The Nursing Network on Violence Against Women International

The mission of NNVAWI is to eliminate violence by advancing nursing education, practice, research, and public policy.

22nd Conference
“Transforming Health Services, Policies and Systems through Research, Education, Innovation and Partnerships”

September 26-28, 2018

Pillar and Post Conference Center, Niagara-on-the-Lake, Ontario, CANADA

Hosted by:

[Western Arthur Labatt Family School of Nursing logo]
Conference Committee Members

Local Members: Marilyn Ford-Gilboe and Victoria Smye (Co-Chairs), Helene Berman, Kim Jackson, Rachel Colquhoun, Tara Mantler, Meghan Fluit, Joanne Hammerton, Angela Law

Board Members: Susan Jack, Donna Schminkey, Leesa Hooker, Laura Biggs

NNVAWI Members: Hafrún Finnbogadóttir, Kelly Scott-Storey

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Faculty of Health Sciences
Arthur Labatt Family School of Nursing

McMaster University
School of Nursing
Welcome and Greetings

On behalf of the NNVAWI Board of Directors and our conference co-chairs, Dr. Marilyn Ford-Gilboe and Dr. Vicki Smye (Western University, London, Canada), I am delighted to welcome you to the 22nd Conference of the Nursing Network on Violence Against Women International. Fall is the perfect time to visit Southern Ontario and we hope that you will enjoy the charm of Niagara-on-the-Lake – and the excitement of Niagara Falls while you are here!

NNVAWI was formed to encourage the development of a strong nursing voice in the quest to prevent and reduce the harmful health and social effects of violence in women's lives. We began in November of 1985 during the first National Nursing Conference on Violence Against Women held at the University of Massachusetts Amherst. Over the years, we have grown into a truly global Network - a space for international collaboration, discussion and inspiration among nurses as well as midwives and other professionals working in this field.

This year’s conference draws more than 150 delegates and members from around the world and brings us together as friends and colleagues to share our work, and renew our commitment to ending violence against women and their children and families.

We have always welcomed our partners from all fields to stand with us. This conference will bring together global researchers, educators, health and social service providers and advocates to exchange knowledge and ideas and generate best practices to prevent and/or reduce the impacts of violence against women, children and families. We hope that you will leave the conference inspired by what our keynotes share with us, to what is learned in the pre-conference workshop, and finally what we learn from each other in an incredible slate of presentations.

I sincerely thank the members of our conference planning committee and, in particular, our Conference Co-Chairs from the Arthur Labatt School of Nursing, Western University. The committee has worked tirelessly to ensure a fabulous and very successful meeting. I wish you all a superb conference experience and a memorable stay in Niagara-on-the-Lake.

Susan Jack, RN, PhD
President, NNVAWI
## Conference Schedule At-A-Glance

### Wednesday, September 26, 2018
- **8:30-7:00** Conference Registration
- **8:45-11:45** Preconference Workshop 1
- **11:45-12:45** Lunch on your own
- **12:45-2:45** Preconference Workshop 2
- **3:00-3:25** Conference Opening
- **3:25-4:25** Plenary Address
- **4:30-6:10** Concurrent Session A
- **6:15-8:30** Opening Reception

### Thursday, September 27, 2018
- **7:00-8:30** Breakfast
- **8:00-11:30** Conference Registration
- **8:45-9:00** Welcome and Announcements
- **9:00-10:00** Plenary Address
- **10:00-10:20** Break – Light Refreshments
- **10:20-11:20** Interactive Poster Session
- **11:30-12:30** Concurrent Session B
- **12:30-1:45** Lunch and Awards Ceremony
- **1:50-3:30** Concurrent Session C
- **3:30-3:50** Break – Light Refreshments
- **3:50-4:50** Concurrent Session D
- **5:00-6:30** Interest Group Meeting: Indigenous Researchers
- **7:00-10:30** Student Evening Event

### Friday, September 28, 2018
- **7:00-8:00** Breakfast
- **8:00-9:00** NNVAWI Membership Meeting
- **9:00-9:10** Announcements
- **9:10-10:10** Plenary Address
- **10:00-10:20** Break – Light Refreshments
- **10:30-12:10** Concurrent Session E
- **12:15-1:15** Lunch
- **1:15-2:15** Interactive Poster Session
- **2:20-3:40** Concurrent Session F
- **3:45-4:30** Closing and Announcement of Next Conference
## Program At-A-Glance

### Tuesday, September 25, 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tr>
<td>2:00-6:00</td>
<td><strong>Board Meeting</strong> (Board Members Only)</td>
<td>Southbrook Winery</td>
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### Wednesday, September 26, 2018

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<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tr>
<td>8:30-7:00</td>
<td><strong>Conference Registration</strong></td>
<td>Upper Canada Foyer</td>
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<td>8:45-11:45</td>
<td>Preconference Workshop:</td>
<td>Queenston Hall</td>
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<td></td>
<td><em>Creating Safety: Practical Strategies for Trauma- and Violence-Informed Care</em></td>
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<td></td>
<td>Colleen Varcoe, University of British Columbia, Canada</td>
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<td>Nadine Wathen, Western University, Canada</td>
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<td>Student Co-Facilitator: Tanaz Javan, Alexa Yakubovich</td>
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<td>11:45-12:45</td>
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<td>12:45-2:45</td>
<td>Preconference Workshop:</td>
<td>Queenston Hall</td>
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<td></td>
<td><em>Risk Assessment Using the Danger Assessment (DA) and DA5</em></td>
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<td>Jacquelyn Campbell, School of Nursing, Johns Hopkins University, USA</td>
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<tr>
<td>3:00-3:25</td>
<td><strong>Conference Opening</strong></td>
<td>Upper Canada Hall</td>
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<td></td>
<td>Susan Jack, NNVAWI President</td>
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<td>Marilyn Ford-Gilboe, Conference Co-Chair</td>
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<td>3:25-4:25</td>
<td><strong>Plenary Address:</strong></td>
<td>Upper Canada Hall</td>
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<td></td>
<td><em>Essentials to Advancing Sustainable Development: Gender Equality, Violence, Economic Empowerment and Environmental Sustainability</em></td>
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<td>Nancy Glass &amp; Larissa Jennings, John Hopkins University, USA</td>
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<td>4:30-6:10</td>
<td><strong>Concurrent Session A: Oral Papers</strong></td>
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<td></td>
<td>A1: Testing and Scaling up Interventions</td>
<td>Queenston Hall</td>
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<td>A2: Understanding and Addressing the Health Effects of Violence</td>
<td>Simco Room</td>
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<td>A3: Working Across Difference: Violence at the Intersections of Gender, Poverty, Race, Geography......</td>
<td>Niagara Room</td>
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<td>A4: Violence and Pregnant and Parenting Women</td>
<td>Gallery Room</td>
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<td>A5: Violence at the Intersection of Racialization, Geography, Poverty, Homelessness, Culture</td>
<td>Studio 2</td>
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<td>6:15-8:30</td>
<td><strong>Opening Reception (Cash Bar)</strong></td>
<td>Upper Canada Hall</td>
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<td>7:00-8:30</td>
<td>Breakfast</td>
<td>The Cannery</td>
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<td>8:00-4:30</td>
<td>Conference Registration</td>
<td>Upper Canada Foyer</td>
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<td>8:45-9:00</td>
<td>Welcome and Announcements</td>
<td>Upper Canada Hall</td>
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<td>9:00-10:00</td>
<td>Plenary Address:</td>
<td>Upper Canada Hall</td>
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<td></td>
<td><em>Anishinaabe Kwe’: Our Women – Our Communities: International Collaboration to Address Violence and Trauma In Canada’s Indigenous Communities</em></td>
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<td>Bernice Downey, McMaster University, Canada</td>
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<td>Marilee Nowgesic, Canadian Indigenous Nurses Association (CINA), Canada</td>
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<td>10:00-10:20</td>
<td>Break – Light Refreshments</td>
<td>Foyer</td>
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<td>10:20-11:20</td>
<td>Interactive Poster Session and Discussion</td>
<td>Upper Canada Hall</td>
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<td>11:30-12:30</td>
<td>Concurrent Session B: Symposia</td>
<td>Upper Canada Hall</td>
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<td></td>
<td>B2: MyPlan Toolkit: Dissemination and Implementation of an Evidence-Based Safety Intervention for College Campuses</td>
<td>Olde Library</td>
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<td>B3: Promoting Health through Collaborative Engagement with Youth: Overcoming, Preventing and Resisting Structural Violence</td>
<td>Simcoe Room</td>
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<td>B4: Intimate Partner Violence and Cultural Safety</td>
<td>Niagara Room</td>
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<tr>
<td>12:30-1:45</td>
<td>Lunch and Awards Ceremony</td>
<td>Upper Canada Hall</td>
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<td>1:50-3:30</td>
<td>Concurrent Session C: Oral Papers</td>
<td>Queenston Hall</td>
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<td>C1: Safety and Health Interventions for Women Experiencing Violence</td>
<td>Queenston Hall</td>
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<td>C2: Promising Practices and Community Health</td>
<td>Queenston Hall</td>
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<td>C3: Understanding and Fostering Women’s Strengths</td>
<td>Olde Library</td>
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<td>C4: IPV: Identifying Abuse and Responding Safely</td>
<td>Simcoe Room</td>
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<td>C5: Frameworks, Strategies and Interventions</td>
<td>Niagara Room</td>
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<td>3:30-3:50</td>
<td>Break – Light Refreshments</td>
<td>Queenston Hall</td>
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<td>3:50-4:50</td>
<td>Concurrent Session D: Symposia</td>
<td>Queenston Hall</td>
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<td>D1: Doris W. Campbell Memorial Symposium: Contributions to Nursing Knowledge in Violence Against Vulnerable Women &amp; Children &amp; Health Inequities</td>
<td>Queenston Hall</td>
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<td>D2: Healing in the Aftermath of Genocide Against Tutsi: The Rwandan Context</td>
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<td>D3: Structural Violence: Identification and Nursing Response</td>
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<td>D4: Violence, Risk and Children’s Well-Being</td>
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<td>D5: Long-term Impacts of Violence</td>
<td>Niagara Room</td>
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<td>5:00-6:30</td>
<td>Interest Group Meeting: Indigenous Researchers (All are welcome)</td>
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<td>7:00-10:30</td>
<td>Student Evening Event: $25 (Contact: Rachel Colquhoun: <a href="mailto:rachelcolquhoun@gmail.com">rachelcolquhoun@gmail.com</a>)</td>
<td>Small Talk Winery</td>
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<td>7:00-8:00</td>
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<td>NNVAWI General Membership Meeting</td>
<td>Upper Canada Hall</td>
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<td>Announcements</td>
<td>Upper Canada Hall</td>
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<td>Marilyn Ford Gilboe, Conference Co-Chair, Western University</td>
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<td>9:10-10:10</td>
<td>Plenary Address:</td>
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<td>Sexual Assault and the Criminal (In)Justice System</td>
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<td>Holly Johnson, University of Ottawa, Canada</td>
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<td>10:00-10:20</td>
<td>Break – Light Refreshments</td>
<td>Upper Canada Foyer</td>
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<td>10:30-12:10</td>
<td>Concurrent Session E: Oral Papers</td>
<td>Upper Canada Hall</td>
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<td>E1: Sexual Violence</td>
<td>Upper Canada Hall</td>
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<td>E2: Trauma and Violence-Informed Approaches</td>
<td>Queenston Hall</td>
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<td>E3: Addressing Violence: Apps and Online Resources</td>
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<td>E4: Leveraging Technology to Understand and Support Women’s Needs</td>
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<td>across Multiple Contexts</td>
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<td>E5: Violence, Children, Youth and Young Adults</td>
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<td>12:15-1:15</td>
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<td>1:15-2:15</td>
<td>Interactive Poster Session and Discussion</td>
<td>Upper Canada Hall</td>
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<td>2:20-3:35</td>
<td>Concurrent Session F: Oral Papers</td>
<td>Upper Canada Hall</td>
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<td>F1: Progress in Design, Measurement and Tools</td>
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<td>F2: Strengthening Health Systems</td>
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<td>F3: Working &amp; Learning in a Community Space</td>
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<td>F4: Violence and Health Professional Education</td>
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<td>F5: What About the Men?</td>
<td>Niagara Room</td>
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<td>3:45-4:30</td>
<td>Closing and Announcement of Next Conference</td>
<td>Upper Canada Hall</td>
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Pillar and Post Conference Center Map

Conference Registration
Preconference Workshops

Creating Safety: Practical Strategies for Trauma and Violence Informed Care (TVIC)
Wednesday, September 26, 8:45-11:45 a.m.

Brief Description: Trauma and Violence Informed Care is an approach that seeks to make clinical encounters as safe as possible for people who have experienced trauma, including all forms of interpersonal violence, historical and structural violence. In this workshop, participants will explore the foundations, key elements and advantages of TVIC, with a particular focus on the integration of practical resources, tools and strategies to strengthen their own practice and to promote broader adoption of TVIC into varied practice settings.

Workshop Facilitators:

Colleen Varcoe, RN, PhD
Professor
University of British Columbia School of Nursing
Vancouver, BC, Canada

Dr. Colleen Varcoe is committed to creating more just and ethical health care. Her work examines how the inequities of ethnicity, class, place and ability are central to violence against women. She is especially interested in advancing ethical healthcare policy and practice. Her various research projects converge to enhance practice and policy in the context of violence and inequity.

Nadine Wathen, PhD
Professor
Faculty of Information and Media Studies, and
Research Scholar, Centre for Research & Education on
Violence Against Women & Children
Western University, London, Ontario, Canada

Dr. Nadine Wathen's research examines the health and social service sector response to violence against women and children, particularly how to integrate TVIC, interventions to reduce health inequities, and the science of knowledge mobilization to enhance policy and practice. She co-leads research initiatives, including: the PreVAiL Research Network (www.prevailresearch.ca), VEGA: A Public Health Response to Family Violence (projectVEGA.ca), EQUIP: Research to Equip Primary Health Care for Equity (http://equiphealthcare.ca), and the Domestic Violence @ Work Network (www.dvatworknet.org).

Student Facilitators: Tanaz Javan, PhD Candidate, Alexa Yakubovich, PhD Candidate
Risk Assessment using the Danger Assessment (DA) and DA5
Wednesday, September 26, 12:45-2:45 p.m.

Brief Description: The Danger Assessment is an evidence-based risk assessment used to accurately identify women’s risk of being killed or seriously injured by an intimate partner. It has been widely used in clinical practice as an integral part of safety planning and system responses, as well as in research contexts.

This workshop introduces foundational work used to develop the DA, a new short version (DA5), the DA-I (DA for Immigrant women) and the DA for Indigenous women (Walking the Path) and provides practical guidance in the administration, scoring and interpretation of this tool. Participants who complete this workshop will be eligible for certification in the use of the DA by completing a post-test at www.dangerassessment.org (includes personalized certificate of completion, results page, and the scoring system worksheet and danger level interpretation personalized with your name).

Workshop Facilitator:

Jacquelyn Campbell, RN, PhD, FAAN
Anna D. Wolf Chair
Johns Hopkins University School of Nursing
Baltimore, Maryland, USA

Jacquelyn Campbell, PhD, RN, FAAN is the Anna Wolf Chair and a Professor in the Johns Hopkins University School of Nursing. She was a founding member of NNVAWI, has more than 250 publications and 7 books and has conducted multiple research studies on violence against women and health consequences including DV homicide.
Plenary Speakers

Wednesday, September 26

Nancy Glass, PhD, MPH, RN, FAAN
Professor and Independence Chair in Nursing
Johns Hopkins School of Nursing & Johns Hopkins Bloomberg School of Public Health
Department of International Health
Associate Director, Johns Hopkins Center for Global Health
Baltimore, MD, USA

Dr. Glass conducts multidisciplinary projects in partnership with local experts and communities across diverse global settings domestically and globally, including in conflict and post-conflict countries (Somalia, DR Congo, South Sudan). Her federally funded program of research work focuses on evaluating violence prevention, economic empowerment and safety interventions to improve the health, economic stability and well-being of survivors of gender-based violence (GBV) and their families. Dr. Glass has collaborated with global experts and donors (such as UNICEF and World Bank) to implement and evaluate innovative primary prevention programs that challenge social norms that sustain violence against women; examine the prevalence of gender-based violence (GBV) to inform programs and service; and improve health care systems' responses to survivors of GBV. These and other projects use mHealth technologies to deliver programs and to collect confidential and secure data, reach diverse populations, and provide tools and resources to health and social service providers. A past president of NNVAWI, Dr. Glass is committed to collaborating with and mentoring colleagues, postdoctoral fellows, and graduate students globally as well as partnering with community experts and organizations to improve health, safety, and economic stability for women, families, and communities.

