



26 – 28 October 2016  
Melbourne, Australia

*Strengthening healthcare systems to promote  
safety and health of women and families*



## Poster Presentations Thursday 27<sup>th</sup> October 2016, 2:20pm – 3:20pm

Posters will be on display for the duration of the conference in the conference plenary room. Poster authors will present their work during the poster session on Thursday 27<sup>th</sup> of October, between the times of 2:20pm – 3:20pm (afternoon tea break).

### 1. Eman Alhalal, Western University, Canada

Eman Alhalal, RN, MScN, PhD (C), Marilyn Ford-Gilboe, PhD, RN, FAAN & Carol Wong, RN, PhD  
Arthur Labatt Family School of Nursing, Western University, London ON, Canada

#### **The Factor Structure and the Reliability of the Arabic Version of Composite Abuse Scale (3218)**

Research studies that examine Intimate Partner Violence (IPV) in the Arab world, particularly in Saudi Arabia, are hampered by a lack of comprehensive, reliable and valid, culturally appropriate measurement tools. There is little consensus among researchers on how to best define and measure IPV among Saudi women. Although the Composite Abuse Scale (CAS) was adapted and translated to Arabic and has been used in one study of Saudi women, its psychometric properties and factor structure were not assessed. The purpose of this study was to test the reliability of the Arabic version of the CAS among Saudi women as well as examine its factor structure. Method: A convenience sample of 299 married Saudi women was recruited from nine primary health care centers (PHCCs) in Saudi Arabia. Women completed the 29-item Arabic Version of the CAS during a structured interview as part of a larger study. The internal consistency reliability of the scale (Cronbach's alpha) was estimated and factor structure examined through confirmatory factor analysis (CFA) and exploratory factor analysis (EFA) in MPLUS. Results: The CFA did not support the original 4-factor structure (severe combined abuse, physical abuse, emotional abuse, and harassment) and did not adequately fit the data. Subsequently, EFA, employed to further explore the factor structure, revealed that the item pool reliably distinguished four different types of abuse (physical abuse, verbal abuse, sexual abuse and control). Based on the results of EFA and theoretical rationale, two items were dropped from the scale leaving a 27 item scale. Internal consistency reliability of the total score was .903, with subscales demonstrating excellent to good internal consistency (alpha = .78 to .91). Conclusion: The Arabic CAS is a reliable measure of women's experiences of physical abuse, verbal abuse, control, and sexual abuse that has potential to advance scholarship related to IPV in Saudi Arabia. Further testing of this scale in other Arab context and with larger samples is warranted.

### 2. Eman Alhalal, Western University, Canada

Eman Alhalal, RN, MScN, PhD (C), Marilyn Ford-Gilboe, PhD, RN, FAAN & Carol Wong, RN, PhD  
Arthur Labatt Family School of Nursing, Western University, London ON, Canada

#### **Factors mediating the impacts of child abuse and intimate partner violence on chronic pain among Saudi Women (3219)**

Problem: Much of the research on the health impacts of intimate partner violence (IPV) and child abuse has been conducted in Western countries and may not be generalizable to women living in different contexts. Chronic pain is a disabling health issue associated with both child abuse and IPV among women, yet the mechanisms which explain these impacts are not well understood. Purpose: We developed a theoretical model which explains how abuse severity leads to chronic pain and tested with Saudi women. We hypothesized that: severity of IPV and child abuse would affect women's mental health (PTSD and depressive symptoms) and chronic pain directly and, indirectly, through perceived social support. Furthermore, mental health would mediate the relationship between severity of child abuse and IPV and chronic pain. Methods: A convenience sample of 299 Saudi women who had experienced IPV in the past 12 month was recruited from primary health care centers in Saudi Arabia. Women completed a structured interview comprised of self-report measures of the study concepts. Structural equation modeling (SEM) was used to test the hypothesized model. The conceptual model was analyzed twice where mental health was represented by depressive symptoms (Model 1) and by PTSD symptoms (Model 2). Results: Based on preliminary analysis, both models were found to fit the data:  $\chi^2(13, N = 299) = 22.653$ , CFI = 0.983, TLI = 0.964, RMSEA = 0.050 (Model 1) and  $\chi^2(13, N = 299) = 37.581$ , CFI = 0.957, TLI = 0.907, RMSEA = 0.080 (Model 2). In both models, severity of IPV and child abuse were directly associated with greater mental health problems and less perceived family support; higher family support was associated with lower mental health problems. Thus, perceived family support partially mediated the relationship between abuse severity and mental health. Severity of IPV and child abuse indirectly affected chronic pain through mental health problems. Implications: The finding underscores the significance of giving attention to lifetime abuse and depressive and PTSD symptoms as well as women's social resources in chronic pain management and treatment.



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### **3. Beatriz Paulina Ayala Quintanilla, La Trobe University, Australia**

Beatriz Paulina Ayala Quintanilla, PhD candidate<sup>1,2</sup>, Angela Taft, MPH, PhD<sup>1</sup>, Susan McDonald, PhD<sup>1,2</sup>, Wendy Pollock, PhD<sup>1,2,3</sup>

1 The Judith Lumley Centre, La Trobe University, Melbourne, Australia

2 Mercy Hospital for Women, Melbourne, Australia

3 University of Melbourne, Melbourne, Australia

#### **Social determinants and maternal exposure to intimate partner violence of obstetric patients in the intensive care unit: a systematic review (3187)**

Maternal mortality is a potentially preventable public health issue. Obstetric patients admitted to the intensive care unit (ICU) are an important part of the maternal morbidity spectrum. Social determinants influence health outcomes and well-being of obstetric patients. Similarly, intimate partner violence (IPV) is a hidden health issue which has great negative impact on women's health and during all stages of pregnancy. However, little is known about the contextual and social aspects of critically ill obstetric patients in the intensive care unit. To review available evidence pertaining to social determinants and exposure to intimate partner violence of obstetric patients admitted to an ICU. A systematic search was conducted in MEDLINE, CINAHL, ProQuest, LILACS and SciELO between 2000 and 2015. Studies published in English and Spanish were identified regarding obstetric woman, treated in the ICU during pregnancy, childbirth or within 42 days of the ending of pregnancy. Quality assessment of the studies was performed by using the Critical Appraisal Skills Programme (CASP) checklist. Data were extracted, analysed and summarised using narrative description. This systematic review is reported according to the PRISMA statement. A total of 98 studies were eligible. Outcomes of 51020 obstetric ICU admissions were reported from 32 countries worldwide. Most studies were observational studies (18% cohorts, 0.03% controls) retrospective and English full-text. Few were multicentre. Age was the social determinant assessed in all the studies, other determinants were indicated that 10% or were not reported. We could not find studies reporting exposure of IPV in this population of obstetric women. ICU admission rate varied from 0.97 x 1000 maternal admissions to 59 x 1000 live births. Main clinical conditions were obstetric haemorrhage or hypertensive disorders of pregnancy, followed by sepsis/infection. It is vital to have a comprehensive understanding of the contextual and social aspects of obstetric patients to decrease adverse outcomes during all stages of pregnancy. Further studies are needed to examine relationships of social determinants and IPV in obstetric patients treated in the ICU. Uniform criteria for reporting obstetric data in the ICU is required to allow comparison across studies.



