



Assessing the Impact of a Trauma-Informed Care Training Module on Violence Recidivism Screening in Johannesburg Emergency Departments: A Policy Analysis

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Abstract

In South Africa, violence is a leading cause of injury and death, with emergency departments serving as critical points of contact. Routine screening for violence recidivism risk in Johannesburg's emergency departments remains inconsistent. Trauma-informed care principles offer a framework to improve patient engagement and screening practices, but their integration into frontline staff training and policy requires analysis. This policy analysis aimed to evaluate the potential impact of implementing a standardised trauma-informed care training module on improving violence recidivism screening rates in Johannesburg's public emergency departments. It sought to identify policy barriers and enablers to sustainable integration. A qualitative policy analysis was conducted. Key policy documents and clinical guidelines were reviewed. Semi-structured interviews were held with policymakers, hospital administrators, and emergency department clinical staff. A thematic analysis was performed on the interview data to identify dominant themes related to training implementation and screening practices. Analysis identified that a trauma-informed care training module was perceived to increase staff confidence in initiating sensitive conversations about violence. A dominant theme was that without concurrent policy changes to mandate and resource screening, training alone had limited long-term impact on documented screening rates. A key barrier was the perceived conflict between screening and the pressure to reduce patient wait times. While trauma-informed care training is a necessary component for improving violence recidivism screening, it is insufficient as a standalone intervention. Sustainable improvement requires explicit policy directives that mandate screening, coupled with dedicated resources and adjustments to clinical workflows. Recommendations include: revising provincial emergency department policy to formally mandate violence recidivism screening for relevant presentations; integrating the trauma-informed care module into compulsory staff training with regular refreshers; and providing practical clinical tools and allocating specific staff time within

shifts to conduct screenings. trauma-informed care, violence recidivism, screening, emergency department, policy analysis, South Africa, staff training This analysis contributes to the discourse on health systems strengthening by highlighting the critical interplay between clinical training and health policy reform for effective violence prevention in emergency care settings.

Keywords: *Trauma-informed care, Violence recidivism, Emergency medicine, Policy analysis, Sub-Saharan Africa*

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