Larissa Jennings, PhD
Assistant Professor in Social and Behavioral Interventions
Department of International Health
Johns Hopkins Bloomberg School of Public Health
Baltimore, MD, USA

Dr. Jennings’ research program focuses on the design and evaluation of economic-strengthening interventions (e.g. entrepreneurship, livelihood, youth savings accounts, cash incentives, and financial or vocational training) and mobile health technologies to improve sexual and reproductive health, including HIV, among impoverished girls and young women. Her research draws on a combination of research methodologies, including biostatistics, qualitative research, psychometric analysis, and systematic reviews and includes studies conducted in resource-poor setting in the U.S. and in sub-Saharan Africa with varied populations (e.g. African-American unstably housed youth, Native American adolescents, post-conflict Congolese youth, and Kenyan young adults living in urban slums). Dr. Jennings holds a PhD in Population, Family, and Reproductive Health from JHSPH, and a Master’s in Health Sciences (MHS) in International Health, Health Systems, also from JHSPH. She holds a Bachelor’s degree in social anthropology from Harvard University.
Dr. Bernice Downey is a woman of Ojibwe and Celtic heritage, a mother and a grandmother. She is a nurse and medical anthropologist with research interests in health, health literacy and Indigenous Traditional knowledge and health/research system reform for Indigenous populations. Dr. Downey is an experienced administrator, facilitator, and an organizational and systemic change agent. Among her accomplishments, she successfully led the development of the McMaster Indigenous Research Institute; serves as the Regional Aboriginal Cancer Lead for Cancer Care Ontario, Toronto-Central Region, and is the Sole Proprietor of her consulting company; ‘Minoayawin - Good Health Consulting’. She has also served as Chief Executive Officer of the National Aboriginal Health Organization; Executive Director of the Aboriginal Nurses Association of Canada; Associate Director and Research Associate of the Well Living House - Centre for Research on Inner City Health at St. Michael’s Hospital in Toronto. An active member of the Canadian Institute of Health Research - Institute of Aboriginal Health Advisory Board for six years, she was also appointed to the WHO Commission on the Social Determinants of Health, Canadian Reference Group. Dr. Downey is a life-long advocate in the work towards addressing the serious health inequities among Indigenous populations in Canada.

Originally from the Fort William First Nation, near Thunder Bay Ontario, Marilee is the oldest daughter of the late Deana D. Nowgesic and the late Frederick J. Nowgesic. From the Ojibway Nation and an Eagle clan member, she received her traditional teachings from the recognized First Nations Elders of her home community. Her formal postsecondary education was obtained from Lakehead University and Carleton University. Additionally, she studied music with the Royal Conservatory of Music, and obtained achievements in Violin, Guitar and Music Theory. Ms. Nowgesic has worked with several clients in the federal, provincial, territorial government and numerous Indigenous and non-government and private sector agencies to develop social marketing campaigns, communication strategies, education programs and policy development guidelines for Indigenous communities across Canada. It was from these experiences that an overarching and recurring theme in her work presented itself. Since that time, she has designed a workshop/seminar series that develops and provides awareness and positive understanding of the traditional knowledge, cultural protocols and current issues of Indigenous people to the mainstream population. Additionally, she has created a similar series for both the Indigenous and non-Indigenous population with a focus on youth development aimed at providing future leaders with the skills necessary for informed decisions and empowerment. Her greatest joys are the cherished moments with her lifetime partner and their two granddaughters – Carolynn and Olivia.
For more than three decades, Dr. Johnson has studied the effectiveness of societal and criminal justice responses to crimes of violence against women. A major preoccupation of her work has been on exposing and challenging the failures of the justice system in order to hold men accountable for sexual violence against women. Dr Johnson’s research combines large-scale surveys with in-depth interviews with survivors of sexual violence to study women’s reluctance to report these crimes and decisions by police to dismiss large proportions of sexual assaults. As the principal investigator of Statistics Canada’s first national survey on violence against women and a coordinator of the International Violence Against Women Survey, she has been influential in shaping both how violence against women is both understood and measured. Dr Johnson is involved in national and international networks working to refine research tools, prevent violence against women, and improve interventions and responses to these crimes. For example, she has served as expert advisor to the Secretary-General's report on violence against women, and was a member of the UN Expert Group on Indicators on Violence Against Women, the World Health Organization expert panel on primary prevention of sexual violence and intimate partner violence.
# DETAILED PROGRAM

## TUESDAY, SEPTEMBER 25th, 2018

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<th>Time</th>
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<tr>
<td>2:00 – 6:00 PM</td>
<td>Board Meeting – Southbrook Winery (Board Members only)</td>
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## WEDNESDAY, SEPTEMBER 26th, 2018

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<tr>
<td>8:30 AM – 7:00 PM</td>
<td>Conference Registration</td>
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### PRECONFERENCE WORKSHOPS: Queenston Hall

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<tr>
<td>8:45 – 11:45 AM</td>
<td>Creating Safety: Practical Strategies for Trauma- and Violence-Informed Care</td>
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<td>Colleen Varcoe, University of British Columbia, Canada</td>
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<td>Nadine Wathen, Western University, Canada</td>
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<td>Graduate Student Facilitators:</td>
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<tr>
<td>Tanaz Javan, PhD Candidate, Western University, Canada</td>
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<tr>
<td>Alexa Yakubovich, PhD Candidate, University of Oxford</td>
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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>11:45 AM – 12:45 PM</td>
<td>LUNCH ON OWN</td>
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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>12:45 – 2:45 PM</td>
<td>Risk Assessment Using the Danger Assessment (DA) and DA5</td>
</tr>
<tr>
<td>Jacquelyn Campbell, School of Nursing, Johns Hopkins University, USA</td>
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### CONFERENCE

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>3:00 – 3:25 PM</td>
<td>Conference Opening – Upper Canada Hall</td>
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<tr>
<td>Elder: Allan Jamieson Sr.</td>
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<tr>
<td>Susan Jack, NNVAWI President, McMaster University, Canada</td>
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<tr>
<td>Marilyn Ford Gilboe, Conference Co-Chair, Western University</td>
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<th>Time</th>
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<tbody>
<tr>
<td>3:25 – 4:25 PM</td>
<td>Plenary: Essentials to Advancing Sustainable Development: Gender Equality, Violence, Economic Empowerment and Environmental Sustainability</td>
</tr>
<tr>
<td>Nancy Glass &amp; Larissa Jennings, John Hopkins University, USA</td>
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Upper Canada Hall
**WEDNESDAY, SEPTEMBER 26th, 2018**

<table>
<thead>
<tr>
<th>Time</th>
<th>Concurrent Session A: Oral Papers</th>
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</table>
| 4:30 – 6:10 PM | **A1 Testing and Scaling Up Interventions**  
Queenston Hall |
| 4:30 – 4:45 | “I wish I knew about this sooner”: Acceptability and feasibility of the Safe Doors, Safe Homes Program  
Melissa Kimber, Alexandra Trottier, Krystal Nagel, Alison Freeman, Kimberley Clark, Chondrena Vieira-Martin, Chris McKee & Harriet MacMillan |
| 4:50 – 5:05 | Harmony – scaling up primary care systems model partnering bilingual advocates and bilingual primary care clinicians to better support migrant and refugee women experiencing domestic/family violence  
Angela Taft, Mridula Shankar, Rhonda Small, Kelsey Hegarty, Gene Feder & Judith Lumley |
| 5:10 – 5:25 | Post-traumatic stress disorder and employment in women 5 years after leaving an abusive relationship  
Heidi Gilroy, Angeles Nava & Judith McFarlane |
| 5:30 – 5:45 | “Getting my independence back”: Ideas about interventions for economic solvency from residents of a battered women’s shelter  
Heidi Gilroy, Lene Symes & Angeles Nava |

<table>
<thead>
<tr>
<th>Time</th>
<th>Concurrent Session A: Oral Papers</th>
</tr>
</thead>
</table>
| 4:30 – 6:10 PM | **A2 Understanding and Addressing the Health Effects of Violence**  
Simcoe Room |
| 4:30 – 4:45 | Women’s help-seeking for suicidality after intimate partner violence: A combined feminist grounded theory and photovoice study  
Petrea Taylor |
| 4:50 – 5:05 | Battered & brain injured: Identifying & supporting brain injured women survivors of IPV  
Halina Haag, Silvia Samsa, Nneka MacGregor & Angela Colantonio |
| 5:10 – 5:25 | Women’s quality of life after leaving an abusive relationship: The mediating effects of mastery and social support  
Diana Jaradat, Marilyn Ford-Gilboe, Carol Wong & Helene Berman |
| 5:30 – 5:45 | Effects of intimate partner violence and probable traumatic brain injury on central nervous system symptoms  
Jocelyn Anderson, Jacquelyn C. Campbell, Michelle Patch & Doris Campbell |
| 5:50 – 6:05 | A prospective-longitudinal investigation of the effect of sustained exposure to neighbourhood deprivation on intimate partner violence among women in the UK  
Alexa Yakubovich, Jon Heron, Gene Feder, Abigail Fraser, David Humphreys |
### A3 Working Across Difference: Violence at the Intersections of Gender, Poverty, Race, Geography

**Niagara Room**

**4:30 – 4:45**
Common and culturally specific factors related to intimate partner violence among immigrant and refugee women: Implications for safety planning
*Bushra Sabri, Veronica Njie-Carr, Jill T. Messing, Allison Ward-Lasher, Christina Fleming & Jacquelyn Campbell*

**4:50 – 5:05**
A qualitative study of intimate partner violence in an Arab-American community
*Angubeen Khan, Yasamin Kusunoki, Elizabeth King, Layla Elabeled, Neda Eid, Lama Baddah & Shivali Amin*

**5:10 – 5:25**
Health care provider’s attitudes, beliefs, and preparedness to provide IPV-related care in Sri-Lanka: Barriers and opportunities
*Sepali Guruge, Vathsala Illesinghe, Nalika Gunawardena & Ishra Nazeer*

**5:30 – 5:45**
Does employment in the formal sector protect women from intimate partner violence in the context of patriarchy? The case of garment workers in Bangladesh
*Mahfyz Al Mamun, Ruchira Tabassum Naved, Kausar Parvin, Samantha Willan, Andy Gibbs, Marat Yu & Rachel Jewkes*

### A4 Violence and Pregnant and Parenting Women

**Gallery Room**

**4:30 – 4:45**
The experiences and needs of women with FGM in the postpartum period
*Rebecca Seymour, Elizabeth Bailey, Katherine Brown & Hazel Barrett*

**4:50 – 5:05**
Intimate partner violence and nurses in the neonatal ICU: Navigating safety for infants and their families
*Kathleen Ellis*

**5:10 – 5:25**
Suffering among pregnant women with a history of violence – help seeking and police reporting
*Hafrún Finnbogadóttir & Caroline Mellgren*

**5:30 – 5:45**
Interventions for domestic violence among pregnant women in low and middle income countries: A systematic review
*Diksha Sapkota, Kathleen Baird, Amornrat Saito & Debra Anderson*

**5:50 – 6:05**
PATH: Promoting attachment through healing
*Kimberly Jackson, Tara Mantler, Sarah Parkinson & Brianna Jackson*
### A5  Violence at the Intersections of Racialization, Geography, Poverty, Homelessness, Culture.....

**Studio 2**

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Presenters</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:30 – 4:45</td>
<td>Women of color reporting intimate violence to authority: Expectations and experience</td>
<td>Candace Burton, Kirk R. Williams &amp; Jessica G. Cabrera</td>
</tr>
<tr>
<td>4:50 – 5:05</td>
<td>Is the relationship between housing instability and chronic exposure to intimate partner violence influenced by a woman’s race</td>
<td>Patty Wilson, Kathryn Laughon, Roland Thorpe &amp; Phyllis Sharps</td>
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<tr>
<td>5:10 – 5:25</td>
<td>Why she stayed or left: a qualitative study comparing the reasons rural and urban women in the DOVE study chose to stay or go</td>
<td>Maisa Nimer, Linda Bullock &amp; Phyllis Sharps</td>
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<tr>
<td>5:30 – 5:45</td>
<td>Parents and adolescents’ perception, experiences and management of family violence in selected Yoruba communities of Osun State, Nigeria</td>
<td>Omolola Irinoye &amp; Omotola Ayoola</td>
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**6:15 – 8:30 PM**  
**OPENING RECEPTION - Upper Canada Hall**
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7:00 – 8:30 AM</td>
<td>Breakfast (ALL) - The Cannery</td>
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<tr>
<td>8:45 – 9:00 AM</td>
<td>Welcome and Announcements - Upper Canada Hall</td>
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<tr>
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<td>Victoria Smye, Conference Co-Chair, Western University</td>
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<tr>
<td>9:00 – 10:00 AM</td>
<td>Plenary: Anishinaabe Kwe': Our women – our communities: International collaboration to address violence and trauma in Canada’s Indigenous communities</td>
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<td>Bernice Downey, McMaster University, Canada</td>
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<td>Marilee Nowgesic, Canadian Indigenous Nurses Association (CINA), Canada</td>
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<tr>
<td>10:00 – 10:20 AM</td>
<td>Break – Light Refreshments</td>
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<tr>
<td>10:20 – 11:20 AM</td>
<td>Interactive Poster Session and Discussion (ALL)</td>
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<td>Upper Canada Hall</td>
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<td></td>
<td>A scoping review of primary health care services and women’s shelters integration</td>
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<td>Edmund Walsh, Tara Mantler, &amp; Kimberley Jackson</td>
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<td>Allostatic load: A theoretical model for understanding the relationship between maternal posttraumatic stress disorder and adverse birth outcomes</td>
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<td>Yang Li, Marie-Anne Sannon Rosemberg &amp; Julia Seng</td>
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<td>The changing nature of rural women’s shelters: Barriers and innovation in service delivery</td>
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<td>Tara Mantler, Kimberley Jackson &amp; Marilyn Ford-Gilboe</td>
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<td>Comparing the rate of maternal mortality in Texas and the US resulting from violence and co-morbid conditions</td>
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<td>Kathyrn Bezner, Fuqin Liu, Peggy Mancuso</td>
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<td>Risk and protective factors associated with intimate partner violence against women in China: A systematic review</td>
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<td>Jiepin Cao, Rosa Gonzalez-Guarda</td>
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<td>The impact of intimate partner violence on severe maternal morbidity</td>
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<td>Beatriz Paulina Ayala Quintanilla, Angela Taft, Susan McDonald &amp; Wendy Pollock</td>
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<td>Trauma- and violence-informed practices to care for Syrian refugee women in Southwestern Ontario: A critical ethnography</td>
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<td>Areej Al-Hamad &amp; Cheryl Forchuk</td>
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<td>Exploring nurse-led, trauma- and violence- informed care for women who have experienced intimate partner violence</td>
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<td>Noel Patten Lu, Marilyn Ford-Gilboe, Lorie Donelle, Victoria Smye &amp; Kim Jackson</td>
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<td>A pilot: Reaching incarcerated women using a trauma-informed health education mode</td>
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<td>Michael Swanberg</td>
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<td>Time</td>
<td>Session B: Symposia</td>
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<td></td>
<td><em>Nadine Wathen, Harriet L. MacMillan, Susan Jack &amp; Marilyn Ford-Gilboe</em></td>
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<td><strong>Upper Canada Hall</strong></td>
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<tr>
<td>12:30 PM</td>
<td><strong>B2</strong> MyPlan Toolkit: Dissemination and Implementation of an Evidence-Based Safety Intervention for College Campuses</td>
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<tr>
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<td><em>Nancy Glass, Nancy Perrin, Amber Clough, James Case, Jacquelyn Campbell &amp; Tina Bloom</em></td>
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<td><strong>Queenston Hall</strong></td>
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<tr>
<td>11:30 AM</td>
<td><strong>B3</strong> Promoting Health through Collaborative Engagement with Youth: Overcoming, Preventing and Resisting Structural Violence</td>
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<td><em>Helene Berman, Eugenia Canas, Holly Johnson, Emanuela Bringi &amp; Abe Oudshoorn</em></td>
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<td><strong>Olde Library</strong></td>
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<tr>
<td>12:30 PM</td>
<td><strong>B5 Health Effects, Risk and Violence</strong></td>
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<tr>
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<td><strong>Niagara Room</strong></td>
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<tr>
<td>11:30 AM</td>
<td><strong>Concurrent Session B: Symposia</strong></td>
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<tr>
<td>Time</td>
<td>Session</td>
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</table>
| 11:50 – 12:05 | Effect of intimate partner violence and workplace violence on depression of female garment workers in Bangladesh  
|           | Kausar Parvin, Mahfuz Al Mamun, Ruchira Tabassum Naved, Andrew Gibbs & Rachel Jewkes |
| 12:10 – 12:25 | Asking about fear in measuring intimate partner violence  
|           | Marcos Signorelli, Angela Taft, Deirdre Gartland, Leesa Hooker, Christine McKee, Harriet MacMillan, Stephanie Brown & Kelsey Hegarty |
| 12:30 – 1:45 PM | Lunch and Awards Ceremony - Upper Canada Hall |
| 12:50 – 3:30 PM | Concurrent Session C: Oral Papers |
| 1:50 – 2:05 | C1 Safety and Health interventions for Women Experiencing Violence  
|           | Upper Canada Hall |
| 1:50 – 2:05 | Development of a culturally-tailored integrated HIV/STI and intimate partner violence risk reduction intervention for U.S. Virgin Islands women experiencing abuse  
|           | Kamila Alexander, Phyllis Sharps, Jacquelyn Campbell, Helena Addison, Gloria Callwood & Doris W. Campbell |
| 2:10 – 2:25 | The complexity of women’s safety planning in the context of an on-line intervention  
|           | Colleen Varcoe, Marilyn Ford-Gilboe & Kelly Scott-Storey |
| 2:30 – 2:45 | Effectiveness of a personalized online safety and health intervention for Canadian women experiencing partner violence: ICAN Plan 4 Safety  
|           | Marilyn Ford Gilboe, Colleen Varcoe, Kelly Scott-Storey, Judith Wuest, Nancy Glass, Nadine Wathen, Harriet MacMillan & Nancy Perrin |
| 2:50 – 3:05 | An exploration of mother’s priorities, plans and actions in the context of intimate partner violence  
|           | Sharon Broughton, Marilyn Ford-Gilboe, Colleen Varcoe & Andrea O’Reilly |
| 3:10 – 3:25 | Examining type of violence, self-efficacy and readiness to take safety actions among women seeking care in primary care clinics  
|           | Nancy Glass, Nancy Perrin, Amber Clough, Lisa James, Surahbi Kukke, Kate Vander Tuig, & Elizabeth Miller |
### C2 Promising Practices and Community Health