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#### **4. Manuela Colombini, London School of Hygiene and Tropical Medicine, United Kingdom**

Manuela Colombini<sup>1</sup>, Courtney James<sup>2</sup>; Charity Ndwiga<sup>3</sup> Susannah H. Mayhew<sup>1</sup>

<sup>1</sup> Department of Global Health and Development, London School of Hygiene and Tropical Medicine, London, UK

<sup>2</sup> Former MSc student, London School of Hygiene and Tropical Medicine, London, UK

<sup>3</sup> Reproductive Health Program, Population Council, Nairobi, Kenya

#### **The risks of partner violence following HIV status disclosure, and health service responses: narratives of women attending reproductive health services in Kenya (3267)**

For many women living with HIV, disclosure of positive status can lead to either an extension of former violence or to new conflict specifically associated with HIV status disclosure. This study aims to explore: 1) women living with HIV's experiences of intimate partner violence risks following disclosure to their partners; 2) analyse women's views on the role of health providers in preventing and addressing intimate partner violence, especially following HIV disclosure. Thirty qualitative interviews were conducted with purposively selected women living with HIV attending sexual and reproductive health clinics in Kenya. Data were coded using Nvivo 9 and analysed thematically. Nearly one third of the respondents reported experiencing physical and/or emotional violence by their partners following sero-disclosure, suggesting that HIV status disclosure can be a period of heightened risk for partner stigma and abuse, and financial withdrawal, and thus should be handled with caution. Sero-concordance was protective for emotional and verbal abuse once the partner knew his positive status – or knew the woman knew his status. Our results show acceptance of the role of the health services in helping prevent and reduce anticipated fear of partner stigma and violence as barriers to HIV disclosure. Some of the approaches suggested by our respondents included couple counselling, separate counselling sessions for men and facilitated disclosure. From the women's narratives emerges the importance of integrating discussions on risks for partner violence and fear of disclosure into HIV counselling and testing, and help women learn communication skills on how to disclose their status and reduce fear of separation and of marriage break-up. Women in our study also expressed the key preventive role of health services in reducing blame for HIV transmission and raising awareness on HIV as a chronic disease. However, several women reported receiving no counselling on safe disclosure of HIV status. Integration of partner violence identification and care into sexual, reproductive and HIV services for women living with HIV could be a way forward. The health sector can play a preventive role by sensitising providers on potential risks for partner violence following disclosure and by ensuring women's decision to disclose is fully informed and voluntary.



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## 5. Rachel Colquhoun, Western University, Canada

Rachel Colquhoun RN, BScN, MScN, PhD student<sup>4</sup>, Marilyn Ford-Gilboe<sup>1</sup>, Judith Wuest<sup>2</sup>, Marilyn Merritt-Gray<sup>2</sup>, Colleen Varcoe<sup>3</sup>, Pamela Dietrich, Nadine Wathen<sup>1</sup>, Tara Mantler<sup>1</sup>, Joanne Hammerton<sup>1</sup>

1. Western University

2. University of New Brunswick

3. University of British Columbia

### **Toward an Effective Primary Health Care Intervention for Women Who Have Experienced Intimate Partner Violence: Exploring Who Benefits and Why? (3210)**

Effective interventions to reduce the long-term health and social consequences of IPV are urgently needed, particularly those that focus on women's lives beyond the crisis of leaving. Drawing on findings from our research program, we developed and implemented the Intervention for Health Enhancement after Leaving (iHEAL), a complex, 6 month, primary health intervention designed to reduce the negative effects of IPV on women's health and quality of life. The purpose of this analysis is to explore variations in women's responses to the intervention to begin to address who benefits and why. Initial testing of the iHEAL with a community sample 29 Ontario women focused on feasibility, acceptability, efficacy and the processes by which outcomes were achieved. The mixed methods design included: a) repeated measures (pre-post intervention, 6 months later) of outcomes to assess change over time; differences in selected health outcomes and, b) complementary analysis of varied data sources (e.g. women's clinical files; qualitative interviews with participants and interventionists) to identify subgroups of women with varied responses to the intervention. For this subgroup analysis women were categorized into subgroups using mental health outcomes, specifically, depression and post-traumatic stress disorder. Five dominant subgroups emerged (most substantial challenges- sustained improvement; substantial challenges- sustained improvement; fewer challenges- sustained improvement; substantial challenges- improved but not sustained; and fewer challenges- improved but not sustained) with varied patterns of changes explored based on history/context, intervention engagement, and health and social outcomes. Although everyone benefitted from this intervention, improvements were transformative in the groups who experienced the most significant mental health challenges. Although the women with fewer mental health challenges still benefitted, their focus area differed from that of the first two groups. Furthermore, implications of these findings for the refinement and further testing of the iHEAL were addressed.



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## **6. Nerissa Crombie, La Trobe University, Australia**

Nerissa Crombie, RN, RM, BN, MN 1, Dr Leesa Hooker, PhD. 2, Sonia Reisenhofer, RN, BN, MCN 3.

