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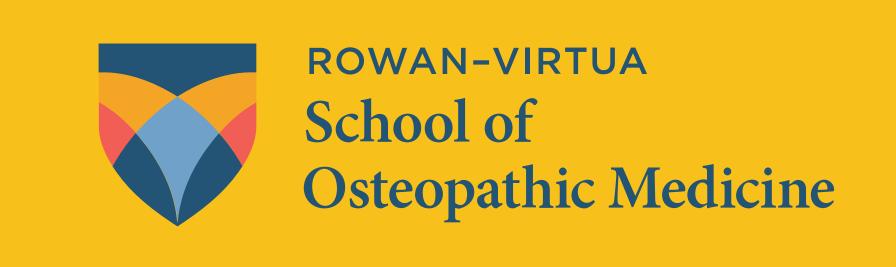
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Exploring the Impact of Race on IPV Screening in the Emergency Department of a Metropolitan Pediatric Hospital

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Background

- Intimate partner violence (IPV) affects 1 in 3 women and 1 in 4 men¹
- Pediatric ED is an ideal location to screen for and address IPV²
- 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 women³ however, racial minorities more likely to experience IPV⁴
- 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 ethnicities⁵
- 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

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

At CHOP we understand the safety of our patients and caregivers is important, so I ask all my patients/caregivers these questions:

Has your partner or someone close to you ever:

- · done something to cause you to feel frightened for your safety, the safety of your family, or the safety of your pets?
- repeatedly used words, yelled, or screamed in a way that frightened you, threatened you, put you down, or made you feel rejected?
- physically hurt you?
- forced you to have sex when you didn't want to?
- prevented you from leaving the house, seeing friends, getting a job, or continuing your education?
- been very jealous, watched you closely, monitored your phone, followed you, or stalked you?

If you answered "YES" to any of these questions, and would like support today, we can help! Simply tell me "YES" or "NO" and I will connect you with a person that can help you.

Philadelphia 24-Hour Domestic Violence Hotline: 1-866-723-3014

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
- Chi² analysis performed comparing rates and patient race Qualitative Methods
 - ED providers were recruited via email to participate in semistructured 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

Code: Survivor's Experiences

Definition: Use when provider describes their thoughts on the experiences of IPV survivors who are navigating the ED, including survivor's own racial implicit bias.

"I think it may be harder for Black and Latino women in particular to disclose IPV to a white provider, maybe thinking that they don't understand or can't really relate to them and their situation."

"There's a little bit of a power differential between [providers] and patients ... with that power differential already, if there's concerns that there may be a racial or a racial structural power differential as well, I think that creates a gap that's so wide that it could impact how patients interact with us."

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.



Use when a provider describes what may or may not prompt Code: Screening Cues their decision to screen for IPV. This can include a risk factor and/or personal bias.

"If on my exam or on my interview with the family or the caregiver there's something that makes me uncomfortable."

"Some of those risk factors [for experiencing IPV] may be associated with people of color and that might be leading to more screening... it may be an implicit bias or a language barrier or cultural barrier."

Fig 3. Quotes coded under Screening Cues. Providers commented on reasons why they or their colleagues would choose to either screen or not screen a caregiver for IPV.

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 or 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

- Wang AY, Pannell M. Understanding and managing intimate partner violence in the pediatric primary care setting: A review. Current Opinion in Pediatrics 2019;31(5):683–690. https://journals.lww.com/co-pediatrics/Abstract/2019/10000/Understanding and managing intimate partner.16.aspx. Accessed Oct 8, 2020.
- Briggs-Gowan MJ, Estabrook R, Henry D, et al. Parsing dimensions of family violence exposure in early childhood: Shared and specific contributions to emergent psychopathology and impairment. Child Abuse Negl. 2019;87:100-111. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7328511/. Accessed Oct 22, 2020. doi: 10.1016/j.chiabu.2018.06.006.

Litzau M, Denise Dowd M, Stallbaumer-Rouyer J, Miller MK, Randell KA. Universal intimate-partner violence assessment in the pediatric emergency department and urgent care setting: A retrospective review. Pediatric Emergency Care. 2020; Publish Ahead of Print. https://journals.lww.com/pediatric online/Abstract/9000/Universal Intimate Partner Violence Assessment in.98257.aspx. Accessed Oct 8, 2020. doi: 10.1097/PEC.000000000001635.