**Queenston Hall**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenters</th>
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<tbody>
<tr>
<td>1:50 – 2:05</td>
<td>Perceptions of public health nurses and their supervisors on intimate partner violence (IPV) education for the delivery of the nurse-family partnership program in Canada</td>
<td>Sonya Strohm, Lindsay Croswell, Heather Lokko, Andrea Gonzalez, Christopher Mackie &amp; Susan Jack</td>
</tr>
<tr>
<td>2:10 – 2:25</td>
<td>Supporting nurses in responding to intimate partner violence: Understood through a theory of change model</td>
<td>Caroline Bradbury-Jones &amp; Julie Taylor</td>
</tr>
<tr>
<td>2:30 – 2:45</td>
<td>Fostering reflective supervision</td>
<td>Karen Campbell, Karen MacKinnon, Maureen Dobbins &amp; Susan Jack</td>
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<tr>
<td>2:50 – 3:05</td>
<td>Supervision responsibilities related to an intervention to identify and respond to intimate partner violence within a Nurse Home Visitation program</td>
<td>Cynthia Stone &amp; Susan Jack</td>
</tr>
<tr>
<td>3:10 – 3:25</td>
<td>Passport to freedom: A women’s re-entry program promoting health after trauma</td>
<td>Phyllis Sharps, Patty Wilson (presenting), Jacquelyn Campbell, Kamila Alexander, Kimberly Hill, Alexis Peay, Shawna Murray-Browne, Billie Shabazz &amp; NaShey Ingram</td>
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### C3 Understanding and Fostering Women’s Strengths

**Olde Library**

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<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenters</th>
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<tbody>
<tr>
<td>1:50 – 2:05</td>
<td>Incarcerated women teach nursing students empathy and advocacy</td>
<td>Barbara Zust</td>
</tr>
<tr>
<td>2:10 – 2:25</td>
<td>Engendering resilience to survive in the lives of abused immigrant and refugee women: A grounded-theory study</td>
<td>Christina Fleming, Veronica Njie-Carr, Sabri, Jill T. Messing, Cecilia Suarez, Allison Ward-Lasher, &amp; Jacquelyn Campbell</td>
</tr>
<tr>
<td>2:30 – 2:45</td>
<td>The centrality of trust in the impacts of interpersonal violence on women’s health</td>
<td>Kathy Hegadoren, Nicole Pitre, Tanya Park, Gerri Lasiuk (presenting), Bukola Salami, Robyn Playfair &amp; Colleen Norris</td>
</tr>
<tr>
<td>2:50 – 3:05</td>
<td>Coping strategies of women facing domestic violence in India</td>
<td>Shreya Bhandari</td>
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## THURSDAY, SEPTEMBER 27th, 2018

<table>
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<tr>
<th>Time</th>
<th>Session</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>3:10 – 3:25</td>
<td>Scaling up health outcomes from a 7-year study of 300 abused women with children</td>
<td>Judith McFarlane, Heidi Gilroy &amp; Angeles Nava</td>
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<tr>
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<td></td>
<td><strong>C4  IPV: Identifying Abuse and Responding Safely</strong></td>
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<td>Simcoe Room</td>
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<tr>
<td>1:50 – 2:05</td>
<td>The user involvement study (UIS)</td>
<td>Eva Marie Flaathen</td>
</tr>
<tr>
<td>2:10 – 2:25</td>
<td>From screening for domestic violence to actions: What happens for women who say yes to screening questions during their obstetric care?</td>
<td>Jeanette Walsh &amp; Jo Spangaro</td>
</tr>
<tr>
<td>2:30 – 2:45</td>
<td>Child health care: A place for asking about domestic violence?</td>
<td>Agneta Anderzén Carlsson, Kjerstin Almqvist, Åsa Källström, Petra Appell, Cristina Gillå, Maria Lind &amp; Anna Lindgren Fändriks</td>
</tr>
<tr>
<td>2:50 – 3:05</td>
<td>Longitudinal impact evaluation of training to promote routine antenatal inquiry for domestic violence</td>
<td>Kathleen Baird, Debra K Creedya, Amornrat S Saitob &amp; Jennifer Eustaceb</td>
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<tr>
<td>3:10 – 3:25</td>
<td>Patient experiences of and preferences for intimate partner violence assessment in three acute care centers</td>
<td>Danielle Davidov, Melinda Sharon, &amp; Lauren Dirkman</td>
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<td></td>
<td><strong>C5  Frameworks, Strategies and Interventions</strong></td>
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<td>Niagara Room</td>
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<tr>
<td>1:50 – 2:05</td>
<td>Reconnecting mothers and children after violence (RECOVER): The Australian child-parent psychotherapy project</td>
<td>Leesa Hooker, Emma Toone, Angela Taft &amp; Cathy Humphreys</td>
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<tr>
<td>2:10 – 2:25</td>
<td>Effects of stressful life events on posttraumatic stress disorder symptomatology in women Veterans who experienced military sexual trauma</td>
<td>Ursula Kelly</td>
</tr>
<tr>
<td>2:30 – 2:45</td>
<td>Polypharmacy among women veterans in treatment for PTSD</td>
<td>Sarah Febres-Cordero &amp; Ursula Kelly</td>
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<td>Time</td>
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<tr>
<td>2:50 – 3:05</td>
<td>Engaging with inclusive single Re-categorization policy to reduce the identity threat of children born from rape in Rwanda post genocide against the Tutsi</td>
<td>Clémentine Kanazayire</td>
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<tr>
<td>3:30 – 3:50 PM</td>
<td>Break – Light Refreshments</td>
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<td>3:50 – 4:50 PM</td>
<td><strong>Concurrent Session D: Symposia</strong></td>
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<tr>
<td>D1</td>
<td>The Doris W. Campbell Memorial Symposium of Contributions to Nursing Knowledge in Violence Against Vulnerable Women and Children and Health Inequities</td>
<td>Upper Canada Hall</td>
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<td></td>
<td>Jacquelyn Campbell, Linda Bullock, Faye Gary &amp; Desiree Bertrand</td>
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<tr>
<td>D2</td>
<td>Healing in the Aftermath of Genocide Against Tutsi: The Rwandan Context</td>
<td>Queenston Hall</td>
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<td>Vincent Sezibera, Utuza Aimee Josephine &amp; Helene Berman</td>
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<td>D3</td>
<td>Structural Violence: Identification and Nursing Response</td>
<td>Olde Library</td>
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<td>Amanda St. Ivany, Deanna Befus, Trina Kumodzi &amp; Donna Schminkey</td>
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<td>3:50 – 4:50 PM</td>
<td><strong>Concurrent Session D: Oral Papers</strong></td>
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<tr>
<td>D4</td>
<td>Violence, Risk and Children’s Well-Being</td>
<td>Simcoe Room</td>
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<tr>
<td>3:50 – 4:05</td>
<td>Understanding and addressing the effects of maternal protectiveness on children across the lifespan</td>
<td>Fiona Buchanan</td>
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<tr>
<td>4:10 – 4:25</td>
<td>The visibility paradox in child neglect and abuse</td>
<td>Rochelle Einboden &amp; Colleen Varcoe</td>
</tr>
<tr>
<td>4:30 – 4:45</td>
<td>Advancing education to enhance the capacity of student and new graduate nurses to effectively influence the health and well-being of women and children who have experienced violence</td>
<td>Janice Waddell, Linda Liu, Cristina Catallo, Leonora Zefi &amp; Sarah Hume</td>
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<tr>
<td>Time</td>
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<td>Speakers/researchers</td>
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<tr>
<td>3:50</td>
<td>Long-term Impacts of Violence</td>
<td>Niagara Room</td>
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<tr>
<td>3:50 – 4:05</td>
<td>An exploration of lifetime violence exposure and men’s health</td>
<td>Kelly Scott-Storey, Sue O’Donnell &amp; Judith Wuest</td>
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<tr>
<td>4:10</td>
<td>The role of emotion regulation in the intergenerational risk following childhood adversity</td>
<td>Gillian England-Mason, Harriet MacMillan, Leslie Atkinson &amp; Andrea Gonzalez</td>
</tr>
<tr>
<td>4:30</td>
<td>The association of adverse childhood experiences with mental health and stress among immigrant Latina women</td>
<td>Carmen Alvarez, Lio Escabar &amp; Nancy Glass</td>
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**Interest Group Meeting: Indigenous Researchers (All are welcome)**

**STUDENT EVENING EVENT (700 - 1030) Smalltalk Winery**
### FRIDAY, SEPTEMBER 28th, 2018

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>7:00 – 8:00 AM</td>
<td>Breakfast – the Cannery</td>
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<tr>
<td>8:00 – 9:00 AM</td>
<td>NNVAWI General Membership Meeting – Upper Canada Hall</td>
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<tr>
<td>9:00 – 9:10 AM</td>
<td>Announcements</td>
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<td>Marilyn Ford Gilboe, Conference Co-Chair, Western University</td>
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<tr>
<td>9:10 – 10:10 AM</td>
<td>Plenary: Sexual Assault and the Criminal (In)Justice System – Upper Canada Hall</td>
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<td>Holly Johnson, University of Ottawa, Canada</td>
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<tr>
<td>10:00 – 10:20 AM</td>
<td>Break – Light Refreshments</td>
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<tr>
<td>10:30 AM – 12:10 PM</td>
<td>Concurrent Session E: Oral Papers</td>
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<tr>
<td>E1 Sexual Violence</td>
<td>Upper Canada Hall</td>
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<tr>
<td>10:30 – 10:45</td>
<td>Service needs and engagement among victims of human trafficking</td>
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<td></td>
<td>Jessica Williams &amp; Rosa M. Gonzalez-Guarda</td>
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<tr>
<td>10:50 – 11:05</td>
<td>Healthcare service needs of human trafficking survivors: A secondary analysis</td>
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<td>Dana Beck, Michelle L. Munro-Kramer, Kristen Choi, Rebecca Singer, Anne Marie Gebhard &amp; Bridgette Carr</td>
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<td>11:10 – 11:25</td>
<td>Prevalence of interpersonal sexual abuse among married female health care providers in Karachi Pakistan Primary</td>
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<td>Azmat Khan, Tazeen Saeed Ali, Rozina Karmaliani &amp; Nargis Asad,</td>
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<tr>
<td>11:30 – 11:45</td>
<td>(Re)producing and legitimizing sexual violence through marriage in Ghana</td>
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<td>Alice Pearl Sedziafa</td>
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<tr>
<td>11:50 – 12:05</td>
<td>Exploring reproductive health and violence against women: analysis from the Rape Impact Cohort Evaluation study (RICE), South Africa</td>
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<td>Neemah Abrahams, Shibe Mhlongo, Alesha Sewnath, Carl Lombard &amp; Rachel Jewkes</td>
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<tr>
<td>E2 Trauma and Violence-Informed Approaches</td>
<td>Queenston Hall</td>
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<tr>
<td>10:30 – 10:45</td>
<td>Trauma-informed care and resiliency: Shifting the paradigm in healthcare</td>
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|              | Annie Lewis-O’Connor}
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<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenters</th>
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<tbody>
<tr>
<td>10:50 – 11:05</td>
<td>Trauma-informed student health centers for survivors of sexual and intimate partner violence</td>
<td>Kathryn Laughon &amp; Angela Amar</td>
</tr>
<tr>
<td>11:10 – 11:25</td>
<td>Harm Reduction: Incorporating trauma-informed practices within a violence against women shelter</td>
<td>Silvia Samsa, Julia Fiddes, Randi Sears, &amp; staff from City of Toronto, Public Health, The Works</td>
</tr>
<tr>
<td>11:30 – 11:45</td>
<td>Sole Expression: A trauma-informed hip-hop dance program for youth</td>
<td>Linda Lui, Jennifer L. Lapum, Jennifer Martin, Karyn Kennedy, Heather Gregory, Rachael Edge &amp; Lisha Cash</td>
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**E3 Addressing Violence: Apps and Online Resources**

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<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenters</th>
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<tbody>
<tr>
<td>10:30 – 10:45</td>
<td>MKit: Results of a Primary Prevention Sexual Violence WebApp</td>
<td>Michelle Munro-Kramer, Lindsay Cannon, Emily Sheridan-Fulton, Jose Bauernersteiner &amp; Yasamin Kusunoki, Quyen Ngo</td>
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<tr>
<td>10:50 – 11:05</td>
<td>Screening for violence in the home: mHealth technology vs paper?</td>
<td>Phyllis Sharps, Linda Bullock (presenter), Jacquelyn Campbell, Nancy Perrin &amp; Sharon Ghazarian</td>
</tr>
<tr>
<td>11:10 – 11:25</td>
<td>Time4U: Leveraging technology to address potential health effects of parental IPV exposure in adolescents</td>
<td>Carolyn Smith, Donna S. Martsolf &amp; Claire B. Draucker</td>
</tr>
<tr>
<td>11:30 – 11:45</td>
<td>Developing a smartphone application to prevent intimate partner violence among young latino immigrants in the U.S.</td>
<td>Rosa Gonzalez-Guarda, Josie Serrata, Rebecca Rodriguez, Andres Camino &amp; Janice Humphreys</td>
</tr>
<tr>
<td>11:50 – 12:05</td>
<td>Developing and implementing an interactive on-line training resource for domestic violence screening</td>
<td>Rebecca O'Reilly</td>
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**E4 Leverage Technology to Understand and Support Women’s Needs Across Multiple Contexts**

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<tr>
<th>Time</th>
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<tr>
<td>10:30 – 10:45</td>
<td>Exploring Aboriginal and Torres Strait Islander perspectives on a technological intervention for family violence</td>
<td>Renee Fiolet, Laura Tarzia, Kerry Arabena, Renee Owen, Jane Koziol-McLain &amp; Kelsey Hegarty</td>
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<tr>
<td>10:50 – 11:05</td>
<td>Feasibility of the myPlann App in Thailand: An exploratory study</td>
<td>Tipparat Udmuangpia, Prapatsri Shawong, Yaowaret Kammanat &amp; Tina Bloom</td>
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<td>11:10 – 11:25</td>
<td>“We have made women and children silent in the home”: Service provider perspectives on intimate partner violence in Ghana</td>
<td>Tina Bloom, Tipparat Udumuangpia &amp; Shawn Dillard</td>
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<tr>
<td>11:50 – 12:05</td>
<td>Using photovoice to explore the healthcare experiences and strategies of survivors of violence</td>
<td>Elizabeth Reeves &amp; Janice C. Humphreys</td>
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<td><strong>E5 Violence, Children, Youth and Young Adults</strong></td>
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<td>Niagara Room</td>
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<td>10:30 – 10:45</td>
<td>A community readiness model as an approach to addressing sexual violence on campus: A South African perspective</td>
<td>Sinegugu Duma &amp; Tania De Villiers</td>
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<tr>
<td>10:50 – 11:05</td>
<td>The development, testing and implementation of an evidence-based sexual assault resistance program</td>
<td>Charlene Senn &amp; Karen L Hobden</td>
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<tr>
<td>11:10 – 11:25</td>
<td>Adapting a life skills application to address interpersonal relationships among non-4-year-college-enrolled youth</td>
<td>Lindsay Cannon, Yasamin Kusunoki, Michelle L. Munro-Kramer, Jose Bauermeister, Quyen Ngo &amp; Rob Stephenson</td>
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<tr>
<td>11:30 – 11:45</td>
<td>Youth exposed to parental intimate partner violence and bullying in School</td>
<td>Nina Friedland &amp; Judith McFarlane</td>
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<tr>
<td>11:50 – 12:05</td>
<td>Prevalence and pattern of peer violence, perpetuation and victimization among 1752 school-aged youth in Pakistan</td>
<td>Saleema Gulzar, Rozina Karmaliani1, Judith McFarlane, Tazeen Saeed, Shireen Shehzad Bhamani, Esnat D Chirwa &amp; Rachel Jewkes</td>
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<tr>
<td>12:15 – 1:15 PM</td>
<td><strong>Lunch – The Cannery</strong></td>
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<td>1:15 – 2:15 PM</td>
<td><strong>Interactive Poster Session</strong></td>
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<td><strong>Upper Canada Hall</strong></td>
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<td>Health care providers’ role in preventing family violence</td>
<td>Lisa Medeiros, Lori Snyder MacGregor, Alicia Mitzi, Derek Morgan, Irene Tieg, Christiane Sadeler</td>
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<td></td>
<td>Characteristics and correlates of college students’ sexual violence victimization experiences prior to and during college</td>
<td>Jocelyn Anderson, Kelley Jones, Carla D. Chugani, Robert Coulter &amp; Elizabeth Miller</td>
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### FRIDAY, SEPTEMBER 28th, 2018