1. School of Nursing and Midwifery, La Trobe University, VIC, AUS, 3086

2. La Trobe Rural Health School, La Trobe University, Bendigo VIC, AUS 3552

3. School of Nursing and Midwifery, La Trobe University, Bundoora VIC, AUS, 3086

### **Nurse and Midwifery Education and Intimate Partner Violence - A Scoping Review (2175)**

This scoping review aims to identify the scope of current literature considering nurse/midwife educational practices in the areas of intimate partner violence in order to inform future nursing/midwifery educational policy and practice. Intimate partner violence is a global issue affecting a significant portion of the community. Healthcare professionals including nurses/midwives in hospital and community based environments are likely to encounter affected women and need educational strategies that support best practice and promote positive outcomes for abused women and their families. This is a scoping review of relevant literature from January 2000 to July 2015. Search of databases: CINHAL, MEDLINE, EMBASE, PROQUEST Central and COCHRANE Library. Reference lists from included articles were searched for relevant literature as were several grey literature sources. This review demonstrates low levels of undergraduate or post registration intimate partner violence education for nursing/midwifery staff and students. Existing intimate partner violence education strategies are varied in implementation, method and content. Outcomes of these educational programs are not always rigorously evaluated for staff or client based outcomes. Further research is needed to evaluate existing intimate partner violence education programs for nurses/midwives and identify the most effective strategies to promote improved clinical practice and outcomes for abused women and their families. Relevance to clinical practice: Intimate partner violence has a significant social and public health impact. The World Health Organization has identified the need to ensure healthcare professionals are adequately trained to meet the needs of abused women. Intimate partner violence education programs, commencing at undergraduate studies for nurses/midwives, need to be implemented with rigorously evaluated programs to ensure they meet identified objectives, promote best practice and improve care for abused women. Nurse, Midwife, Intimate Partner Violence, Domestic Violence, Education, Training, Intervention.



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## 7. Kathryn Edmunds, Western University, Canada

Kathryn Edmunds, PhD (C), RN1, Helene Berman, PhD, RN1, Marilyn Ford-Gilboe, PhD, RN, FAAN1, Cheryl Forchuk, PhD, RN1 & Tanya Basok, PhD2

1Arthur Labatt Family School of Nursing, Western University, London, ON, Canada

2Department of Sociology, Anthropology and Criminology, University of Windsor, Windsor, ON, Canada

### **“You Could Hear Our Questions....You Heard Our Voices”: Collaboration and Change with Women Temporary Workers (3244)**

“Economic globalization has resulted in increasingly precarious and mobile work for millions of people. The purpose of this presentation is to explore the challenges and opportunities for social action and change arising from research with women farmworkers employed in Canadian temporary foreign worker programs. Critical-feminist ethnographic methodology explicitly includes the analysis of gender and power relations that may act to limit knowledge and constrain choice. Examining the structures, contexts and power relations of temporary agricultural work revealed that the discourses surrounding gendered migration and temporary workers served to reinforce some power relations and hide or distort others. Women workers were quite interested in the long-term goals of the research related to systemic changes. Despite the risks of participating in the research, the women wanted to talk and wanted someone to listen. For them it was clear that being interviewed was a powerful opportunity to explicitly discuss their experiences related to temporary agricultural work, and also points to the need for safe spaces to be heard. However, the structural violence of their precarious immigration and employment status hindered engagement in public and collective actions. Sustained researcher involvement is needed to build and maintain trust and to support private and public expressions of agency and resistance during the incremental and often subtle emancipatory changes that occur over time. Researchers engaged in critical methodologies need to be aware of the complexities of power relations and interests at many levels, of operationalizing theory into action, and of the hierarchies of knowledge involved in policy change. It is necessary to contest the neo-liberal values and assumptions about “evidence” in evidence-based policies and become skilled in redefining the “problem”, shaping and influencing how issues are framed. This requires participation in collaborative social processes to build equity and sustain inclusive partnerships with communities across professions and sectors. Nurses need to contribute to the critical debate and advocacy that is required to counter the primacy of economic systems that marginalize and create populations who are considered secondary.”



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## 8. Rochelle Einboden, University of Tasmania, Australia

Rochelle Einboden, RN, PhD (c)1 & Trudy Rudge, RN, PhD2

1 School of Health Sciences, University of Tasmania, Sydney, NSW, Australia

2 Sydney Nursing School, University of Sydney, Sydney, NSW, Australia

### **Freudian slip: de-legitimising the discourse of paedophilia (3231)**

Psychology has long defined the paedophile as someone who is sexually attracted to children. However, the description of paedophilia as a sexual orientation in the Diagnostic and Statistical Manual of Mental Disorders, 5th ed. (DSM5) was met with resistance. In response, the American Psychological Association (APA) stated that this was a “text error” and amended the description to read “sexual interest” (APA 2013). Linguistically, sexual orientation and sexual interest are synonymous. Starting from these texts, this paper critically analyses the constitutions, operations and effects of the discourse of paedophilia. The term sexual orientation has political connotations relative to its use to resist the pathologisation of homosexuality within psychological discourse. While the amendment unhinges the diagnosis paedophilia from homosexuality, the naturalisation of adult sexual desire for children and sexualisation of children within society remain unchallenged. Further, figured as perverse and out of control, the paedophile locates sexual desire in the individual, drawing attention away from how desire is constituted by the social context. Yet, child sexual assault is not characterised by impulsivity but by careful long-term planning (e.g. grooming victims). We show how the DSM5 confuses a desire for power as a desire for sex: adult sexual desire for a child is a desire for sexual violence. Thus, we resist the discourse of paedophilia and its suggested love of children. Despite the presence of extensive theorisation of power in social and political sciences, there is a disconnection between the operations of power and desire in contemporary psychological discourse. This disconnection is manifested in an ambivalent response to child sexual abuse. These findings emphasise how the discourse of desire obscures the way sexual violence is used to occupy and maintain dominant social relations of power. A critical social perspective suggests a different response to child sexual abuse that addresses social inequities between adults and children. Finally, this analysis provides a theoretical resource for examining how sexual violence operates as a technique of power that produces and maintains social inequity amongst other social positions.

## 9. Hafrún Finnbogadóttir, Malmö University, Sweden

Hafrún Finnbogadóttir PhD, RN, RM 1, Anna-Karin Dykes PhD, RN, RM, Professor1-2, Christine Wann-Hansson PhD, RN, Professor 1

