

Abstract

Childhood exposure to violence is linked to numerous adverse health outcomes. Professional organizations have created policy statements, tools, and resources designed to increase clinician involvement in the identification and prevention of children exposed to violence. Despite this, little literature exists that specifically documents the screening practices of pediatric providers.

OBJECTIVES: To document the violence-related screening practices, barriers, and beliefs of pediatric primary care providers across the state of Wisconsin, and to explore the strategies used by providers who have integrated violence screening practices into their clinical workflow.

METHODS: This project utilized a mixed method, cross sectional study design. 169 Pediatric primary care providers were sampled via online survey. Questions included their screening practices, frequency, barriers, challenges, attitudes, use of formal tools and knowledge of resources and recommendations. Surveys responses identified providers that had successfully integrated screening practices into their clinical encounters. In depth interviews (n=13) were conducted with these exemplar providers to further explore their general perspectives on screening and youth violence, strategies for implementing screening programs, and overcoming barriers and challenges associated with violence screening.

RESULTS: The majority of providers had favorable attitudes related to the importance of screening (for example, 79.4% felt screening for youth exposure to violence is important), yet less than 50% were engaging in screening for the most frequent types of violence children encounter throughout childhood. Time and issues related to referral after a positive screen were the most frequently cited challenges and barriers. Providers identified several strategies for implementing successful violence screening programs (including utilizing support staff and becoming familiar with community resources) and offered insights into institutional and interpersonal challenges encountered (for example, the lack of reimbursement and clinic protocols for routine screening).

CONCLUSION: The percentage of pediatric primary care providers routinely screening for exposure to violence is low despite professional recommendations and resources designed to promote violence screening by providers. These findings suggest a need to intervene with providers about implementing violence screening in clinical practice.