<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>Disclosing IPV through Text Message</td>
<td>Karen Campbell, Karen MacKinnon, Maureen Dobbins &amp; Susan Jack</td>
<td>Polyvictimization and substance use among sexual minority cisgender women Athena Ford, Andrea Cimino, Natasha Mendoza &amp; Tara Noorani</td>
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<tr>
<td>An ecological synthesis of factors influencing silencing of women experiencing intimate partner violence</td>
<td>Bijaya Pokharel, Kathy Hegadoren, Elisabeth Papathanassoglou &amp; Margot Jackson</td>
<td>The promise of an interactive, online curriculum in improving the competence of those working in healthcare settings to address sexual assault Daisy Kosa, Janice Du Mont, Sheila Macdonald &amp; Robin Mason</td>
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<tr>
<td>Development and evaluation of sexual assault training for emergency department staff in Ontario, Canada</td>
<td>Janice Du Mont, Shirley Solomon, Daisy Kosa &amp; Sheila Macdonald</td>
<td>Violence against homosexual and bisexual Brazilian women in the workplace Nadia Covolan, Rita Salino &amp; Marcos Signorelli</td>
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#### 2:20 – 3:40 PM

**Concurrent Session F: Oral Papers**

**F1 Progress in Design, Measurement and Tools**

**Upper Canada Hall**

- **2:20 – 2:35**
  The applicability and fit of the composite abuse scale revised – Short Form (CASR-SF) for Men
  Sue O’Donnell, Kelly Scott-Storey, Marilyn Ford-Gilboe & Colleen Varcoe

- **2:40 – 2:55**
  Rethinking study design for evaluating interventions for survivors of domestic violence
  Nancy Perrin, Marilyn Ford-Gilboe, Kelsey Hegarty, Jane Koziol-McLain & Nancy Glass

- **3:00 – 3:15**
  Validating a measure of symptoms associated with intimate partner violence: The Partner Abuse Symptom Scale (PASS)
  Tara Mantler, Marilyn Ford-Gilboe, Jacquelyn Campbell, Colleen Varcoe, Judith Wuest & Piotr Wilk

- **3:20 – 3:35**
  Progress in the development of a measure of a lifetime violence exposure
  Kelly Scott-Storey, Sue O’Donnell & Judith Wuest

**F2 Strengthening Health Systems**

**Queenston Hall**

- **2:20 – 2:35**
  IPV from multiple partners during DOVE study: Impact on Mothers and Children
  Linda Bullock, Phyllis Sharps, Jacquelyn Campbell, Sharon Ghazarian, Maisa Nimer, Laura Signing & Doris Farje
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<tr>
<td>2:40 – 2:55</td>
<td>“One life, one husband”: Health and service providers’ perspectives on intimate partner violence in Thailand</td>
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<td>Tipparat Udmuangpia, Prapatsri Shawong, Yaowaret Kammanat &amp; Tina Bloom</td>
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<tr>
<td>3:00 – 3:15</td>
<td>Beyond intimate partner violence: Building capacity in health care professionals to identify and respond to family violence across the lifespan</td>
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<td>Jenny Chapman, Dani Gold &amp; Meghan O’Brien</td>
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<td>3:20 – 3:35</td>
<td>Creating a resilient health workforce – developing a domestic &amp; family violence framework for healthcare services</td>
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<td>Kathleen Baird, A. Carrasco &amp; K. Tighe</td>
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F3 Working and Learning in a Community Space
Olde Library

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<tr>
<th>Time</th>
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<tr>
<td>2:20 – 2:35</td>
<td>Creating a vicarious trauma-informed organization: New tools &amp; strategies for success</td>
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<td></td>
<td>Beth Molnar</td>
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<td>2:40 – 2:55</td>
<td>Local stakeholder consultation in developing multi-level intervention studies to address violence against women in Paraiba, Brazil</td>
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<td>Margareth Zanchetta, Sepali Guruge &amp; Rafaella Queiroga Brito</td>
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<tr>
<td>3:00 – 3:15</td>
<td>Beyond the rape kit: The role of SANE Nurse in community collaboration and care provision</td>
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<td>Janet Okraska, Jennifer Root, Joanna Brant &amp; Penny McVicar</td>
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<tr>
<td>3:20 – 3:35</td>
<td>Responding sustainably to intimate partner violence in primary health care: Insights from complexity theory</td>
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<td>Claire Gear, Jane Koziol-McClain &amp; Elizabeth Eppel</td>
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F4 Violence and Health Professional Education
Simcoe Room

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<th>Time</th>
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<tr>
<td>2:20 – 2:35</td>
<td>Developing a curriculum on the common but less understood sequelae of sexual assault</td>
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<td>Stephanie Lanthier, Janice Du Mont, Sheila Macdonald &amp; Robin Mason</td>
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<tr>
<td>2:40 – 2:55</td>
<td>Relational practice as a method for combating structural violence in the lives of women who experience violence</td>
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<td>Rachel Colquhoun, Marilyn Ford-Gilboe &amp; Colleen Varcoe</td>
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<tr>
<td>3:00 – 3:15</td>
<td>Innovative integration of IPV teaching: A model for nursing education</td>
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<td>Camille Burnett, Ashley Hudson &amp; Tamia Walker-Atwater</td>
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<td>3:20 – 3:35</td>
<td>Innovative partnership to provide family violence support for internal nursing professionals</td>
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<td><strong>F5 What About the Men?</strong></td>
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<td>Niagara Room</td>
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<td>2:40 – 2:55</td>
<td>Men with conscience to prevent sexual violence in university residences: A South African model</td>
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<tr>
<td>3:00 – 3:15</td>
<td>Engaging men to empower women for economic solvency to decrease domestic violence and increase family functioning</td>
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<td>3:45 - 4:30 PM</td>
<td><strong>CLOSING AND ANNOUNCEMENT OF NEXT CONFERENCE</strong></td>
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ABRAHAMS, NEEMAH

Naeemah Abrahams, South African Medical Research Council, Cape Town, Western Cape, SOUTH AFRICA
Shibe Mhlongo, South African Medical Research Council, Cape Town, Western Cape, SOUTH AFRICA
Alesha Sewnath, South African Medical Research Council, Cape Town, Western Cape, SOUTH AFRICA
Carl Lombard, South African Medical Research Council, Cape Town, Western Cape, SOUTH AFRICA
Rachel Jewkes, South African Medical Research Council, Cape Town, Western Cape, SOUTH AFRICA

Exploring reproductive health and violence against women: analysis from the Rape Impact Cohort Evaluation study (RICE), South Africa

Introduction. The reproductive health impact of gender-based violence are well known but this has emerged mainly from clinical and cross sectional studies. To best understand the medium and long-term effects of gender-based violence on health, including HIV, we require longitudinal designed studies. The primary aim of the Rape Impact Cohort Evaluation (RICE) study is to establish the incidence and attributable burden of HIV acquisition and the long term reproductive and mental health impact. In this paper we present the preliminary data on the reproductive health between the two cohort groups.

Methods This RICE study is a prospective cohort study based in Durban South Africa. We plan to recruit 1008 rape exposed from rape centres and 1008 rape non-exposed women aged 16 – 40 years. We recruit raped exposed women from rape services and matched controls from family planning centres. We collect data at baseline, 3, 6, 9 and 12 months for all participants, and at 18, 24, 30 and 36 months follow-up for the early sub-cohort. Data will be collected on a range of known risk factors including mental health status and biomarkers for HIV, STIs, pregnancy and cardio-metabolic risks.

Findings At the end of December 2017 we recruited and collected baseline data on 696 participants in the rape exposed cohort and 859 from the non-exposed cohort (family planning clients). Preliminary data analysis from the sample shows the rape exposed women were more likely to have childhood exposure to trauma, more alcohol and drug use, more reproductive events such as abortions and miscarriages. Among the HIV positive women those exposed to rape were less likely to be on ARVs (p = 0.06). Discussion This analysis is based on preliminary data on just more than 77% (1555/2008) of the expected sample. We expect a larger sample by September 2018 with more robust data analysis on the follow-up data. The preliminary findings provide some indication of the co-morbidity among women who are raped and the need for responsive long term comprehensive care.

ALEXANDER, KAMILA

Kamila A. Alexander, Johns Hopkins University School of Nursing, Baltimore, Maryland, USA
Phyllis Sharps, Johns Hopkins University School of Nursing, Baltimore, Maryland, USA
Jacquelyn Campbell, Johns Hopkins University School of Nursing, Baltimore, Maryland, USA
Helena Addison, Johns Hopkins University School of Nursing, Baltimore, Maryland, USA
Development of a culturally-tailored integrated HIV/STI and intimate partner violence risk reduction intervention for U.S. Virgin Islands women experiencing abuse

Background and Significance Women living on the U.S. Virgin Islands (USVI) are at risk for experiencing intimate partner violence (IPV) and HIV at disproportionate per capita rates. Though many evidence-based interventions exist to address prevention of either IPV or HIV, few address them as an integrated risk reduction approach or attend to cultural mores that are particular to these Caribbean Islands. Purpose This presentation describes the systematic development of a theory-based, culturally-tailored, integrated risk reduction intervention that addresses HIV and IPV among U.S. Virgin Island women experiencing abuse. Approach The intervention was designed using a four-step process: 1) Identify two evidence-based interventions for adaptation; 2) Conduct focus groups comprising USVI abused women, males who have experienced or committed abuse, and community leaders/stakeholders; 3) Adapt and integrate the interventions for cultural application to USVI context; and 4) Assess acceptability and feasibility. Lessons Learned Focus group meetings revealed the two identified interventions required culturally-specific tailoring to: 1) adapt language and messaging to recruit and enroll abused USVI women; 2) adjust program materials such as the health teaching brochure and video media to include USVI actors, voices, and images; and 3) determine acceptable and confidential locations to conduct the program. The result was the Empowered Sisters Project (ESP), a three-day risk reduction curriculum focused on enhancing safety behaviors of women experiencing abuse by promoting female and male condom use, increasing IPV and HIV knowledge, reducing the number of sexual partners, developing a personalized safety plan for women, and learning from the relationship experiences of other women participating in the program. Intervention sessions were conducted in USVI public health clinical settings, facilitated by registered nurses or social workers, used culturally-tailored visual media, and provided strategies for empowerment in a group format. Implications This program focused on the unique experiences of women living in the USVI, a territory in the Caribbean that shares cultural similarities with nearby island nations. The intervention has implications for utility across the Caribbean diaspora. Its focus on enhancing safety of women experiencing all forms of violence has important implications for reducing HIV risk behaviors by creating personalized plans for safety.

ALVAREZ, CARMEN

Carmen Alvarez, Johns Hopkins University, Baltimore, Maryland, USA
Lia Escobar-Acosta, Johns Hopkins University, Baltimore, Maryland, USA
Nancy Glass, Johns Hopkins University, Baltimore, Maryland, USA

The association of adverse childhood experiences with mental health and stress among immigrant Latina women

Objective: Adverse childhood experiences (ACEs) have sustained deleterious effects on mental health. Latina immigrant women have greater exposure to early childhood trauma and have less access to supportive formal resources. To inform interventions for this clientele, we examine mediators of the
relationship between history of ACEs and mental health. Study Design: Cross-sectional Sample: 186 Latina immigrant women (18-45 years old) Data collection: Questionnaires completed within primary care settings Analysis: Using linear regression we 1) examined the association between ACEs, history of IPV, current IPV, and global mental health (PROMIS measure), and 2) examined whether patient activation and self-efficacy for stress management were mediators of these relationships. Findings: Most women (58.8%) reported experiencing at least one ACE, the mode was 5+ ACEs reported by 18.2%, followed by 1, 2, 3, and 4 ACEs reported by 15.9%, 11.5%, 8.8%, and 4.4% respectively. Approximately 20% of women reported a history of IPV, and 40.5% reported currently experiencing unhealthy relationship behaviors from their partners (i.e. being made to feel guilty for doing things she enjoys). When examining the effects of ACEs, history of IPV, and current IPV on mental health, ACEs (β = -.21) and current IPV (β = -.19) were negatively associated with mental health (R²=13.9). ACEs, history of IPV, and current IPV were not associated with patient activation, and patient activation was not associated with mental health. When compared to women who had not reported history of ACEs or IPV, women who experienced ACEs or IPV reported significantly lower levels of self-efficacy for stress management [ACEs: Yes − M = 3.11(.66), No − 3.39 (.53); IPV: Yes − M=2.95(.72), No − 3.32 (.55), p < .005]. Similarly, compared to women who were not currently experiencing abuse, women who were currently in abusive relationships reported significantly lower levels of self-efficacy for stress management [Yes − M = 3.19(.58), No − 3.32 (.61), p<.05]. Conclusions: Stress management may be a mediator of the relationship between ACEs and current mental health status. In addition to addressing safety needs in cases of IPV, further research is warranted to address psychological well-being among those with history of early childhood trauma.

ANDERSON, JOCELYN

Jocelyn C. Anderson, University of Pittsburgh, Pittsburgh, PA, USA
Jacquelyn C. Campbell, Johns Hopkins University, Baltimore, MD, USA
Michelle Patch, Johns Hopkins University, Baltimore, MD, USA
Doris Campbell, University of the Virgin Islands, St. Thomas, US Virgin Islands, USA

Effects of intimate partner violence and probable traumatic brain injury on central nervous system symptoms

Problem Statement: Abused women often report a wide range of physical and psychological symptoms that present challenges to providers. Specifically, injuries to the head or strangulation, may initiate neurological changes that contribute to central nervous system (CNS) symptoms. These symptoms have historically often been attributed to mental health diagnoses in this population. Purpose: The purpose of this analysis was to examine women who had experienced past two year IPV with women who never experience IPV regarding the prevalence of reported probable TBI from at least one episode of injury to the head or strangulation. Secondly, to examine associations between probable TBI and presence and frequency of CNS symptoms. Study design: A case-control study of women reporting past two year IPV and women who reported no lifetime abuse. Sample: A convenience sample of 901 women of African descent from Baltimore, MD and the US Virgin Islands, aged 18-55. Data collection approach: Data were collected via Audio Computer Assisted Self Interview. Analysis: Analyses were conducted using SPSS Version 22. Chi-square analysis was used to examine differences in probable TBI and CNS symptoms between cases and controls, as well as to
examine differences in CNS symptoms between cases who had experienced a probable TBI and those who had not. Linear regression was used to examine the effects of multiple variables on the CNS symptom frequency score. Results: Abused women who experienced a probable TBI were more likely to report CNS symptoms than those who did not report probable TBI. This relationship held true even when controlling for depression and PTSD that have often overlapping symptomology. When controlling for demographics, IPV, and mental health symptoms, probable TBI was associated with a 2.24 point increase in CNS symptom frequency score (95%CI: 1.55-2.93, p<0.001). Implications: Clinicians working with women should be aware of TBI as a possible etiology for a variety of presenting symptoms in abused women. Appropriate diagnosis, referral and treatment protocols should be designed, tested and implemented across medical settings to improve outcomes for women who have experienced IPV and TBI.

ANDERZÉN CARLSSON, AGNETA

Agneta Anderzén Carlsson, Örebro University, Örebro, SWEDEN
Kjerstin Almqvist, Karlstad University, Karlstad, SWEDEN
Åsa Källström, Örebro University, Örebro, SWEDEN
Petra Appell, Karlstad University, Karlstad, SWEDEN
Cristina Gillå, Central Child Health Unit, County Council of Värmland, Karlstad, SWEDEN
Maria Lind, Central Child Health Unit, Örebro County Region, Örebro, SWEDEN

Child health care: A place for asking about domestic violence?

Problem statement: Intimate partner violence (IPV) is a public health problem. For children living in families where IPV exists there is a risk for developing psychological, physical and social problems. In Sweden, the majority of families with children aged 0-6 years regularly visit the child health care clinics (CHCC). Thus, this seems to be a promising setting for detecting IPV, as a first step to prevent ill health in children. Purpose: To evaluate a pilot-intervention, in which child health care nurses used two validated questionnaires; ViF, [Violence in the Family] och the CTS-B [Conflict Tactics Scale Brief version] when talking to mothers about IPV. Study design: A mixed method study. The intervention was carried out in 2015, in two Swedish counties. Sample: A consecutive sample of mothers attending their child’s eight months visit, (n = 198), and the child health care nurses who carried out the intervention (n = 13). Data collection: Data was collected by questionnaires (n =198), structured telephone interviews with mothers (n = 128) and semi structured interviews with the child health care nurses. Data analysis: For statistical analysis the questionnaire data on IPV prevalence (from the ViF and CTS-B questionnaires), and the created numerical categories for the telephone interview data were used. Thematic analyses were performed on the transcribed interviews with the nurses. Results: 16% of the 198 mothers stated having been subjected to IPV, but only one during the last year (.5%). The majority of the mothers participating in the telephone interviews (71%) and the nurses, were positive to talking about IPV in the child health care setting. The nurses found that the education they had been offered within the project facilitated for them to talk to the mothers. They pointed out that it was important that the timing for asking was right, that they felt secure and that the questionnaires should be easy to use, and should only bring up relevant topics. Implications: To ask about IPV in Swedish CHCC seems to be feasible, but education to nurses and are needed prior to a national full-scale implementation. A feasibility study is currently ongoing.
Creating a resilient health workforce – developing a domestic & family violence framework for healthcare services

Introduction This presentation provides an overview of the innovative developments at Gold Coast Health, who are currently undertaking ongoing work to develop an integrated Domestic and Family Violence (DFV) Health Services framework. In the past two years Gold Coast Health has recorded approximately a 45% increase in the number of patients identified as victims of DFV after presenting to Emergency Departments at Gold Coast University and Robina hospitals. DFV impacts directly on health services, resulting in many adverse health outcomes such as: fatality; injury; homelessness; chronic pain; depression; anxiety; substance abuse; and many more. Those experiencing DFV are much more likely to utilise Health Care. Despite this evidence, responses from clinicians to DFV are often inadequate. Methods Gold Coast Health have undertaken a specific project to identify service gaps and challenges that clinicians and health services experience in delivering safe and effective responses to people living with Domestic and Family violence. The DFV Project undertook an exploratory, qualitative study as part of this project. The study used a grounded theory approach. Participants were clinicians working in Emergency, Maternity, Sexual Health, and Mental Health services. An initial ‘gap analysis’ was conducted to examine the perceived barriers and enablers to the provision of care to patients experiencing DFV. In-depth interviews were then conducted to examine the current service provision provided by clinical health practitioners focusing on the use of policies and guidelines for identification and response; fidelity to guidelines; pathways of referral; and potential strategies to improve responses. This presentation provides an overview of the project, the study, results and strategies to address gaps and challenges for healthcare services and clinicians.
method evaluation on the impact of a training programme to promote routine antenatal inquiry for domestic violence. Method: Data sources included (1) matched surveys of 40 participants at baseline, post-training and 6 months follow-up, (2) interviews with stakeholders, and (3) chart audit data of screening, risk and disclosure rates. Measures included knowledge, preparation for practice, and perceptions of organisational barriers to routine inquiry. Findings: Survey responses of participants (40 out of 83) were matched for baseline at (T1), post-training (T2) and 6 months follow-up (T3). Using the Wilcoxon signed-rank test, all 6-month follow-up scores were significantly higher than those at baseline. Level of preparedness increased from 42.3 to 51.05 (t= 4.88, p <.001); and knowledge scores increased from a mean of 21.15 to 24.65 (t= 4.9, p <.001). The majority of participants reported improved confidence to undertake routine inquiry. While stakeholders expressed commitment to screening, few strategies were implemented to sustain staff awareness and commitment to screening at 12 months. A chart audit of screening rates for 16 months post-training revealed that of the 6671 women presenting for antenatal care, nearly 90% were screened. Disclosure of DV was low (< 2%) with 2.4% of all women declining referral. Conclusions: Brief training, documentation requirements and referral processes contributed to sustained knowledge and preparedness of midwives to conduct routine inquiry and support women disclosing DV. However, despite organisational commitment to routine enquiry for domestic and family violence, there were no additional resources or sustained support mechanisms.