1 Faculty of Health and Society, Department of Care Science, Malmö University, Sweden.

2 Department of Health Sciences, Medical Faculty, Lund University, Sweden.

### **Struggling to survive for the sake of the unborn baby (2128)**

Intimate partner violence during pregnancy is a serious matter, which threatens maternal and foetal health outcome. The purpose of this study was to develop a grounded theoretical model of women's experience of intimate partner violence during pregnancy and how they handle their situation. Ten in depth interviews with women who had experience of intimate partner violence during pregnancy were analysed using the Grounded theory methodology. The core category ‘Struggling to survive for the sake of the unborn baby’ emerged as the main concern for the survivors of intimate partner violence during pregnancy. The core category also reveals how the survivors handle their difficult situation. The theoretical model demonstrates how the pregnant women feel when ‘trapped in the situation’ and cannot find their way out. The model confirms the destructive togetherness were the pregnant women are ‘exposed to mastery’ by the perpetrator’s behaviour which jeopardizes the safety of the woman as well as the unborn child. Additionally, the survivor’s experience of gradual degradation demonstrates ‘degradation processes’ as a result of the relationship with the perpetrator. The survivor’s health and well-being gradually degrades because of the relationship with the perpetrator. The theoretical model “Struggling to survive for the sake of the unborn baby” highlights survival as the pregnant women’s main concern and explains their strategies for dealing with the violence during pregnancy. The results may provide a deeper understanding of this complex matter for midwives and other health care providers. In fact violence exposed pregnant women are prone to stay in the relationship during pregnancy in order to protect their unborn baby. In addition, signs of anxiety, stress and sleeplessness can be indicators of domestic violence. There is a clear need of identifying violence exposed pregnant women to offer support for example to navigate among possible services and authorities. In addition, a continuum of professional services in society is essential. Therefore, collaboration between different authorities is crucial and must be smooth and seamless for the violence-exposed women."



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## 10. Marilyn Ford-Gilboe, Western University, Canada

Marilyn Ford-Gilboe, PhD, RN, FAAN 1, Harriet MacMillan, MD, MSc, FRCPC 2, Tara Mantler, PhD 1, Nancy Perrin, PhD 3, Kelly Scott-Storey, PhD, RN 4, Colleen Varcoe, PhD, RN, 5, Nadine Wathen, PhD 1, Kelsey Hegarty, MBBS, FRACGP, PhD 6

1 Western University, London, Ontario, Canada

2 McMaster University, Hamilton, Ontario, Canada

3 Johns Hopkins University, Baltimore, Maryland, USA

4 University of New Brunswick, Fredericton, New Brunswick, Canada

5 University of British Columbia, Vancouver, British Columbia, Canada

6 University of Melbourne, Melbourne, Australia

### **Development of a Brief Measure of Intimate Partner Violence Severity: The Composite Abuse Scale (Revised) – Short Form (CASR-SF) (3260)**

Reliable and valid self-report measures of IPV severity have been developed, yet many are too long to be included in population-based surveys or studies which include multiple measures. To develop a brief, valid and reliable self-report measure of IPV severity for use with adult women, based on the Composite Abuse Scale (CAS; Hegarty, 2005) and which retained its strong psychometric properties. A two phase, mixed methods design was used. In Phase 1, 31 IPV experts completed an online survey and rated CAS items (and 1 additional 'choking' item) along three dimensions: importance to the concept of IPV; item clarity, appropriateness for diverse groups and contexts. Comments about gaps and redundancy in the item pool, as suggestions for strengthening the measure, were also collected. Phase 2 involved a secondary analysis of data from 6278 Canadian women was used to assess the factor structure, internal consistency and concurrent validity of the 30-item CAS. These results were used with Phase 1 findings to make decisions about which items to drop, retain, or combine to create a brief (12-15 items) measure. 2/3 of the data were used to identify the final items, with 1/3 used to validate the final solution using confirmatory factor analysis. 13 of 31 items were rated as essential to the concept of IPV by more than 50% of experts; the majority of items were rated as clear (28 items) or appropriate for diverse contexts (26 items). Experts identified key gaps: threats, financial abuse, harassment/stalking. Factor analysis of the 30 CAS items supported a 3 factor solution (psychological, physical, sexual abuse); 28 of 30 items loaded cleanly. Cronbach's alpha was .975. After revisions, 12 items (alpha = .942) remained reflecting 3 scales: physical abuse (4 items), psychological abuse (6 items), sexual abuse (2 items). Adding of the choking items yielded comparable results. Concurrent validity using measures of coercive control, depression, PTSD and chronic pain was equivalent between the new brief scale and CAS. The CASr-SF is promising brief measure of IPV severity capable of yielding more robust and useful data, while reducing participant response burden.



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## 11. Nancy Glass, Johns Hopkins University, USA

Nancy Glass, PhD, MPH, RN, FAAN, Megan Cherewick, PhD

1) Professor, Johns Hopkins University School of Nursing, Baltimore, MD, USA

2) Johns Hopkins Bloomberg School of Public Health, Baltimore, MD USA

### **Trauma, Coping and Resilience among Conflict-Affected Youth in Eastern Democratic Republic of Congo (2190)**

Youth affected by armed conflict endure a variety of potentially traumatic stressors and how youth employ coping strategies is important to understanding mental health resilience. The purpose of this study was to 1) examine youth coping strategies within the socio-cultural context of the Eastern Democratic Republic of Congo 2) evaluate associations with mental health and well-being outcomes and 3) evaluate external factors at the individual, peer, family and community level to create an integrative model of youth mental health resilience. This thesis research is nested within Dr. Nancy Glass's animal husbandry microfinance intervention studies Rabbits for Resilience (RFR) and Pigs for Peace (P4P), in the Walungu Territory in Eastern DRC. Qualitative research documented youth defined traumatic events and coping strategies. An adapted KidCope scale measured use of coping strategies. Factor analysis revealed four coping strategies utilized by youth; problem focused, emotion focused, avoidance and faith based coping. Hierarchical regression analysis was used to assess associations with internalizing and externalizing problems, prosocial behaviour and self-esteem. Structural equation modelling was used to model paths between potentially traumatic exposures, coping, and external factors at the peer, family and community level. Problem focused coping was associated with higher internalizing and externalizing problems and lower prosocial behaviour in both boys and girls. Emotion focused, avoidance and faith based strategies were associated with higher self-esteem. When problem focused strategies were used with emotion focused strategies, the result was fewer internalizing problems in girls and fewer externalizing problems in boys and girls. This finding suggests that coping strategy flexibility may be particularly useful in dealing with potentially traumatic events. Violence in the home and caregiver PTSD was associated with worse psychological distress. Feeling close to friends, family, and enrolment in school was associated with better well-being. Results suggest that interventions should: 1) target support for multiple (grouped) coping strategies at the individual level; 2) support reduction in psychological distress through improved family relationships and caregiver mental health, and 3) target improved well-being through support of peer and community relationships and school enrolment.

