIP can shed light on how to ensure access to services for all VAP positive patients

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