BECK, DANA

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Healthcare service needs of human trafficking survivors: A secondary analysis

Background: Human trafficking is a global societal problem resulting in devastating health, social, economic, and legal consequences for survivors. Due to a lack of screening and response protocols within the healthcare system, there is a dearth of data available to identify the healthcare service needs of survivors of human trafficking. This study will explore the demographics and healthcare service needs of human trafficking survivors who sought legal services at the University of Michigan Law School’s Human Trafficking Clinic (UM-HTC). Methods: This is a secondary analysis of closed case files collected by the UM-HTC from 2009-2017. Data were extracted from legal files by nursing research assistants using a standardized data collection form. Inter-rater reliability was conducted on 10% of the cases and 97.6% agreement was achieved on all cases. Descriptive analyses were conducted to explore the demographics and service needs of human trafficking survivors. Results: A total of 65 files were analyzed which included 49 female survivors (75.4%) and 16 male survivors (24.6%) ranging in age from 13-68 (M=30.15) years old. Survivors had been involved in labor trafficking (56.9%), sex trafficking (47.7%), and drug trafficking (1.5%). The survivors had entered
trafficking between ages 7-53 (M=23.18) years old. The survivors reported a range of abuses during their trafficking experience including physical abuse (52.3%), sexual abuse (50.8%), and emotional abuse (69.2%) that contributed to numerous social, legal, and healthcare needs post-trafficking. In regards to healthcare, 21.5% of participants reported a physical health need and only 50% of those participants had that need resolved during their care at the UM-HTC. Meanwhile, 21.5% of participants also reported a mental health need and only 42.9% of those participants had that need resolved during their care at the UM-HTC. Conclusions: The results of this study shed additional light onto the service needs of an often hidden population. Human trafficking survivors have comprehensive service needs that cannot be addressed in isolation. There is a need for interdisciplinary collaboration to develop comprehensive screening tools, interventions, and service delivery measures to address the complex needs of this vulnerable population.

BERMAN, HELENE

Helene Berman, Western University, London, Ontario, CANADA
Eugenia Canas, Western University, London, Ontario, CANADA
Holly Johnson, Ottawa University, Ottawa, Canada
Emanuela Bringi, Western University, London, Ontario, CANADA
Abe Oudshoorn, Western University, London, Ontario, CANADA

Promoting Health through Collaborative Engagement with Youth: Overcoming, Preventing and Resisting Structural Violence

BACKGROUND Structural violence has been variously conceptualized as the inequitable distribution of power and life opportunities that is built into the structure of society, functioning at the macro level to shape an individual’s daily experiences. Due to the embedded nature of structural violence, its examination requires a process that supports individuals, and in particular young men and women, in connecting policies and institutions to personal and even embodied impacts. Structural violence profoundly impacts individual behaviours, youths’ sense of emerging identity, and the ability to negotiate interpersonal relations. In this Symposium, we describe and illustrate a five-year, CIHR-funded, national research initiative developed and implemented in collaboration with diverse populations of youth in Canada. Objectives of this research were: 1) to examine the subtle and explicit ways in which structural violence is woven into the everyday lives of young people in Canada, how it influences their health, and strategies that can be used by youth to overcome and resist violence; 2) to evaluate how collaborative engagement with youth can promote health by empowering them to address structural violence in their lives. SYMPOSIUM AIMS Attendees to this symposium will hear a methodological reflection as well as emergent findings from this Youth-centred Participatory Action Research (YPAR) project. Each of the speakers will address a different dimension of the project. Helene Berman, Principal Investigator, will describe the research and its diverse team of 14 academic researchers and 25 community partners and knowledge users – alongside youth and policymakers. She will give an overview of the 30+ research groups which have been facilitated across Canada, including groups of youth that identify themselves as follows: Aboriginal and Metis, newcomer and immigrant, street-involved and homeless, and LGBTQS2. Eugenia Canas, National Youth Advisory
Board Coordinator, will describe the use of participatory, youth-centred and art-based research approaches to foster safe spaces and consciousness-raising, the building of stronger identities, and an empowered sense of belonging among youth co-researchers. She will share project findings in relation to youths’ identity, belonging and mental health. Holly Johnson, Co-Principal Investigator, will share findings from the project’s evaluation of its youth engagement processes, as well as an overview of evaluation and ethical considerations in the engagement of vulnerable and/or previously marginalized populations. Emanuela Bringi, Member of the National Youth Advisory Board and research group Co-facilitator, will share pragmatic recommendations towards creating supportive environments. Specifically, she will describe and demonstrate the impact of particular art-based activities, including Spoken Word, employed throughout this research grant. Abe Oudshoorn, Co-Investigator, will address the notion of ‘policy from the ground up’. As our research has demonstrated, youth on the margins, those who are racialized, Indigenous, homeless, LGBTQ2S, and those who have been in conflict with the law, often lack the opportunity to reflect critically on how policy shapes their lived experiences of marginalization. This presentation will explore how arts-informed methods serve as a platform to collaboratively work with youth in identifying policies that may be helpful, as well as those that are problematic and, indeed, may perpetuate violence. The latter part of the Symposium will be devoted to a discussion of the challenges — real and potential - associated with this type of research, from methodological, substantive, and philosophical perspectives. We will critically consider what it means to undertake research that is based upon partnerships and collaboration amid inherent inequalities and power differentials.

BHANDARI, SHREYA

Shreya Bhandari, Wright State University, Dayton, Ohio, USA

Coping strategies of women facing domestic violence in India

Domestic Violence has been defined as “any form of coercion, power, and control—physical, sexual, verbal, mental, or economic—perpetuated on a woman by her spouse, ex-spouse or extended kin, arising from the social relations that are created within the context of marriage” (Abraham, 1998, p. 221). The prevalence rates of domestic violence in India vary from one state to another with estimates ranging from 6% in one state (i.e., Himachal Pradesh) to 59% in another (i.e., Bihar) (Charlette, Nongkynrih, and Gupta, 2012; Garcia-Moreno et al., 2005) with a life time prevalence rate of 40% (Kalokhe et al., 2016). The current study reports coping strategies of women facing domestic violence in India. The experiences are drawn from face-to-face interviews conducted with a convenience sample of 21 low-income abused women in Mumbai, India. Data were analyzed and synthesized using a thematic analysis procedure. The qualitative analysis utilizes emotion-focused and problem-focused coping framework to report the findings. Problem-focused coping strategies of abused women from India include (a) joint meeting at women’s organization (b) fight back (c) back and forth between marital and natal home. Emotion-focused strategies include (d) spirituality/religion (e) hope, keep quiet, and cry a lot. Implications for practice and future research in India with abused women are discussed. Keywords: domestic violence, women, coping, India, abuse.
“We have made women and children silent in the home”: Service provider perspectives on intimate partner violence in Ghana

Background: Intimate partner violence (IPV) is endemic in Ghana, with more than 1 in 4 women reporting past-year exposure to IPV. The myPlan app is a safety planning decision aid for abused women, which can be accessed by individual survivors or used in in clinical or social service settings and can also be adapted for low-resource settings. The purpose of this qualitative study was to explore Ghanaian service providers’ perspectives on IPV, and on the feasibility, appropriateness, acceptability, safety and usability of adapting myPlan for Ghana. Methods: We drafted a semi-structured, open-ended interview guide, revising it based US and Ghanaian stakeholders’ input. We identified service providers likely to work with abused women in two Ghanaian communities (Cape Coast and Keta) and distributed letters of invitation. We then conducted focus groups (N=29) or individual interviews (N=2), depending on participants’ preference. These lasted 90-120 minutes, were conducted in English, and were recorded, transcribed verbatim, and analyzed using a qualitative descriptive approach. Participants provided informed consent and were compensated for their time and travel. The University of Missouri Health Sciences IRB provided human subjects approval. Results: Participants included clinicians, social workers, police, tribal leaders, NGO staff, and health educators. They described IPV as common and serious in Ghana. Cultural, community, and gender norms influence survivors’ experiences, with complex dynamics related to male social and economic dominance, female assertiveness, obedience, and sexuality; household roles, religion, tribal traditions, and succession systems. Although extreme stigma exists related to divorce and/or police involvement, survivors do actively seek help from informal and formal sources. Participants had little to no IPV training in counseling survivors, generally advising either relationship preservation/mediation or divorce/criminal prosecution depending on their perceptions of risk. Efforts to address IPV were hampered by a lack of data, emergency shelter, and system coordination. Participants expressed support for an adapted version of myPlan in service settings and provided specific recommendations for consideration in adaptation. Conclusion: A collaboratively-developed version of myPlan may be useful, feasible, and acceptable in Ghanaian service settings and support data collection, system coordination, risk assessment and safety planning for IPV survivors.
Background: Intimate Partner Violence (IPV) is a universal problem and is considered a significant public health issue. Nurses are in an ideal position to recognise and respond to IPV but there is significant evidence that they do not always respond appropriately. Awareness, recognition and empowerment have been suggested as factors that may positively influence nurses’ IPV responses (Bradbury-Jones et al. 2014). As yet however the mechanisms for how this might work have not been explored. Methods: Using methods and tools from the field of Theory of Change (Center for Theory of Change 2015), we undertook a structured, six step analysis. Theory of Change involves a back-mapping (filling the gaps) from intended outcomes (improved IPV responses among nurses) to key domains considered to be important, i.e. awareness, recognition and empowerment. The aim of the process was to identify the requirements to bring about change. Results: We identified the requirements for each of the three domains: 1) Awareness (Enhancing understanding, increasing confidence, dispelling myths and stereotypes); 2) Recognition (Establishing trusting relationships, creating opportunities for disclosure); 3) Empowerment (Increasing likelihood of disclosure, appropriate support and referral). Each requirement area has a corresponding set of actions for nursing practice. These cluster around four important areas: Education, training and clinical supervision; Interpersonal relationships; IPV enquiry; Safety planning. These provide practical steps in improving IPV responses among nurses, which in turn can promote the safety of those experiencing IPV. Conclusions: In this presentation we will explore the important mechanisms through which nurses’ responses to IPV can be improved. Education, training and clinical supervision are pivotal to this process. The presentation will appeal to delegates interested in the relationship between nursing, IPV enquiry and safety planning. References Center for Theory of Change (2015) What is Theory of Change? Available: http://www.theoryofchange.org/what-is-theory-of-change/ Bradbury-Jones C., Taylor J., Kroll T. & Duncan F. (2014) Domestic Abuse Awareness and Recognition among Primary Healthcare Professionals and Abused Women: a qualitative investigation. Journal of Clinical Nursing, 23(21-22), 3057-68.

BROUGHTON, SHARON

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Marilyn Ford-Gilboe, Western University, London, Ontario, CANADA
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An exploration of mother’s priorities, plans and actions in the context of intimate partner violence

Problem: The far-reaching impacts of intimate partner violence (IPV) on the lives of women and children have been well documented. There is also good evidence that being a mother shapes how women respond to IPV. However, in the context of IPV, limited attention has been paid to understanding what women who are mothers prioritize as important, how they go about acting on those priorities, and the role mothering plays in that process. Purpose: As part of a randomized controlled trial testing the effectiveness of an online safety and health intervention (I CAN Plan 4 Safety) among 462 Canadian women experiencing IPV, this study aimed to understand mothers’
priorities and how they promote their and their children’s health, safety and well being. Specifically, how women go about “living out” what is important to them was considered through a feminist intersectional analysis of the impact structural factors such as mothering discourses, gender, violence, social class, and urban/rural location have on this process. Methods: A concurrent mixed methods design was used that included: a) a descriptive analysis of quantitative ‘use’ data automatically collected by the online tool as women in the intervention group (n =231) completed it; this was undertaken to describe women priorities and what they included in a personalized action plan; and, b) a thematic analysis of in-depth qualitative interviews conducted with a subsample of 20 women who had completed the trial to explore how mothering and social location shape their priorities and actions. Results: Preliminary findings suggest that women overwhelmingly identify their children’s well-being as their top priority, followed by their own health and creating a sense of stability in their lives (particularly related to housing and finance). Being a mother shapes this process in complex and varied ways. Although women work hard to address their priorities in the context of a variety of obstacles, the outcomes of their efforts are often unpredictable, and, at times, carry heavy consequences for them and for their children. Final results with implications will be ready for presentation at the conference in September.

BUCHANAN, FIONA

Fiona Buchanan, University of South Australia, Adelaide, South Australia, AUSTRALIA

Understanding and addressing the effects of maternal protectiveness on children across the lifespan

Problem statement Women who endure domestic violence may act protectively in ways not commonly recognised as protective. This means that practitioners do not recognise protectiveness or identify it as a strength when working with women and children or adults who have endured domestic violence while growing up. Purpose This presentation explores mother/child relationships in the context of domestic violence to uncover the complexities of maternal protectiveness. The research which underlies this presentation makes a theoretical contribution to understandings maternal protectiveness with practical implications for multidisciplinary work with women, children and those who have grown up with domestic violence. Study design The research involves in-depth, semi-structured interviews with mothers and former children who had endured domestic violence. By comparing and contrasting mothers’ and former children’s understandings and experiences of maternal protectiveness, the study places the voices of survivors of abuse at the centre of analysis with particular concern for thoughts, feelings and actions to protect. Sample 14 mothers and 23 former children (18 years and older: 21 women and 2 men) Sample analysis The thematic analysis is informed by a feminist perspective that attends inductively to lived experience and the themes that emerge from the data, as well as to the wider gender power relations and discourses that frame them (Braun & Clarke 2006). Results Thematic analysis reveals complexities between the former children’s perceptions of their own needs and their mothers’ vulnerabilities in the context of violence. Exploring similarities and differences in experiences of protection from the viewpoints of former children and mothers increases our understanding of children’s and women’s support needs in the context of domestic violence. Implications The complexity of experiences indicates a need for practitioners to
raise the issue of maternal protectiveness and unpack complex feelings resulting from surviving domestic violence. Recognition and acknowledgment of maternal protectiveness may offer a different frame for women’s and children’s experiences of relating to each other in domestic violence and help adults who grow up with domestic violence to reassess their relationships with their mothers.