## 12. Nancy Glass, Johns Hopkins University, USA

Nancy Glass, PhD, MPH, RN1, Mitima Mpanano Remy, MS1, Nancy Perrin, PhD1,

1. Johns Hopkins School of Nursing

2. PAIDEK Microfinance

### **Examining stigma, mental health, and school attendance with young adolescents and parents in rural post-conflict Democratic Republic of Congo (3189)**

Our Congolese-US partnership developed Rabbits for Resilience (RFR), an animal microfinance program, to engage youth (10-15 years) and their parents/caregivers as a way to reduce stigma, improve youth health and increase school attendance post-conflict. Female and male youth and a parent/caregiver enrolled in the village-based microfinance program consented to baseline and three follow-up interviews (every 6 months). As the study is ongoing, the current analysis uses baseline and 6-month follow-up interviews with youth participants (N=433) and their parents/caregivers in 10 program villages to examine youth report of stigma associated with negative view of youth and family by others, mental health and school attendance. Further, we examined parent/caregiver mental health on youth mental health and school attendance by sex. Our analytic approach used generalized estimating equations to account for the nesting of youth and parents/caregivers within villages. Preliminary findings indicate that more stigma was associated with poorer mental health for girls ( $p=.024$ ) but not boys ( $p=.142$ ). Youth who had parents/caregivers that reported symptoms of post-traumatic stress had poorer school attendance at six months ( $p=.033$ ) and the severity of post-traumatic stress symptoms reported by the parent/caregiver was associated with increased days missed from school by the youth. The authors will present a revised analysis incorporating 12 month follow-up data that models the inter-relationships between these variable and incorporates the role of gender and parents/caregiver trauma experiences on youth stigma, health and school attendance. The preliminary findings demonstrate the importance of parents/caregivers' health on the health and well-being of young adolescents in the household. Further, the initial findings support the potential of interventions, such as RFR microfinance, that engages youth and parents/caregivers in collaborative and productive household activities to improve health and social outcomes.



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### 13. Janice Humphreys, Duke University, USA

Janice Humphreys, PhD, RN, FAAN (1), Deanna Befus, BA, BSN, RN (1), Susan Silva, PhD (1), Pilar Bernal de Pheils, FNP, CNM, RN, FAAN (2)  
Maria Mendoza-Flores, MSN, RN (3)

1-Duke University School of Nursing, Durham, NC

2-University of California-San Francisco School of Nursing, San Francisco, CA

3-Public Health Research Branch, Instituto Nacional de Perinatologia, Mexico City, Mexico

#### **Lifetime trauma exposure, chronic pain, depression, and PTSD in Mexican women: A pilot study. (2179)**

Individuals exposed to one or more traumatic events over their lifetime report poorer health, more symptoms, and a greater number of chronic health conditions than non-exposed individuals, even when controlling for demographic characteristics. A large epidemiological study of trauma exposure, depression, and posttraumatic stress disorder (PTSD) in Mexico found clear gender-based differences in trauma exposures, posttraumatic responses, and pain. However, this study may have been biased by recruitment from specialty clinics and shelter-based samples rather than from the community, as well as its reliance on single-item measures of symptoms and simple symptom checklists rather than in depth exploration of symptom clusters that typically characterize actual health problems. Further, contextual factors, such as socioeconomic status and education, and culturally bound conceptualizations of symptoms and comorbidities also played important roles in increasing posttraumatic symptoms. Knowledge of these factors and how they manifest in community-based women is a necessary preliminary step if we are to develop culturally sensitive interventions. The purpose of this cross-sectional study was to describe lifetime trauma exposure, chronic pain, depressive symptoms, and PTSD in women from the five most populated districts in Mexico City. A stratified, convenience sample of community-based women (N=100) was recruited and interviewed by native research team members. Participants ranged in age from 18-82 years old (mean 48.5, SD 17). More than 70% of the women reported repeated exposures to traumatic events (range 3-25). Seventy-seven percent of the participating women reported pain in the prior week, while 60% reported chronic pain (pain lasting 3 months or more). The 77% of women reporting pain were dichotomized into two groups: mild (38%) and moderate-severe (62%). The most commonly reported sites for pain were the face and head (48 and 45%, respectively), lower back (40%), and upper back (36%). Given that post-traumatic effects can persist and contribute to poorer health including chronic pain, primary care providers should routinely assess patients' trauma exposure.

### 14. Susan Jack, McMaster University, Canada

Susan Jack RN PhD1, Kayla Gordon BA2, Farhana Madhani RN PhD1

1School of Nursing, McMaster University, Hamilton, Ontario, Canada

2Faculty of Law, Western University, London, Ontario

#### **Scaling Innovations from a Research Context into Existing Health Systems: Lessons Learned from the Nurse-Family Partnership Intimate Partner Violence Project (3216)**

Considerable resources are invested in the development and testing of new health interventions with the expectation that if the intervention is proven to result in positive outcomes that it will then be broadly disseminated and integrated into clinical practice or health programs. To describe an applied framework for scaling up health interventions using examples from the process of scaling-up the Nurse-Family Partnership (NFP) intimate partner violence nurse education program and intervention. A single exploratory case study was conducted to document the process to scale up the NFP IPV intervention for integration and delivery by NFP agencies in Colorado, United States. Triangulation of data sources was achieved by interviewing members of the scale-up resource team as well as a purposeful sample of nurse home visitors from the nursing leadership council (n=15). To document the process, three in-depth interviews were scheduled with each participant. Conventional content analysis of the interview data was completed. A total of 39 interviews were completed with 15 participants. The framework for scaling up the intervention consists of five interacting components: 1) the intervention; 2) the resource team to facilitate the adaptation and implementation of the intervention; 3) the implementation context; 4) the end-user organizations and 5) a range of scale-up strategies. Attributes of each of these components as well as lessons learned from resource team members and end users will be shared in this presentation. Researchers who have developed and evaluated new health interventions must not underestimate the time, resources and new collaborations required to further adapt their work for substantive scale-up to meet the needs of a larger number of end users in different contexts.



