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### Exploring the Impact of Race on IPV Screening in the Emergency Department of a Metropolitan Pediatric Hospital

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# Exploring the Impact of Race on IPV Screening in the Emergency Department of a Metropolitan Pediatric Hospital

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## Background

- Intimate partner violence (IPV) affects 1 in 3 women and 1 in 4 men<sup>1</sup>
- Pediatric ED is an ideal location to screen for and address IPV<sup>2</sup>
- IPV survivors maybe more likely to seek care for their children over themselves
- White women are more likely to screen + for IPV according to one pediatric ED study, as compared to Black women<sup>3</sup> however, racial minorities more likely to experience IPV<sup>4</sup>
- Racial disparities also exist in other forms of screening
- Injuries in non-Hispanic Black children more likely to be screened for child abuse and referred to CPS than injuries in children of other race or ethnicities<sup>5</sup>
- The ED at CHOP has the current screening process in place:
  - Nonverbal screen completed during triage by the nurse
    - Screening card (image 1) given to adult caregivers
  - Screen documented as completed or deferred
  - For deferred screens, reason for deferral is documented
    - Possible reasons include multiple caregivers present, no caregiver present, no screening card present in room, other

## Objectives

- Determine whether there are racial disparities in screening for IPV in the CHOP pediatric ED
- Explore provider experiences in screening for and addressing IPV

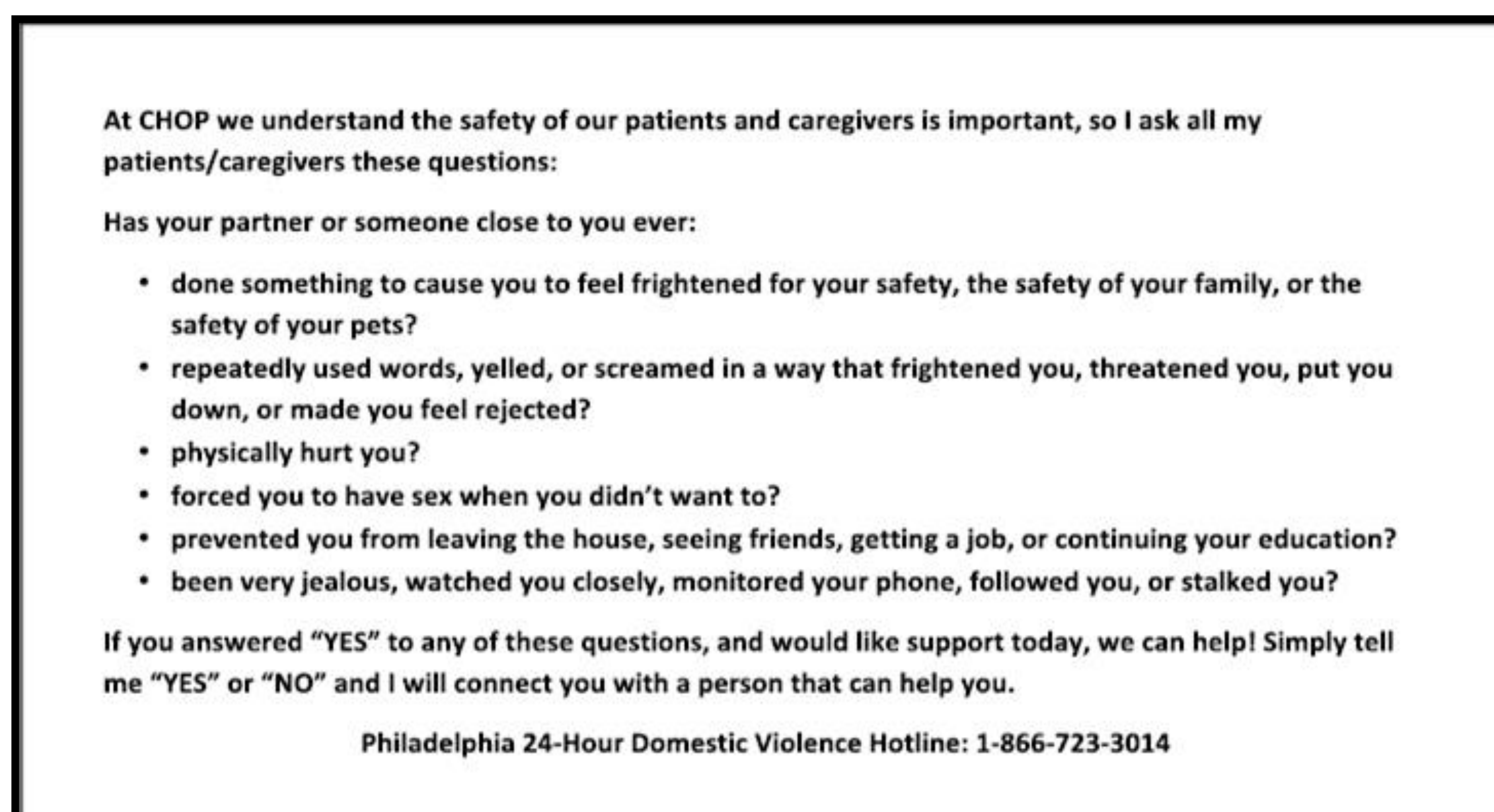


Fig 1. Image of nonverbal IPV screening card given to adult caregivers

## Methods

### Quantitative Methods

- Screening rates, documentation rates and patient race were extracted from the EMR via Qlikview Data Analytics from Jan. 2016 through Dec. 2020
- Chi<sup>2</sup> analysis performed comparing rates and patient race