**BULLOCK, LINDA**

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Phyllis Sharps, Johns Hopkins University, Baltimore, Maryland, USA
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**IPV from multiple partners during DOVE study: Impact on Mothers and Children**

Background: Intimate partner violence (IPV) during pregnancy affects up to 17% of women and impacts maternal physical and mental health significantly. The DOVE study followed women longitudinally throughout pregnancy and post-delivery and has examined the impact of having multiple partners during this time period. We will present both maternal and child outcomes from the DOVE 1 study by examining women based on the number of partners reported. Methods: A multi-site (urban and rural) RCT examined the effectiveness of a structured IPV intervention (DOVE) compared to usual care in decreasing violence in home visiting programs. This presentation describes quantitative (violence scores, women’s psychosocial scores, children developmental scores) and qualitative data obtained at baseline, delivery, 3, 6, 12, 18 and 24 months post-delivery from 239 women who were positive for IPV at enrollment. Results: Participants in the DOVE1 study were grouped in the following three groups based on the number of partners being reported throughout pregnancy and up to 24 months post-delivery and their scores on violence measures: 1) Single (1 partner only and he was abusive), 2) Mixed (2 or more partners, but only 1 partner abusive), 3) Multiple (2 or more partners and 2 or more abusive). The percentage of women in each group was approximately 33% per group, but there were stark differences when examined by site location with more rural women (47%) being in the multiple group and 46% of the urban women being in the single group. Significant differences were also seen by groups regarding, types of abuse, patterns of abuse, mental health outcomes, and child outcomes over time. Implications: Screening for IPV during pregnancy is fairly routine in the US, but less emphasis has been put on screening during pediatric visits. Additionally, most screening tools only asks about the current partner. Data from this study demonstrates that for many women and children, there are multiple abusive and non-abusive men coming and going from the household and impacting the lives and health of both mother and child. It is imperative that we begin to ask women about ALL of their current and recent partners.
Innovative integration of IPV teaching: A model for nursing education

Undergraduate nursing education prepares nurses to address health, well-being and implement evidenced-based patient care approaches, which are key pillars of our learning. Root causes, such as intimate partner violence (IPV), contribute to many of the physical and mental health issues seen in the populations we care for. Given the prevalence of IPV it is inevitable that as healthcare professionals we will encounter individuals exposed to IPV, yet we are inadequately prepared to assess and address this epidemic. Nurses need knowledge and tools, as early as possible, to effectively respond to those exposed to IPV. It is not widely known how many nursing schools prepare and educate their students about IPV using either didactic and/or more pragmatic approaches. Moreover, very few studies were found that discuss or evaluate the education and preparation of nursing students in addressing IPV. Beginning in 2016, the University of Virginia School of Nursing developed and integrated IPV education content into the population and public health nursing undergraduate course. This involved the use of in-class and simulation methods with a standardized patient that was grounded in the evidenced-based DOVE screening and intervention protocol (Sharps, Bullock, Campbell, Alhusen, Ghazarian, Bhandari, & Schminkey, 2016). The IPV course content was first introduced as a pilot research project involving a small group of nursing students recruited to test this approach. Those students identified improvements in their own comfort level with the topic, conversing with the ‘patient’ about the topic, and screening and safety planning knowledge. Subsequent iterations taught each semester have further refined and built on this pilot achieving similar results. The purpose of this session is to share information about the innovative use and implementation of IPV education and simulation teaching with undergraduate nursing students. Its implications are important to informing nursing student preparation and as a potential solution to some of the most salient barriers to IPV screening and intervention such as lack of provider comfort, training and knowledge.

Women of color reporting intimate violence to authority: Expectations and experience

Little is known about when and how women of color make decisions about reporting intimate partner violence (IPV) and sexual assault (SA), but evidence suggests that they often choose not to report. Reasons for such decisions may include fear of retaliation or community rejection, perceived racism, and past negative experiences with law enforcement systems. This mixed methods study sought to
discover how experiences of population vulnerability, structural stressors, and stigma relate to considerations and expectations of reporting IPV and SA among women of color. Participants in this study are 110 college-attending women of color between the ages of 18 and 35. The study included both qualitative and quantitative data collection, analyzed in parallel. Participants completed a series of self-report survey instruments and participate in a focus group discussion. Surveys gathered data on demographics, adverse childhood and lifetime traumatic experiences, perceived racism and stress, depressive and sleep disturbance symptoms, individual identity and resilience, and social support sources. Focus group discussions covered participants’ social community, and the structural and stigmatizing processes associated with expectations of interaction with law enforcement and the judicial system regarding IPV and SA among women of color. Survey data were entered into a secure database and descriptive and inferential statistics computed. Focus groups were video recorded and professionally transcribed. A grounded theory methodology was applied, and two members of the multidisciplinary team reviewed each transcript to establish code consensus and conceptual agreement in interpretation. The two datasets were then compared and explored for points of convergence. Results indicated that approximately 1 in 5 of the participants had an experience of IPV or SA, consistent with most estimates in this population; and that rates of depression and sleep disturbance were higher than expected in the general population. Women discussed the pressures they felt with regard community loyalty, family integrity, and ethnic mores when considering whether or not to report IPV and/or SA; as well as lifetime experiences with and observations of how these issues were treated in their social worlds. Many referenced fear of not being believed, experiencing re-traumatization, and expectation of racial bias.

CAMPBELL, JACQUELYN

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The Doris W. Campbell Memorial Symposium of Contributions to Nursing Knowledge in Violence Against Vulnerable Women and Children and Health Inequities

Doris W. Campbell, PhD, RN, FAAN (1936-2017) contributed extraordinary knowledge to the field of violence against women as well as incredible mentoring to countless nursing students. Her legacy needs to be remembered. The symposium aim is to present exemplars of her accumulated contributions in the areas of: domestic violence homicide and advocacy for abused women who kill their husbands, maternal child health related to intimate partner violence (IPV), addressing health inequities for abused women of color in the US, the US Virgin Islands (USVI) and Haiti, knowledge on and teaching and mentoring nursing students. The presentations will be followed by the audience being invited to contribute their own memories of her work. Presentation 1: Overview of Dr. Campbell’s contributions will include her major contribution to the 12 City National Intimate Partner Homicide (reviewing police homicide records, conducting interviews of a family member or a close friend of the women murdered in Tampa, and helping with analysis and interpretation of data). The
eight resulting publications on identifying the risk factors for lethality over and above prior violence against the woman killed and identifying the issues for the children of the women who were killed will be summarized. Her work included advocating tirelessly as a member of the Governor’s Task Force in Florida that reviewed cases of women who killed abusive husbands and obtained clemency for many.

Presentation 2: Improving Maternal Child Health Nursing Practice under the Wise Guidance of Doris Campbell. Effective nursing care is crucial to helping families who are hurt by destructive family dynamics. Dr. Campbell’s work in maternal child health nursing understood that a violent family could include child abuse, abuse of elderly family members, violence against parents by adolescents as well as IPV or in any combination. Over decades she tirelessly addressed these issues through research, education and scholarly publications. This presentation will show findings from the birthweight study where she was site PI in Florida examining IPV and birth outcomes in a racial and ethnically diverse sample. This work provided crucial cultural context for today’s nursing interventions.

Presentation 3: Community-Based Approaches to Understanding Health Disparities in Behavioral Health among Vulnerable Populations. Community-based approaches to behavioral health of vulnerable women and their families was one of the hallmarks of Dr. Campbell’s research. The focus of this presentation will be on (1) depressive symptoms among Black women in three regions of the nation; (2) the relationship between being Black and blue (depressed) (3) stress as a determinant of health disparities among under-resourced populations, and (4) safety issues and interventions for women and girls after a natural disaster in Haiti. The presentation will show how her work with health professionals, community leaders, church members, law enforcement, and numerous other groups in communities can inform work to eliminate health disparities among vulnerable populations.

Presentation 4: Dr. Campbell’s Mentorship Legacy Adding to Nursing Knowledge. This presentation will describe one of Dr. Campbell’s greatest legacies, her mentorship of others. Dr. Campbell inspired Dr. Bertrand to complete her PhD and completed an innovative secondary data analysis of data from research Dr. Campbell conceptualized and implemented on IPV and health outcomes among women of African heritage. Dr. Bertrand collected much of the data in the USVI under Dr. Campbell’s mentorship. She found that although abused women used contraception at a slightly greater rate as nonabused women in the USVI, they were more likely to use male controlled methods and that rural abused women used less contraception urban USVI women. These results contributed significantly to the findings in the overall study.

CAMPBELL, KAREN

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Karen MacKinnon, School of Nursing, University of Victoria, Victoria, British Columbia, CANADA
Maureen Dobbins, McMaster University, Hamilton, Ontario, CANADA
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Fostering reflective supervision

Issue/Focus: Situations of vicarious traumatization, secondary traumatic stress, compassion fatigue, or burnout are frequently the outcome for nurses encountering women who are being abused. For many public health nurses delivering the Nurse-Family Partnership® (NFP) program, supporting women experiencing intimate partner violence (IPV) is a regular occurrence. The emotional labour,
empathy, and compassion extended by NFP nurses puts them at risk for the adverse effects associated with professionals working in IPV. Reflective supervision is one approach embedded into the NFP program that is intended to support nurses. The primary goals of reflective supervision are to: 1) explore nurses’ personal responses to difficult clinical situations; 2) help develop an understanding of clients’ circumstances; and, 3) identify appropriate nursing interventions to implement with families. Purpose: The purpose of this session is to explore and understand how reflective supervision can be used as a strategy to address vicarious trauma and other stressful outcomes for nurses working with clients experiencing IPV. Participants will also be exposed to the model of reflective supervision. Approach: Reflection is a skill that requires regular practice and can be fostered through the encouragement of supervisors. Reflective supervision is an occurrence that should be distinct from a performance assessment and not confused with a skilled clinical consultation. In the NFP program, the reflection cycle has six unique phases: 1) describing the clinical event; 2) expressing personal response to the situation; 3) evaluating the whole experience; 4) analyzing the whole experience; 5) drawing conclusions of alternatives; and, 6) developing an action plan (Beam, O’Brien, & Neal, 2010). Implications for Nursing Practice: Regular participation in reflection is a well-established practice and professional expectation in nursing. In addition to improving client outcomes, fostering reflective practices may help support nurses by providing a space for discussion, a greater sense of self-awareness, and supervisory support and guidance in difficult clinical situations. Reflective supervision may be a promising strategy to address stresses and emotions of providing nursing care to vulnerable populations, such as those experiencing IPV.

CANNON, LINDSAY

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Adapting a life skills application to address interpersonal relationships among non-4-year-college-enrolled youth

Background: Intimate partner violence (IPV) is a serious health concern among young adults. Women aged 18-25 experience the highest rate of violence perpetrated by an intimate partner (Bureau of Justice Statistics, 2014). Nearly 70% of female survivors of IPV and nearly 54% of male survivors reported that their first experience of IPV occurred prior to the age of 25 (Breiding, Chen, & Black, 2014). Despite recent focus on IPV on college campuses, evidence suggests that women not enrolled in a 4-year college are at higher risk for IPV than their same-age college-enrolled counterparts (Bureau of Justice Statistics, 2014; Axinn, Bardos, & West, 2017). There are limited data available on effective primary prevention programs targeted at reducing IPV among non-4-year-college-enrolled youth. We used the ADAPT-ITT model (Assessment, Decision, Adaptation, Production, Topical Experts, Integration, Training, Testing) to adapt a pre-existing life skills web-based application to address IPV-related issues among non-4-year-college-enrolled youth (Wingood & DiClemente, 2009). Methods: As
part of the Assessment phase, semi-structured interviews were conducted with non-4-year-college-enrolled youth between the ages of 18-25 and healthcare providers from local clinics. Semi-structured interviews focused on interpersonal relationships, IPV, community resources for IPV, and recommendations for an intervention related to healthy relationships and IPV. Results: The study is still in progress and will be completed in May 2018. Preliminary analyses from the Assessment phase of the ADAPT-ITT framework highlight the themes of need for additional resources related to forming healthy relationships and identifying characteristics of unhealthy and abusive relationships. Based on the Assessment, Decisions were made to include content related to the range of relationships relevant to this population, including casual, committed, cohabiting, and co-parenting relationships. Finally, the pre-existing web-based application will be Adapted to include the relevant content and be inclusive of the various identities represented within this population. Conclusions: The ADAPT-ITT framework is a useful model for adapting a pre-existing web-based intervention to meet the needs of non-4-year-college-enrolled youth related to healthy relationships and IPV. Further, participants indicated the need for an intervention to provide information about healthy relationships and IPV, specifically with content relevant to diverse relationship contexts and social identities.

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Beyond intimate partner violence: Building capacity in health care professionals to identify and respond to family violence across the lifespan

Hospitals are uniquely placed to drive social change and help to reduce the impact of family violence. The Victorian government-funded Strengthening Hospital Responses to Family Violence (SHRFV) is an evidence-informed initiative to respond to family violence. This approach builds capacity by ensuring health professionals feel confident to recognise and respond to indicators of family violence. SHRFV is guided by the model of sensitive inquiry which ensures that health professionals are trained to provide a sensitive first-line response to disclosures. At its core, the model recognises family violence as a health issue. The SHRFV model provides project and practice guidance, including modules of best-practice education tailored to first-line health professionals. Each hospital is expected to adapt the SHRFV model to their own organisational culture and individual operational context. SHRFV was established in 2014 in one metropolitan tertiary maternity hospital, and one generalist rural hospital. Over 3 years SHRFV has grown significantly, with over 80 metropolitan and rural health services across Victoria now funded to implement the model. As the program expanded, feedback from participating hospitals and recommendations from the Victorian Royal Commission into Family Violence (RCFV 2016) suggested that the initial focus on Intimate Partner Violence needed to be broadened to meet the needs of all individuals at risk. Given the diversity of patient cohorts, and complexity of how family violence was expressed within and across healthcare environments, a more nuanced approach to identifying and responding to family violence was required. This coincided with a reframing of policy settings from the Victorian government, which contracted SHRFV to reframe “family violence across the lifespan”. This approach is an important acknowledgement of child
victim/survivor, adult victim/survivor and elder victim/survivor experiences, and confirms that family violence can be experienced throughout a person’s life. This paper outlines the process undertaken by the SHRFV project team in three key hospital sites to review and translate the evidence-based education package, enabling health professionals to identify and respond to family violence across the lifespan. Key learnings and challenges will be examined, as will the implications this approach has had for sustainable implementation. 1. Schachter, C (et al), 2008

**COLQUHOUN, RACHEL**

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**Relational practice as a method for combating structural violence in the lives of women who experience violence**

Background: Effective interventions to reduce the long-term health and social consequences of IPV are 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 and Living (iHEAL), a complex, primary health intervention designed to reduce the negative effects of IPV on women’s health and quality of life. Objective: The purpose of this analysis is to explore the women’s varied experiences with iHEAL intervention developed for adult women who have recently separated from an abusive partner with particular attention given to how women’s varied social locations affected both the processes and outcomes Method: A community sample of 29 adult women who had separated from an abusive partner up to 3 years previously were confidentially interviewed three times: before the intervention (baseline), immediately post-intervention, and 6 months later. Data analysis took place concurrently with data collection, allowing for emerging analysis to inform subsequent interviews, consistent with a conventional content analysis method. An intersectional perspective guided the data analysis which argues that IPV and its consequences needs to be understood within a wider socio-political context. Results: Overall, women reported poor health at baseline with many attempts to access services across sectors within the past year to manage their health. Women experienced shifting needs in their attempt to deal with the effects of violence and expressed their dissatisfaction with “cookie-cutter” services. iHEAL was consistently described by women as collaborative, individualized support provided according to their specific need. Relational practice by nurse interventionists provided women with the tools to create space for themselves to heal and to be able to advocate to address larger systemic barriers to their health/healing. Women made significant strides not only in self-confidence, but also in their confidence in their ability to access resources in the community and advocate for change. Conclusion: All women benefited from this women-centered, nurse led intervention to varying degrees. Nurses were able to support women in ways that fit with their lives and the systems in which they interact in order to help women rebuild their health and lives after experiencing IPV.
DAVIDOV, DANIELLE

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Patient experiences of and preferences for intimate partner violence assessment in three acute care centers

Problem statement: Despite insufficient evidence demonstrating that screening for intimate partner violence (IPV) in healthcare settings reduces violence or improves health outcomes for patients, routine screening for IPV is recommended by most major medical organizations in the United States, and assessing patient safety during healthcare visits is becoming increasingly common. Purpose: The purpose of this study was to assess patient experiences and perceptions of being asked IPV assessment questions during visits to acute care centers. Study design: This was a cross-sectional study of patients receiving care at one of three clinical locations. Sample and data collection approach: Patients ages 18 and older who presented to an academically-affiliated emergency department, student health clinic, or urgent care clinic were eligible to complete a self-report survey. Participants were asked about demographics, whether or not they were asked about IPV (and which questions were asked), and their preferences for which healthcare providers should conduct assessments. Analysis: Comparative analyses were conducted between the three clinical site locations. Data collection is still ongoing and current efforts include collecting data from nurses and other staff responsible for IPV assessment. Results: From August-October 2017, 488 patients completed the survey at one of the three locations, 43% of which were completed in the emergency department. The average age was 36.6 years and 62% were female. Despite requirements for universal assessment all three clinical sites, 50% of patients reported not being asked assessment questions. The question “Are you being hurt, hit, or frightened by anyone at your home or in your life?” was most commonly asked (29%). Most patients felt that IPV questions should be asked face-to-face/verbally. Approximately 67% of patients perceived nurses were the best person to ask these questions, 63% felt these questions should be asked at every visit, and 91% believed appropriate resources should always be offered after a positive disclosure of IPV. Implications: Despite recommendations, not all patients are being assessed for IPV, even in settings where routine inquiry is built into the medical record. Patients are supportive of IPV screenings, and their preferences should be considered when implementing these protocols.

DE VILLIERS, TANIA

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Men with conscience to prevent sexual violence in university residences: A South African model

Background and objectives: Sexual violence against women and girls remains a major public health issue globally. Higher Education Institutions (HEI’s) such as universities are no exception. University
environments, including residences, have been identified as communities at risk for sexual violence globally. Reports of sexual assaults have been made at many South African Universities, but prevention initiatives and appropriate responses to these reports is not evident. The overwhelming burden of sexual violence is borne mostly by women and children at the hands of men. The focus of this study was to engage men as partners as a strategy to prevent sexual violence in university residences. This study entailed adapting Sonke’s One Man Can intervention, implementing the adapted intervention and conducting a process evaluation. A key aspect of the study was collecting qualitative data throughout the process on male students’ perceptions and experiences of the intervention and sexual violence. Qualitative interviews were conducted six months’ post intervention. This presentation will present data on the adaptation and development of the new intervention and how participants responded to this development. Method: A qualitative, case study design was used to conduct this study with a group of male student leaders from five different male university residences in one university in Cape Town, South Africa, using focus groups, direct observations, participants’ reflections and semi-structured interviews. Thematic data analysis technique was used to analyse the data. Findings: The adaptation process led to development of a new intervention of six workshops, named by the participants as ‘Men with Conscience’, which indicated ownership of the adapted intervention. The workshops addressed gender norms and values, societal pressures for men’s behaviour, understanding rape, bystander intervention and fostering healthy relationships. This case study and qualitative data provide some evidence of how men can engage in discussions to prevent sexual violence. Conclusions: The study shows evidence of initial change among the men and concludes with recommendations for the urgent need of sexual violence interventions within university settings. The Men with Conscious intervention is also ready to be tested in a more rigorous RCT.