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## 15. Sarah Levine, University of British Columbia, Canada

Sarah Levine, RN, BScN, MSN (c)1

1 Vancouver Coastal Health Authority, Vancouver, British Columbia, Canada

### **“It changes their outlook on everything”: Staff perspectives on the impacts of trauma- and violence- informed care orientation and training in two primary care settings (2174)**

Trauma and violence are common, and they are linked to multiple health problems. Trauma survivors may be re-traumatized when seeking health care. Trauma- and Violence- Informed Care (TVIC) is care that is safe and accessible to trauma survivors. While there is a growing body of literature on trauma-informed care (TIC), prior studies have not explored how nurses and other multidisciplinary health care staff understand TVIC, which has an explicit focus on structural violence and ongoing interpersonal violence. Furthermore, few researchers have studied either TIC or TVIC in primary health care (PHC) settings. This analysis explores the perspectives of PHC staff on the impacts of orientation and training sessions on TVIC. These TVIC sessions were one component of a larger intervention to promote equity. This secondary analysis uses interpretive description to analyse fourteen in-depth interviews with multidisciplinary staff at two PHC clinics. While the impact of the TVIC sessions varied greatly across different participants and sites, all of the staff described enhancements in their awareness, knowledge and/ or confidence about trauma and violence. For some, this contributed to a shift in perspective that impacted their personal lives, their clinical practice, their organizational culture, and their motivation to address structural determinants of health. Intrinsic factors including presentations of data, facilitated discussions, the presence of researchers, and the timing of sessions influenced how participants understood, remembered and prioritized TVIC. Importantly, structural, organizational and personal contexts significantly influenced how participants took up and enacted TVIC in practice. This study contributes to knowledge about TVIC in PHC, and explores how health care providers understand and enact TVIC concepts. The findings point to the importance of challenging the biomedical paradigm in PHC and surface some of the difficulties health care providers may face when using a structural lens to inform clinical practice. Recommendations include assessing and planning for diverse contexts for TVIC implementation; explicitly attending to the biomedical paradigm that shapes PHC practice, framing TVIC as a paradigm shift but incorporating concrete tools and mentorship into TVIC sessions; attending to clients’ voices; and research-practice collaborations for sustainability and evaluation of TVIC.

## 16. Fuqin Liu, Texas Woman's University, USA

Haiying Han, MBA, BSN, RN1, Fuqin Liu, PhD, RN2 & Judith McFarlane, DrPH, RN3

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### **Dating Violence among College Students in China: A Synthesis of the Literature (3241)**

Violence in dating relationships is a widespread problem on college campuses. According to the U.S. Department of Justice, dating violence is defined as violence committed by a person who is or has been in a social relationship of a romantic nature with the victim. The purpose of this study is to review and synthesize evidence focused on examining dating violence among college students in China. Journal articles published in English or Chinese between January 2000 and March 2016. Data Collection Approach: Parallel literature searches of five electronic databases were undertaken systematically to identify journal articles relevant to the identified problem. The searched databases were: VIP INFORMATION (a Chinese database), Medline, CINAHL Plus, PsycINFO, and Academic Search Complete. Key search terms included dating violence, college students, and China. Journal articles were excluded from analysis if the study population was Chinese but the context was outside mainland China. Each of the articles was analysed independently by two authors who are fluent in both Chinese and English. The analysis was conducted in the language of the published article. According to Squires (2009), data analysis is more appropriate to be conducted in its original language instead of translated versions in studies. The analysis is ongoing. Based on preliminary analysis, the prevalence of dating violence was reported to be as high as 35% among college students who had a dating relationship. Female students were more likely to report incidence of dating violence than male students (42%, 32% respectively). Female victimization rate was as high as 32% in one study. Factors contributing to the high incidence of dating violence were reported in the literature. These factors are also linked to cultural meanings of dating violence. Prevention programs were advised to take into the consideration of beliefs about help-seeking. No intervention studies were found in the literature. Gathering data on the evidence of dating violence can serve to raise awareness on violence and provide baseline information for developing effective prevention programs to address the issue among college campuses in China.



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## **17. Heather Lovatt, Central Queensland University, Australia**

Heather Lovatt, PhD; Annabel Taylor, PhD; Nada Ibrahim, PhD  
Centre for Domestic and Family Violence Research, CQUniversity, Queensland, Australia

### **Promoting the safety and health of women who are victims of domestic violence: messages for health care practice (3206)**

This presentation provides insights regarding the health-domestic violence nexus and health care practice. It firstly describes the rationale, methodological approach and key findings from a recent study of the enforcement of protection orders in Australia. The study involved interviews with 20 women who had experienced cross-border domestic violence protection orders. Semi-structured interviews captured women's perceptions regarding facilitators of, and barriers to, their safety and wellbeing. Interviews revealed the majority of participants had ongoing and significant health issues, extending long beyond the crisis events which triggered their initial domestic violence protection order. The voices of victims, describing the health impacts of domestic violence and their long and arduous healing journey to overcome them will be heard in this presentation. An unexpected finding, validating the research approach taken, was participants' reflections that they found the engagement process of the interviews empowering and therapeutic. The voices of the participants will also be heard describing the factors that they found to be beneficial in the brief encounter with the researcher. Thus, this presentation will provide information from research to promote a greater awareness of the impact of domestic violence on victims while providing practical suggestions regarding positive engagement with victims regardless of the brevity of the interaction.

## **18. Shona McLeod, Auckland University of Technology, New Zealand**

Shona McLeod, MPH1, Jane Koziol-McLain, PhD, RN1, & Marilyn Waring, PhD2,  
1. Centre for Interdisciplinary Trauma Research, AUT University, Auckland New Zealand.  
2. Institute of Public Policy, AUT University, Auckland New Zealand

### **Appreciative Inquiry: Could it be useful in improving family violence interventions? (3239)**

The promise of consistent quality health care services for those who experience family violence is rarely realised. In New Zealand, the Ministry of Health (MOH) Violence Intervention Programme (VIP) aims to prevent and reduce the health impacts of family violence 'through the early identification, assessment and referral of victims presenting to designated District Health Board (DHB) services'. Despite a decade of system development, with guidelines, standardised training and national resources, there remains significant variation in service delivery between and within health care settings. There is a need to transform clinical practice as many of the mechanisms found to improve family violence screening are already present in VIP. Appreciative Inquiry (AI) is a philosophy and methodology of organisational change that takes a strengths-based approach to change management. As a change management process it has been applied across a wide range of sectors including within the health sector and has been effective in changing how people think and what people do. AI has also emerged as a promising research methodology. In health research, AI has been used in a range of health care settings as well as across health and social service sectors. AI is transformational in its implementation and participatory in its approach. In contrast to other research methodologies the strengths-based approach will ensure the expertise of clinical staff undertaking family violence screening is valued. In this presentation the potential value of AI in fostering consistent high quality care will be explored. The five core principles of AI will be considered alongside an assessment of the conditions that lead to successful transformational change.