### Qualitative Methods

- ED providers were recruited via email to participate in semi-structured interviews
  - 7 nurses, 3 APPs, and 8 attending physicians participated
  - Interviews explored thoughts on risk factors associated with IPV, provider bias when addressing IPV in the pediatric ED, reactions to aggregate screening data, and thoughts on how to improve screening rates
  - Interviews were recorded and transcribed
- Codebook was created based on initial analysis of 3 transcripts
- Codebook was tested for intercoder reliability via independent coder (kappa > 0.8)
- Team members completed coding of remaining 15 transcripts using codebook
- Quotes from interviews were organized by code using Nvivo
- We are currently conducting thematic analysis

## Quantitative Results

Race	Black or African American	White	Total
Screen Complete	31.1%	27.3%	28.9%
Screen Deferred	68.9%	73.7%	71.1%

Table 1: Caregivers of Black and African American patients were more likely to be screened compared with caregivers of white patients (*p-value* < 0.001)

Race	Black or African American	White	Total
Deferred with Documentation	29.6%	46.1%	36.2%
Deferred without Documentation	70.4%	53.9%	63.8%

Table 2: Caregivers of Black and African American patients were more likely to have no documentation when the screen was deferred as compared to white patients (*p-value* < 0.001)

## Qualitative Results

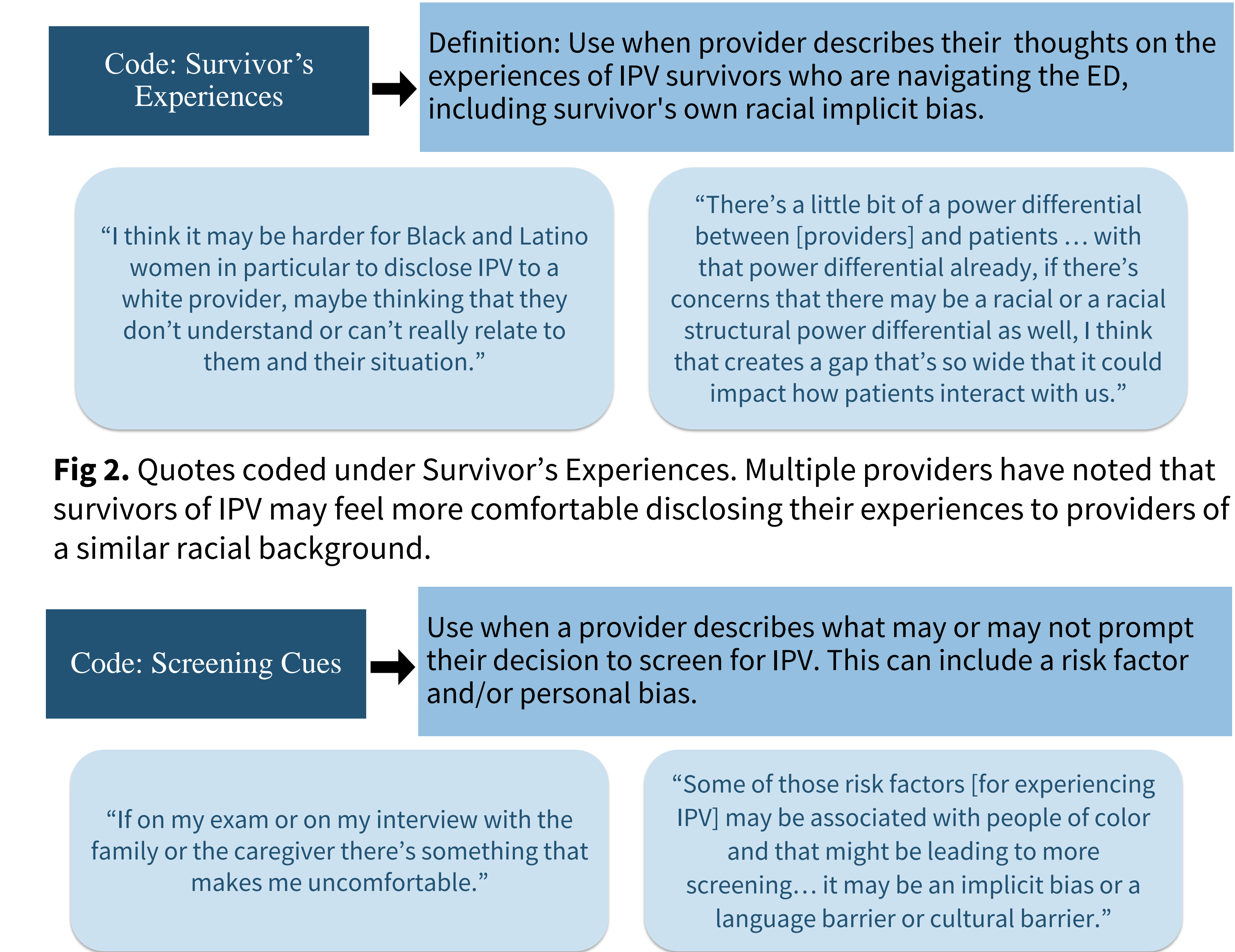


Fig 2. Quotes coded under Survivor's Experiences. Multiple providers have noted that survivors of IPV may feel more comfortable disclosing their experiences to providers of a similar racial background.

## Conclusion

- Found IPV screening/documentation rate disparities by race
- Disparities may be the result of provider bias
  - Ex. Providers may hesitate to screen due to belief that IPV survivors may feel uncomfortable disclosing to providers of different racial background
  - Providers may or may not be aware of their bias
- Further analysis may more information regarding the causes of screening/documentation disparities and how to address these disparities
  - Ex. Increasing diversity in the ED can make IPV survivors more comfortable in disclosing

## Limitations

- Convenience sample of interview participants
- Results cannot be representative of all providers in ED
- Only patient race is documented: assumption that the caregiver is of the same race as the patient

## References

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