

# **Intimate Partner Violence Screening in Perinatal Facilities Throughout Parkview Health**

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**Background and Objective:** Intimate partner violence (IPV) is physical, sexual, and psychological abuse, and controlling behaviors perpetrated by a current or former partner or spouse and can compromise maternal and neonatal health if occurring during the perinatal period. Standardized IPV screening has not been universally implemented in pregnant populations. This study aims to assess the current state of IPV screening in perinatal facilities within Parkview health.

**Methods:** Five maternal healthcare providers were recruited for semi-structured interviews assessing the current IPV screening practices. Interviews were recorded and transcribed. Transcripts were qualitatively analyzed via the framework method, applying an inductive approach. Themes focused on the processes associated with IPV screening within the Women's and Children's service line at Parkview Health.

**Results:** Participants described having minimal access to data associated with IPV. They addressed barriers to screening such as time constraints and feelings of judgement. IPV screening occurs at least once during the pregnancy, though frequency and timing is variable between facilities. Participants were unaware if IPV screening tools currently being used have been validated. Screening for IPV is less prioritized than screening for other social determinants of health. Participants favor standardization of IPV screening but believe the patients' narratives may be compromised if nuances of need are not addressed.

**Conclusion and Potential Implications:** This study revealed IPV screening in pregnant women is not standardized at Parkview, and these findings are consistent with those reported in literature. Standardization of this process may lead to improved maternal and neonatal health outcomes. The findings of this study can be used to inform an intervention to increase IPV screening of perinatal patients and subsequently improving health outcomes. IPV screening can be improved by adopting a team-based effort to streamline screening processes. Facilities should also decide how often screening occurs and how the patient's needs are prioritized.