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## 19. Elizabeth Reeves, Duke University, USA

Elizabeth Reeves RN, BSN, Duke University

### **Describing the Health Care Experiences and Strategies of Female Survivors of Violence (2170)**

Traumatic life events are typically defined as experiencing or witnessing an event of actual or threatened death, serious injury, or physical, sexual, or emotional violence, and survivors of such events are at risk for an array of negative health consequences. Survivors' increased health risks are complicated when inadvertently re-traumatizing or distressing health care experiences act as a barrier to accessing needed care. Such re-traumatization can result from elements of routine care such as physical touch, supine body positioning, and the power imbalance between provider and patient. As a result of the high prevalence of sexual and physical violence in the lives of women, most health care providers are likely to encounter survivors in their practice. Developing knowledge on survivors' health care experiences and needs, and their engagement in health care can support more efficient and collaborative implementation of trauma-informed practices. Therefore, this study sought to develop knowledge on survivors' health care experiences and strategies for navigating difficult health care experiences, health care interactions, and the health care system. Fourteen women completed semi-structured interviews designed to elicit narratives on trauma exposure, difficult health care experiences, and their strategies for navigating the health care system. Participants reported a variety of traumatic life experiences, ranging from child sexual abuse, to intimate partner violence, to severe car accidents and three-quarters of participants reported more than one traumatic event. Participants emphasized the importance of providers knowing how to respond empathically to positive trauma history screenings and of creating a foundation of trust and caring in the provider-patient relationship. Participants recognized that providers trying to implement trauma-informed practices face limitations on time and resources as the result of the current U.S. health care delivery system. In response to this acknowledged reality, participants described several ways they prepare for, cope with, and care for themselves after difficult health care experiences. Descriptive data on the patient engagement behaviours of survivors of violence is a unique contribution of this study to existing research on trauma-informed care.

## 20. Marcos Signorelli, Federal University of Parana, Brazil

Marcos Signorelli, PhD, PT1, Clóvis Wanzinack, MSc2, Daniel Canavese de Oliveira, PhD3

1 Chamber of Public Health, Federal University of Parana, Matinhos, Parana, Brazil

2 Chamber of Public Management, Federal University of Parana, Matinhos, Parana, Brazil

3 Department of Public Health, Federal University of Rio Grande do Sul, Porto Alegre, Brazil

### **Gender-based violence in schools: Insights from a public policy of online education in Brazil (3209)**

Gender-based violence (GBV) within schools causes multiple harms for victims and is a challenging problem for teachers and school managers. During the last decade, the Brazilian Ministry of Education has been fostering public policies in order to qualify educators to detect, intervene and prevent GBV in schools. This study aimed to identify and reflect about GBV in schools and its impacts on teachers while also sharing the experience of an online training course developed in Brazil. The methodology included qualitative and quantitative approaches with 627 teachers enrolled in the Post-Graduation in Gender and Diversity at School (PGGDS). Firstly, participants answered an anonymous virtual survey about GBV in schools and its consequences. Data were tabulated and analysed using descriptive statistics which enabled elements to plan the online education course in two different strategies: one with 200 hours and another with 360 hours. From the 627 teachers (29.9% men and 70.1% women), 90.6% (n = 568) had already experienced violence in schools. Research highlighted that 57% (n = 358) of teachers reported having suffered bullying or violence associated with gender, race/ethnicity and social class in their schools, including virtually. Specifically about GBV: 69.38% (n = 435) had witnessed homophobia, while 12.90% (n = 81) had been victims; and 72.25% (n = 453) had witnessed sexism, while 30.14% (n = 189) had been victims. The initial exploratory research drew attention to the high prevalence of GBV that teachers face and are submitted to in schools, with repercussions on their health, work, and teaching/learning processes. This provided elements to develop strategies during the PGGDS for qualification of teachers to deal with GBV, including: 1) the creation of a specific 30-hour module on GBV, aiming to develop skills for reflection, prevention and management of GBV in schools; 2) the elaboration of didactic material specifically about GBV, including from theoretical aspects to a fanzine with practical suggestions of activities to be implemented by teachers in their schools; 3) the online support from experienced professionals (i.e. tutors, professors and a supervisor) that provided support for their skills development during the training.



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## 21. Megan Taylor, ACT Health, Australia

Megan Taylor, RN, MN, NP1  
1 Women's Health Service, ACT Health, Canberra, ACT, Australia

### **My Past, My Present, My Future: How experiences of violence and abuse affect my health (3237)**

Many women who have been subjected to interpersonal violence whether child abuse and neglect, domestic/family violence or other forms of violence, often find themselves as an adult in refuges, mental health units, drug and alcohol units and/or in detention. Because of the variable lengths of time women are in these settings, it is often not appropriate to start ongoing trauma counselling. However, stays in these short term settings do provide women the opportunity to be introduced to how past trauma may be impacting on their current health status and possible future health outcomes. This 2-part health promotion (HP) activity is aimed at providing women who are staying in refuges with information about the links between past trauma and their current health status. It has been adapted from 'Community Connections: An introduction of trauma issues for women on inpatient or short-stay units'. It incorporates the increased knowledge we now have around physical health outcomes and the growth in the field of neurobiology. The HP activity also focuses on participants' strengths, the prevalence of violence, the common sense that women often experience of 'feeling out of control', self-care, the change process, and steps to disclosing and sharing past trauma with key health professionals and the benefits of doing so. This initiative has been run a number of times at one refuge in Canberra with small groups of 4-8 women. Refuge staff that women know and trust attends the sessions, however the sessions are facilitated by a nurse and counsellor from Women's Health Service. Women have found the sessions to be validating and a means of bringing a language and theory to their lived experiences. Initially it was established as a 1-part session, however due to the enthusiasm and conversations that were sparked by participants in the early sessions, it has been extended to include two shorter sessions run one week apart. An unexpected benefit of this initiative has been that Women's Health Service has an increase in requests for our service from participants who have attended the sessions after completing the 2-part HP initiative.