DUMA, SINEGUGU

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A community readiness model as an approach to addressing sexual violence on campus: A South African perspective

Many effective primary prevention interventions for sexual violence against women on campuses have been developed and used in developed countries. However, these could not be adopted for implementation in a South African university without thoroughly determining the level of the university community’s readiness to address sexual violence on campus. The purpose of this oral presentation is to describe the Community Readiness Model (CRM) was used as an approach to assess the readiness for prevention of sexual violence in a South African university campus, the outcomes and recommendations. A series of qualitative data collection methods were used to collect data on the five of the six dimensions of Community Readiness Model between August and October 2013. Thirty seven undergraduate student leaders, including twenty-one female students and seventeen male students purposively sampled and recruited participated as key informants. Content and thematic data analysis was conducted systematically, using the traditional open coding from the words and phrases used by participants. The initial findings revealed lower levels of community
readiness at “vague awareness” stage of Community Readiness to address sexual violence on campus. However, triangulation of data collected from later sessions revealed that the community was at Preplanning stage of the Community Readiness Model and a positive Community climate dimension necessary to begin strategies to address sexual violence on campus. The findings were presented to student community and the university management. As an outcome, a survivor collective group – a group of activists formed to communicate experiences and needs of survivors of sexual violence on campus and to demand accountability from university management for prevention and response to sexual violence on campus. An online page for survivors of sexual violence on campus was established by concerned university community members to allow survivors of sexual violence on campus to share their experiences with each other and with the university community. The university management appointed the author to establish the first Sexual Assault Response Team on a South African Campus. We recommend the use of Community Readiness Model as an appropriate approach for addressing public health problems such as sexual violence on campus.

EINBODEN, ROCHELLE

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The visibility paradox in child neglect and abuse

Despite a high prevalence of less spectacular forms of child neglect and abuse, experts engage in practices to substantiate abuse by performing detailed physical assessments of children's bodies, creating photo-documentation, and collecting forensic evidence to support legal proceedings. These practices developed alongside imaging technologies, and although these technologies continue to be refined, visible signs of abuse on children's bodies are still rare. The purpose of this paper is to examine the operations and effects of contemporary medico-legal responses to child neglect and abuse. Data was collected within a larger study that investigated nursing responses to child neglect and abuse in British Columbia, Canada. For this analysis, mandates and practices of the provincial child protection clinic and excerpts from interviews with nurses (n=21) were selected. Results of this analysis follow Zalewski and Runyan's (2015) critique of how medico-legal responses to sexual violence create a "visibility paradox" (p. 446, emphasis in original). The spectacularisation of child abuse narrows understandings of violence within visual forms, and paradoxically requires images or descriptions of children's battered bodies to justify their need for protection. Further, relations of power are concealed within interpretations of images as neutral and unmediated representations (Haraway, 1997). Specifically, this analysis demonstrates how these dynamics concentrate social responses on only the most obvious physical violence, drawing attention away from the more common, less spectacular, and less visible forms of neglect and abuse. The prioritisation of knowledge produced within the discourse of objectivity undermines nurses' potential contributions to child protection by ignoring their ability to assess and intervene through relationships with families. Children's access to both retributive justice and protection are undermined by contemporary practices, which are infused with biopolitics that distract from the pervasiveness of violence and negate other ways of responding to it.


ELLIS, KATHLEEN

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Intimate partner violence and nurses in the neonatal ICU: Navigating safety for infants and their families

Research has established that intimate partner violence (IPV) has serious negative effects on pregnancy, and may precipitate infant admission to a neonatal intensive care unit (NICU). Women who experience abuse prior to and/or during pregnancy are also at risk for abuse in the postpartum period. This risk for abuse, coupled with the emotional turmoil of a critically ill infant, could increase the threat of violence. The purpose of this qualitative study is to study the experiences, attitudes, and concerns of NICU nurses towards IPV. The current study is based on earlier work in the same hospital system, where maternal-child nurses (N=313) at 8 hospitals participated in an internet-based survey on knowledge and perceptions towards IPV. The quantitative study showed statistically significant differences based on the type of unit. Nurses who primarily cared for infants felt less prepared to: ask questions about IPV (p<0.0001), appropriately respond to disclosures of abuse (p<0.0002), help assess danger of lethality for someone in an abusive relationship (p=0.002), and make appropriate referrals for IPV (p=0.0008). This study uses a focus group format to interview groups of registered nurses who work in geographically diverse Level III NICUs throughout the health system. Topics for the focus group include assessment for violence, issues of safety for the infant and family, feelings of the nurses towards families facing violence, concerns about the safety of the nurses caring for these infants, negotiating relationships with families, and educational needs for nurses. Focus groups are ongoing, but analysis will be complete by June 2018. A qualitative descriptive approach will be used for analysis and the results will be used to guide educational interventions for nursing. Parents face many vulnerabilities when their infant is in the NICU. These are intensified by the experience of abuse. This study is an early step in a program to address assessment and intervention barriers to ensure patient safety, particularly in the NICU, where little research exists.

ENGLAND-MASON, GILLIAN

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The role of emotion regulation in the intergenerational risk following childhood adversity
Rationale: Extensive research has linked adverse childhood experiences (ACEs) with a variety of negative health outcomes across the lifespan, with only more recent work beginning to investigate the intergenerational impacts of parental ACEs. Emerging research suggests that maternal ACEs are associated with child behavioural problems (Fredland, McFarlane, Symes, & Maddoux, 2017; Pereira, Ludmer, Gonzalez, & Atkinson, 2017). However, little is known about the mechanisms that may transmit risk across generations. Purpose: The objective of the current study was to examine maternal emotion regulation capacity as a potential mechanism that transmits risk to child development following maternal exposure to ACEs. Sample & Study Design: Participants included a community sample of 107 mothers and their 3-year-old children. Mothers completed questionnaires that assessed their retrospective self-report of ACEs, self-report of emotion regulation capacity, and report of their child’s behaviour problems. Analyses & Results: Using structural equation modeling, latent variable mediation models were run which controlled for maternal characteristics (i.e. age, socioeconomic variables, mood) and child characteristics (i.e. age, gender, IQ). We found that maternal difficulties with emotion regulation significantly mediated the associations between maternal history of ACEs and a) child internalizing behaviours ($\beta = 0.089, p = 0.036$) and b) child externalizing behaviours ($\beta = 0.111, p = 0.039$). Implications: These findings suggest that maternal difficulties with emotion regulation may serve as a mechanism that transmits risk to children’s development following maternal exposure to ACEs. Interventions that seek to improve parental emotion regulation capacity are an important avenue of exploration for families exposed to ACEs.

References


FEBRES-CORDERO, SARAH

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Polypharmacy among women veterans in treatment for PTSD

Problem Statement: Military sexual trauma (MST) and post-traumatic stress disorder (PTSD) are associated with multiple psychological symptoms, including depression and anxiety, chronic pain, and somatic symptoms. Co-morbidity between PTSD and chronic pain is 80% in general and Veteran populations and is often resistant to treatment. Depression is also comorbid with PTSD among women Veterans, estimated at 70%. With high rates of comorbid depression and chronic pain among women Veterans with PTSD, polypharmacy is likely. Purpose: To describe the pre-intervention profile
(psychological symptoms, physical symptoms and prescribed medications) in women Veterans with PTSD who experienced MST. Study design: Feasibility study of Trauma-Center Trauma Sensitive Yoga versus Cognitive-Processing Therapy. Sample: Women Veterans (N=40) with PTSD and chronic pain who experienced MST, seeking PTSD treatment in the VA healthcare system. Data collection approach: These data were obtained at baseline via participant self-report, clinician interview and medical record review. Analysis: Descriptive statistics and Pearson correlations using SPSS v23. Results: Psychological symptoms included severe PTSD (mean PCL=63.05), major depression (mean BDI=31.53); and anxiety (PROMIS Anxiety Short Form A=64.47). The mean chronic pain intensity was 6.60 on a 0-10 scale (POQ). Somatic symptoms were high (mean PHQ global score=15.00). The mean number of prescribed combined psychotropic and pain medications was 3.38; 65% of the sample were prescribed ≥ three medications. Two-thirds of the sample were prescribed antidepressants and three-quarters non-opiate pain medication. Additional prescriptions included: sedative hypnotics (19%), opiates (16.7%), benzodiazepines (14.3%), mood stabilizers (14.3%), and antipsychotics (7.1%). Implications: The combination of PTSD, comorbid depression, chronic pain, somatic symptoms, and polypharmacy in women Veterans with PTSD puts women Veterans at risk for negative medication interactions, adverse effects, and accidental or intentional overdose. Though this study is limited by lack of data about medications other than psychotropic and pain medications, somatic symptom severity suggest there may be additional polypharmacy. Consideration of the potential for risks of polypharmacy is necessary in the treatment of PTSD and comorbid depression, chronic pain, and somatic symptoms in women Veterans. Given that opiate use and suicide are prevalent among Veterans, interventions for PTSD that also address chronic pain are needed.

FINNBOGADÓTTIR, HAFRÚN

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Suffering among pregnant women with a history of violence – help seeking and police reporting

Problem statement: Pregnancy is a period in women’s lives when many women experience increased stress and feels vulnerable. Research has also found this to be a period when many women experience violence, mainly in the home and from their domestic partner. According to the Swedish penal code, domestic violence is a criminal act. Purposes: was to explore the degree of self-reported suffering following violent incidents and the prevalence of police reporting as well as other help-seeking behaviour among women in early pregnancy that have experience of a history of violence. Study design: A cross sectional design. Methods: 1939 pregnant women ≥ 18 years were recruited prospectively between March 2012 and September 2013. Of those 761 (39.5 %) reported having a history of violence and that dataset comprises the cohort investigated in the present study. Descriptive statistics, Chi-square analysis and T-test were used for the statistical calculations. Results: More than four of five women (80.5 %) having a history of emotional abuse (n = 374), more than half (52.4 %) having history of physical abuse (n = 561) and almost three of four (70.6%) who experienced sexual abuse (n = 302) reported in the early second trimester of their pregnancy that they still suffered from their experience. Of those women who had experienced emotional-, physical- and sexual abuse, 10.5 % respectively 25.1 % and 18.0% had never disclosed their experiences to anyone. At most, a quarter of the abused women had reported a violent incident to the police. Implications:
All midwives, other health care personnel and actors who meet women with experience of abuse need to have improved knowledge about the long-term consequences of all types of abuse. This in order to increase the rate of asking women about their violent experiences to be able to prevent experiences of violence from affecting pregnancy and childbirth negatively by offering help and support.

FIOLET, RENEE

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Exploring Aboriginal and Torres Strait Islander perspectives on a technological intervention for family violence

Problem statement: Australia’s Indigenous peoples are experiencing family violence at rates up to five times that of non-Indigenous Australians. Barriers to help seeking are more numerous and complex for Aboriginal and Torres Strait Islanders when compared to the non-Indigenous population. Despite this, interventions designed to address Indigenous family violence are rarely informed by the peoples they are meant to support. Australia’s Indigenous peoples have embraced the use of technology for communicating, social engagement and health advice yet no studies explore Australian Indigenous perspectives on using technology to address family violence. Purpose: To identify Aboriginal and Torres Strait Islander people’s perceptions of technological resources for addressing family violence. Study design: This co-design study for a doctoral thesis involves qualitative methods. To explore Indigenous perspectives on appropriateness of technological interventions for family violence face-to-face, semi-structured interviews were used. Sample and data collection approach: 20 Indigenous Australian peoples interviewed face to face (30-60 minutes). Analysis: Preliminary findings will be presented on the appropriateness of a technological intervention for Indigenous family violence. Additionally, Indigenous perceptions on the barriers to help-seeking that can be addressed through technology when help-seeking for family violence will be addressed. Results: Help-seeking was often avoided through official channels, often for reasons related to family violence being a “shame job” or because of a lack of culturally appropriate services. Participants were positive about the potential for a technological intervention for family violence, indicating they felt it would address some of the barriers they face when help-seeking. Participants also felt that a technological intervention would be appropriate as “Aboriginal people are always on their phones”. Implications: This research could add to the growing body of evidence supporting the need for co-designed, culturally informed family violence interventions that are usable and engaging for Australia’s Indigenous peoples. These findings support the growing evidence that technology can be a useful resource in help-seeking for family violence.
FLAATHEN, EVA MARIE

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The user involvement study (UIS)

Background: Intimate partner violence (IPV) is a major public health concern that can cause physical and psychological harm to women and lead to pregnancy complications. WHO states that 30% of women worldwide have been exposed to physical and/or sexual violence some time during life. A pregnancy does not protect women against violence and the prevalence of violence during pregnancy ranges from 3.4-11% in high-income countries. There is little evidence that supports effective interventions to prevent or reduce violence, however questions about violence and education about safety behaviors have been proven to be effective. Nevertheless, there are barriers for women to disclose IPV due to shame, blame and fear. Therefore, the aim of the user involvement study is to explore what it will take to make women disclose IPV. In addition, it will be a pre-test/validation of how the women understand and react to the sensitive questions. We will use a four-item screening tool (Abuse Assessment Screen), Composite Abuse Scale (short form (CASr-SF) and a film about safety behaviors. We will use tablet technology. The questionnaire and the film will be used in a intervention study (RCT): Promoting safety behaviors in antenatal care among Norwegian, Pakistani and Somali pregnant women. A randomized controlled trial. Method: The User Involvement Study explores experiences of Norwegian, Pakistani and Somali women, both exposed and not exposed to IPV, with regard to understanding the questionnaire, screening tool and the safety – promoting video. In depth interviews with 6 Norwegian women, 6 Pakistani women and 6 Somali women were conducted. In addition, 2 focus group interviews with health professionals at crisis shelters were conducted. The data will be analyzed this spring using a qualitative thematic approach (Clark and Braun). Preliminary results: What will it take for women exposed to IPV to answer sensitive questions about IPV and disclose their experiences of IPV? Anonymity, trust, being alone, be able to talk to someone are some of the preliminary main factors.

FLEMING, CHRISTINA

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Engendering resilience to survive in the lives of abused immigrant and refugee women: A grounded-theory study

Problem Statement The heightened risk for IPV is exacerbated for immigrant and refugee women (IRW) by a personal sense of insecurity in a foreign country, separation from network of support, and
other factors hindering women’s ability to seek health care. Our study explored risk and protective factors such as patterns of jealousy and infidelity underscoring vulnerabilities for abuse for immigrant and refugee women. Purpose The purpose of the study was to explore experiences, perceptions, and responses of abused IRW in the United States (US) as part of the larger weWomen Study. Study Design Qualitative design Sample A purposive sample of 86 immigrant and refugee women survivors; and 9 focus groups of health care providers caring for abused IRW Data Collection Approach In-depth interviews of survivors and focus group discussions of providers Analysis Content and thematic analysis Results We developed 4 sub-categories (losing self & independence, finding love & relevance, getting help and support), 2 major categories (finding a way to survive, taking control to survive), and one core variable (engendering resilience to survive) across risk and protective factors, safety strategies, and resource needs for IRW. Structural factors such as gender roles, expectations, and cultural norms were reported to influence reactions to the abuse. The welfare of children, was perceived as a source of strength, motivating women to protect their children. "Resilience to survive" reflects IRW’s context of abuse, and taking control after the abuse experiences. We deductively examined the intersectionality of acculturation and the emergent themes. Implications Immigrant and refugee women’s heightened risk for abuse suggest the importance of addressing their unique needs to improve health outcomes. "Engendering resilience to survive," reflects women's abilities to cope by focusing on getting the help, support, and resources they need to survive. The need to minimize risk factors and to augment women's protective factors in conceptualizing and adapting evidence-based safety interventions were substantiated. Our findings could inform recommendations for structural level responses through immigration, support programs, and other health policy reform to strengthen and facilitate access to services and resources for IRW.