## 23. Nadine Wathen, Western University, Canada

C. Nadine Wathen<sup>1,2,3</sup>, Professor, Jennifer C.D. MacGregor<sup>1,2,3</sup>, Research Associate  
1Western University, London, Ontario, Canada;  
2PreVAiL Research Network;  
3Centre for Research and Education on Violence Against Women and Children

### **Health and Other Impacts of Domestic Violence in the Workplace: The Experiences of Trans\* People (2167)**

Domestic violence (DV) has significant impacts on workers and workplaces. In a recent pan-Canadian survey, we documented the prevalence and impacts of DV on those exposed and their co-workers (Wathen et al., 2015; MacGregor et al., 2016), including impacts on health and life quality (Wathen et al., 2016) and supports offered by the workplace (MacGregor et al., in press). The broad-based recruitment strategy via our partners in Canada's trade unions, and through national media, resulted in a very large overall sample, and a sub-sample of gender-diverse people. Inclusion criteria for the survey were people aged 15 and older able to complete the online survey in French or English, regardless of previous or current DV or employment status. Main analyses of the overall sample (N = 8429) indicated that trans\* people experienced rates of DV two to five times higher than cisgender respondents (Wathen et al., 2015), findings consistent with the limited existing literature indicating higher current and lifetime rates of DV exposure among gender non-conforming people. This paper will present further analysis of the specific experiences of trans\* people (n = 37), including the nature and extent of DV's impact on their work, health and well-being. Workplace responses and supports, including perceptions of impact on co-workers, will also be described. The workplace is increasingly recognized as an important site for intervention with both victims and perpetrators of DV. Our paper contributes to an understanding of the DV-specific needs of trans\* workers.



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## 24. Ingrid Wilson, La Trobe University, Australia

Ingrid Wilson, BA(Hons), PgDL 1

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### **As soon as there was no alcohol it was just like it never happened.” Women’s experiences of fear and harm from an alcohol-affected intimate partner (3191)**

"Intimate partner violence (IPV) is prevalent globally resulting in significant health and social impacts for women and children who are disproportionately affected. Alcohol misuse is a well-established risk factor for the perpetration of IPV, although its exact role is complex and contested. Higher rates of IPV are found in clinical populations with drinking problems. Heavy and binge drinking patterns are associated with increased risk and severity of male-to-female IPV. Alcohol problems are also common in women experiencing IPV. While much is known about the alcohol-IPV association, the role of alcohol consumption in the initiation and escalation of IPV is not well-understood. This qualitative study aimed to explore the dynamics of violent relationships involving alcohol misuse. Interviews were conducted with 18 women aged 20-50 years recruited through the community who reported feeling afraid when their current or former male partner drank alcohol. Data were analysed using constructivist grounded theory methods to identify key processes underpinning the experience (1). The findings revealed that alcohol-related IPV was experienced as a cycle of drinking and violence with women connecting fear to recognised stages of their partner's drinking. Women were active agents in managing safety during the cycle. The results show that women experiencing abuse from an alcohol-affected partner live a precarious existence filled with certainty (predictable drinking patterns) and uncertainty. The health sector plays an important role in the identification of and early intervention in IPV. Understanding the nexus between problematic alcohol use and IPV as a key risk factor is critical for strengthening the health sector response to IPV survivors and perpetrators (2). Planning effective interventions to address alcohol-related IPV should include evidence from women's lived experience and consideration of their safety (3).

## 25. Jessie Ho Yin Yau, The University of Hong Kong, Hong Kong

Jessie Ho Yin YAU, BSc1, Janet Yuen Ha WONG, RN, MN, PhD1 & Daniel Yee Tak Fong, PhD1

1School of Nursing, The University of Hong Kong, Hong Kong

### **Testing the Usability and Language of C-SEA: Cognitive Debriefing on the Chinese Population (3201)**

Intimate Partner Violence (IPV) includes physical, psychological, sexual and economic abuse. Although there are different studies in revealing various forms of IPV among Chinese population, none of them had specifically focused on the role of economic abuse as a dimension of IPV. Moreover, all of the existing scales are available only in English Language and there are no reliable and valid Chinese measurement tools for accessing economic abuse in Chinese population. The Scale of Economic Abuse (SEA) is an instrument that could measure the frequency of economic abuse; it has been developed in English and has been demonstrated satisfactory psychometric performance. Since Chinese cultural issues may affect norms, views, perceptions and perspectives about marriage and relationship, they in turn influence the phenomenon and recognition of economic abuse. Therefore, it becomes necessary to develop a Traditional Chinese version of the SEA (C-SEA) in order to obtain a comprehensive understanding to the dynamics of IPV in Chinese population. The study aimed to evaluate the linguistic validity, relevance, clarity and comfort of the C-SEA. The English version had undergone a rigorous process of forward and backward translation into Traditional Chinese version with two forward translations performed independently by two translators. A consensus meeting had been held afterwards with additionally one researcher in the field of IPV and one researcher experienced in cultural adaptation of patient reported outcomes instruments. Thereby, a consensus version for the instrument was obtained. Traditional Chinese speaking subjects (N=5) were recruited by convenience sampling on the basis of experience with intimate relationships, the sample were diverse regarding sociodemographic. They were required to self-administer the C-SEA and subsequently debriefed by an interviewer using the debriefing evaluation list. The results showed that 60% of respondents reported the overall comfort as moderate and the overall clarity as high, while the number recorded in moderate and high for overall relevance were equally the same (40%). No irrelevant, unclear and uncomfortable items were reported. As a result, C-SEA was developed among a diverse Traditional Chinese speaking population and it was demonstrated to be relevant, clear and comfort, including both genders and those with minimal education.



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## **26. Barbara Zust, Gustavus Adolphus College, USA**

Barbara Zust, RN PhD, Gustavus Adolphus College

Jaclyn Housley, SN Gustavus Adolphus College

Anna Klatke, SN Gustavus Adolphus College

### **Counselling by Evangelical Christian Clergy for Victims of Domestic Violence with Children (2177)**

Domestic violence is a longstanding epidemic that leads to a variety of acute and chronic health and mental health issues, including death. Children in families where there is domestic violence are more prone to depression, problems in school, and low self-esteem. Anecdotally, families are often encouraged to stay together for the sake of the children and/ or for religious reasons. The purpose of this study is to explore the advice that evangelical clergy give victims of domestic violence when there are children in the family. Following IRB approval, Evangelical Christian pastors in rural and urban areas of the Midwest, were invited to participate in this study. Participants were asked to participate in an interview with the following questions: How do you counsel members of your parish who experience intimate partner violence? Does it make a difference if there are children in the home? What are your greatest challenges in counselling the victims? How do you think this problem could be solved? Analysis of the narrative data indicated that the evangelical pastors' greatest challenge was watching a victim stay in the relationship. They indicated that there was a need to redefine marriage to eliminate the power imbalance. They would do anything to protect the children, but felt that they did not have enough training to know what to do. Giving emotional support and having prayer counsellors were identified as "all I can do". The results of this study shed light on the need for faith community leaders to be included in public health initiatives to understand the factors that influence violence and work together on potential strategies to prevent violence. Faith communities have the potential to be either protective factors for families or risk factors for families.