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Effectiveness of a personalized online safety and health intervention for Canadian women experiencing partner violence: ICAN Plan 4 Safety

Background: Women who experience intimate partner violence (IPV) are a diverse group at increased risk of poor health and injury. Online safety and health interventions that are tailored to the unique features of women’s lives and emphasize choice and control, have potential to reduce access barriers, and improve fit and inclusiveness, maximizing potential effectiveness of these interventions for diverse groups. Personalized online safety planning interventions have been found to improve women’s mental health, but not in a Canadian context. This study tested the effectiveness of a
personalized, online safety and health intervention for Canadian women experiencing IPV. Methods: A randomized controlled trial of 462 Canadian women who had experienced recent IPV, randomized to complete a tailored, interactive online safety and health intervention (iCAN Plan 4 Safety) or receive general online safety information (usual care). Self-reported outcome measures (collected baseline, 3, 6, and 12 months) included primary outcomes of symptoms of depression (CESD-R) and PTSD (PCL-C), and secondary outcomes (helpful safety actions, safety planning self-efficacy, and mastery). Women’s rating of intervention helpfulness and harms were taken at 12 month. In-depth qualitative interviews with 52 women from both study arms explored engagement with the intervention and processes of change. Results and Implications: Over a 12 month period, women in both groups showed improvement in symptoms of depression and PTSD, self-efficacy for safety planning, helpfulness of safety actions, and mastery; IPV severity also decreased. The tailored online tool demonstrated differential benefits in improving women’s mental health and reducing IPV for 2 groups: mothers and women separated from their abusive partner. Both interventions were acceptable to women who reported safe access and no harms. However, those who completed the tailored intervention rated it more favourably as providing support to make decisions about their relationships, understand their personal risks, options and priorities, and talk to a trusted person about the violence and in terms of its fit with their needs, concerns and priorities. Results support effectiveness of I CAN Plan 4 Safety for mothers and women who have separated from an abusive partner and reinforce the need to tailor intervention content to the unique conditions of women’s lives and their varied priorities and preferences.

FREDLAND, NINA

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Youth exposed to parental intimate partner violence and bullying in School

Children are exposed to multiple forms of violence in their homes, neighborhoods, and schools, making it difficult to quantify cumulative exposures. These children are at increased risk for poor health outcomes, such as internalizing and externalizing mental and behavioral symptoms. Method: For this analysis 52-month data were collected as part of a 7-year prospective study. To our knowledge, this is the first prevalence and health outcomes data reported for this population of children (N=274, average age 11.2) exposed to parental intimate partner violence (IPV) and bullying. Results: Children experienced higher than national rates of bullying victimization, ranging from 22% to 47.4%, with physical bullying at 35.6% to 45.1%. Indirect bullying was higher in the under 12 age group (32.4%-46%). The only significant gender difference was that boys experienced physical bullying more than girls. Children who scored in the borderline/clinical range on the Child Behavior Checklist experienced significantly higher levels of bullying. Conclusion: Children who experience higher levels of bullying tend to also have significantly greater internalizing and externalizing problems. This study demonstrates that negative mental and behavioral health outcomes are associated with youth who experience both bullying and parental IPV.
Responding sustainably to intimate partner violence in primary health care: Insights from complexity theory

A comprehensive health system approach, as part of a multi-sectoral response, is advocated to support effective health professional responses to patients experiencing intimate partner violence (IPV). However, sustainably integrating responses in practice continues to challenge health systems and settings internationally. Utilizing complexity theory as a qualitative methodological framework, we reconceptualised this problem as a complex adaptive system (CAS) to explore what affects a sustainable response to IPV within New Zealand primary health care settings. Complexity theory provides the conceptual means to explore patterns of interaction between system agents contributing to an IPV response. System agent interactions generate spontaneous self-organisation leading to the eventual emergence of new system properties or behaviour. As such, sustainability is considered an evolving and adaptive process generated by agent interactions. For this study, we hypothesized a sustainable health care response to IPV as an emergent phenomenon, occurring when a care-seeker and health professional interact in a way which increases the likelihood of mutually positive outcomes. We present primary health care as a setting which promotes sustainability, enabled by ongoing patient/provider interaction. To explore these interactions, we sought to identify health-system discourses which shape how health professionals respond, or do not respond, to their patients who experience(d) IPV. We conducted functional document analysis to access discourses operating at the health-system level alongside health professional participant interviews to access discourses operating in practice. These data sources are brought together to develop an understanding of how discourses maintain agent interactions that either challenge or promote sustainable responses to IPV. This session considers what intervention sustainability means from a complexity theory perspective and uses preliminary study findings to encourage discussion on what a sustainable IPV response may involve. Utilizing complexity theory, we aim to identify ways to strategically direct the health system toward sustainable and effective responses to IPV.

Post-traumatic stress disorder and employment in women 5 years after leaving an abusive relationship

Intimate partner violence (IPV) is a common public health problem that has serious consequences for women in terms of health and functioning. Post-traumatic stress disorder (PTSD) is one of the major
health issues that women face after experiencing IPV. There is evidence that factors related to employment might decrease the risk for PTSD in women who have experienced violence. The purpose of this study is to investigate if variables related to employment (ie income, hours worked per week, job benefits) affect risk for PTSD over 5 years after women left abusive relationships. Data collection took place between 2010 and 2016. To test the hypothesis that employment variables predict mother’s PTSD 4 months later, a series of conditional latent growth curve (LGC) models were conducted. The overall models indicated that there appears to be a consistent impact of economic factors on PTSD symptoms; however, the variable with the greatest impact was the number of hours worked. Women who had full-time or near full-time employment were at less risk to have PTSD in the future. These findings support efforts to increase access to full-time work and other economic empowerment interventions for women who have experienced intimate violence.

GILROY, HEIDI

Heidi Gilroy, Texas Woman's University, Houston, Texas, USA
Lene Symes, Texas Woman's University, Houston, Texas, USA
Angeles Nava, Texas Woman's University, Houston, Texas, USA

“Getting my independence back”: Ideas about interventions for economic solvency from residents of a battered women’s shelter

Intimate partner violence (IPV) is a serious public health issue that affects many women all over the world. One of the most consistent risk factors for IPV is poverty. On the other hand, IPV is also a risk factor for continued poverty, which puts many women in a cycle of violence and poverty that is difficult to escape. Interventions are needed to help women improve their economic solvency and decrease their poverty-based risk for IPV. The current study is a qualitative study using feminist grounded theory to examine how women who have experienced intimate partner violence would plan and execute an intervention to improve economic solvency. The participants were 21 diverse women living in a battered women’s shelter. The major themes that came from the women’s suggestions were: addressing mental health, accountability, financial management classes, job skills and education, and other resources. Implications of this study include the need for more comprehensive programs, a general desire amongst the women for mentoring and accountability, and the need to address knowledge deficits about resources. This information can help resource providers to help build interventions to improve economic solvency in women who have experienced IPV and improve their overall safety.

GLASS, NANCY

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Nancy Perrin, Johns Hopkins University, Baltimore, Maryland, USA
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MyPlan Toolkit: Dissemination and Implementation of an Evidence-Based Safety Intervention for College Campuses

Background: myPlan is a tool that survivors of intimate partner violence (IPV) can use to help them make decisions about safety. Accessible through a discreet and confidential smartphone app (or web-based tool), myPlan is not meant as a replacement for the expertise of advocates and professionals—it is designed to encourage survivors and concerned others to reach out for help and services. Objective: The myPlan team will present and discuss three papers in the following order: 1) findings from the longitudinal effectiveness trial conducted with 600 female survivors and concerned friends on 41 college campuses in the US; 2) findings from qualitative interviews with survivors and concerned friends that completed the longitudinal study, including interviews with sexual minority survivors; and 3) the national dissemination of the interactive myPlan app and campus toolkit for implementation with college administrators, faculty, staff and student groups. Methods: The symposium is proposed for 90 minutes. We suggest 20 minutes per the three presentations followed by a 30 minutes discussion with the audience. The discussion will include a focus on dissemination and implementation of the evidence-based myPlan app and campus toolkit in collaboration with existing campus-based violence prevention and response programs.

GLASS, NANCY

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Examining type of violence, self-efficacy and readiness to take safety actions among women seeking care in primary care clinics

Background: PATHS is a multi-state longitudinal study in 16 primary care clinics to evaluate the effectiveness of an evidence-based universal education and trauma-informed counseling intervention with tailored safety actions and referrals to partner community based programs compared to standard practice. Methods: We examined baseline data from 5,695 adult women who consented to being screened for partner violence during their clinic visit for types of violence/abuse, self-efficacy and readiness to take safety actions. We then used cluster analysis to identify unique groups of women with a similar pattern of violence/abuse and logistic regression to examine the association between type of violence/abuse and safety actions. Results: We found that 13.3% of women reported being humiliated, 8.5% being afraid, 3.2% raped, and 6.7% experienced physical violence by a partner, with 15.8% women screening positive on one or more types of violence/abuse in the past 6 months.
When asked about readiness for safety actions, 30.2% of abused women reported never/rarely thinking about the violence, 19.6% thought about the violence but had not taken any safety actions, and 50.2% have taken safety actions. Self-efficacy was highest among those women thinking about taking actions, followed by those who had already taken actions (M=1.98) and then those who never/rarely think about taking safety actions (M=1.71, p<.001). Cluster analysis revealed 4 unique patterns of responses to types of violence/abuse. Among those experiencing physical violence, the majority (59.4%) that reported being afraid of their partner had taken safety actions compared to 44.4% that were not afraid of the partner. The odds ratio of taking safety actions are 1.57 (p=.001) when afraid, 1.52 (p=.012) when raped, 1.52 (p=.023) when humiliated, and 1.35 (p=.027) when experiencing physical violence. Discussion: Being afraid of a partner is the strongest predictor of taking safety actions in an abusive relationship. Women that experience physical violence and are not afraid of their partner were 15% less likely to take safety actions compared with women experiencing physical violence and that are afraid of their partner. Supporting women to assess and understand risk associated with violence may increase readiness to take safety actions.

GONZALEZ-GUARDA, ROSA

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Josie Serrata, Casa de Esperanza, National Latin@ Network, St. Paul, MN, USA
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Developing a smartphone application to prevent intimate partner violence among young Latino immigrants in the U.S.

Young Latino immigrants in the U.S. are disproportionately affected by intimate partner violence (IPV), yet few culturally-specific and evidence-based prevention strategies are widely available to target the unique needs and strengths of this population. Latinos in the U.S., ages 18 through 29, are more likely to own and use smartphones to access health information than their non-Hispanic white counterparts. The uptake of mobile technologies among young adult Latinos provides a promising platform for delivering health interventions that would typically not reach this population by other means. The purpose of this formative research study is to describe opinions and preferences for a smartphone application (“app”) to prevent intimate partner violence among young adult Latino immigrants in the U.S. The spiral technology action research (STAR) model will guide the development of the app. This model uses an action-research approach to integrate community expertise with theory, quality improvement, and community mobilization. We have partnered with Casa de Esperanza National Latin@ Network, a national technical assistance provider to community-based organizations providing IPV services to Latino and immigrant communities, to develop the app. We are recruiting service providers from diverse community-based organizations across the U.S. as well as Latino immigrant end users between the ages of 18 through 29 to participate in four focus groups (N = 24 – 32 participants). Focus groups will elicit community perspectives regarding desired characteristics and features of the app and will be conducted in March and April, 2018 using a virtual platform to ensure participation from communities across the U.S. They will be facilitated in English.
and Spanish, recorded, transcribed, and analyzed using directed content analysis. Results will inform the development of a smartphone application that will address known risk and protective factors for IPV among young adult immigrants and identified preferences described by IPV service providers and Latino young adult end users. Researchers will discuss the preliminary findings from the focus groups and the broader application of the STAR model in developing technology-based interventions addressing violence prevention for Latinos in the U.S. and other high-risk populations.

GULZAR, SALEEMA

Saleema Gulzar, Aga Khan University, Karachi, PAKISTAN
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Prevalence and pattern of peer violence, perpetration and victimization among 1752 school-aged youth in Pakistan

Problem statement: Violence against children is considered a major public health issue worldwide. Globally, violence affects 50% of youth each year. Purpose: To conduct a baseline study of youth victimization and perpetration describing the types and locations of peer violence among youth (aged 11 to 14 years), both boys and girls of urban public schools in Hyderabad-Sindh, Pakistan. Study design: The baseline data was a part of a cluster randomized control trial to measure intervention effectiveness of a school based program using Right To Play - play based curriculum. The study conducted in 40 fairly homogeneous schools where 20 girls and 20 boys schools were selected (10 intervention and 10 control in each arm). The instruments used to measure outcomes were Peer Victimization and Perpetration scales. Results: A total of 1752 learners were enrolled into the study (boys=822, girls=930). Children are exposed to various types of violence at school setting. 73.8% boys and 41.9% girls reported experiencing verbal violence twice or more in school setting, 59.1% boys and 30.5% girls experienced physical violence on more than two occasions, 63.5% boys and 44.7% girls experienced social manipulation two or more times, and 65.1% boys and 48.2% girls experienced stealing of their belongings during the last 4 weeks. The children reported considerable exposure to violence at school as well as at home. Moreover, 60.2% of boys and 30.3% of girls had perpetrated verbal violence on more than two occasions in the past month, 34.4% of boys and 9.8% of girls reported perpetrated physical peer violence, 41.8% of boys and 23.7% of girls had perpetrated social exclusion, and 29.7% boys and 13.2% girls had perpetrated violence in terms of stealing of property. In all cases boys experienced and perpetrated more violence than girls. Peer victimization was found significantly different (p < 0.001) among boys and girls in school toilet area, school playground, outside school, in the street and at home. Implications: Baseline data had developed insight about the criticality of the issue in context to Pakistan. This data would be utilized to measure the effectiveness of a play intervention in a school-based programme.
Engaging men in addressing intimate partner violence against women: A scoping review of interventions

Worldwide, women are more likely to be killed or abused by a male partner than any other person. Most interventions to address IPV focus on women, especially improving their help-seeking behaviours. More recently, there seems to be a growing interest in developing and testing interventions that engage men. This paper summarizes a recently conducted scoping review on the nature and extent of interventions that engage men in addressing IPV against women. Our work was guided by Arksey and O'Malley's framework for scoping reviews. Our search of a range of e-databases and journals yielded 39 studies that met the inclusion criteria. Of these, the majority were conducted in high-income countries. Eleven studies focused on primary prevention, and 28 focused on secondary prevention. A combined approach aimed at primary prevention (e.g., awareness raising and behaviour change communication) appeared to reduce men's sexist attitudes and the likelihood of abusing their female partners compared to interventions that used only a single approach. Similarly, secondary prevention interventions that combined approaches (such as Cognitive Behaviour Therapy and Supportive Therapy) were more effective in reducing recidivism. Although Cognitive Behaviour Therapy approaches were reported to significantly reduce the rates of IPV, most of these studies relied on men's self-reports alone. Overall, interventions which have been tailored to the specific personalities of men and the unique contexts in which women experience IPV, were effective in reducing and preventing IPV.

Health care provider’s attitudes, beliefs, and preparedness to provide IPV-related care in Sri-Lanka: Barriers and opportunities

Problem and purpose: Research is sparse on health care professionals' attitudes, beliefs, and preparedness to provide care to women who have experienced intimate partner violence in many low-middle income countries. This study focused on nurses', doctors', and midwives' beliefs about how they responded to women who reported IPV in hospital and community settings in four provinces of Sri Lanka. Study design: HCPs in selected hospitals and community health settings in the Western, Southern, Central, and Northern Provinces of Sri Lanka were invited to participate in the
study. Data collected using a self-administered questionnaire were analysed using SPSS. Descriptive statistics, bivariate comparisons, and chi-square tests were used to summarise data, test for statistical significance, and present findings. Results: In total, 177 nurses, 145 doctors, and 83 midwives (N = 405) participated in the study. Overall, 76% of the participants reported meeting a woman who had experienced IPV in the last three months. More doctors (93%) compared to nurses (73%) and midwives (81%) reported meeting women with experiences of physical abuse (p>0.05). More nurses (30%) and midwives (51%) than doctors (20%) reported meeting women who had experienced sexual violence (p<0.05). Most HCPs reported providing supportive listening (82%), counselling (65%), and treating injuries due to IPV (50%). Of the 253 HCPs who said they have referred women to services, 22% referred to a police station outside the hospital. Only 30% of the doctors, 42% of the midwives, and 17% of the nurses said they had received specific IPV-related training. Implications: HCPs’ encounters and experiences with women living with IPV appeared to be shaped by their gender, the work setting, as well as their training. There are also indications that women may prefer to seek care at routine care settings rather than be seen at specialized care centres for IPV. While it may be important to train HCPs and create special care centers, such initiatives may not be useful for all women without promoting more gender equitable attitudes towards women and addressing the stigma surrounding IPV at the same time.

HAAG, HALINA

Halina Haag, Wilfrid Laurier University, Waterloo, Ontario, CANADA
Silvia Samsa, Women’s Habitat of Etobicoke, Toronto, Ontario, CANADA
Nneka MacGregor, WomenatthecentrE, Toronto, Ontario, CANADA
Angela Colantonio, University of Toronto, Toronto, Ontario, CANADA

Battered & brain injured: Identifying & supporting brain injured women survivors of IPV

Every year thousands of Canadian women are assaulted by their intimate partners resulting in significant personal, social, and economic implications. IPV is the primary cause of physical injury to Canadian women aged 15 to 44, and is associated with higher rates of mental illness, unemployment, and poverty. Compounding the problem, most injuries are from battery to the face, head, and neck, and/or strangulation, a pattern of violence leaving women survivors vulnerable to traumatic brain injury (TBI). TBI is a leading cause of disability in Canada, and is more prevalent than breast cancer, spinal cord injury, HIV/AIDS, and multiple sclerosis combined. While an estimated 30% of reported cases occur among women, little research exists exploring these women’s psychosocial outcomes, despite evidence identifying significant sex and gender differences. Despite its prevalence, a lack of knowledge and understanding of TBI has led to misdiagnosis and inadequate support, resulting in elevated rates of mental illness, poverty, unemployment, and homelessness. While the connection between TBI and IPV remains largely unexplored, early investigation has identified elevated TBI rates (35-80%) in women survivors of IPV. However, very little has been done to further examine this condition and the implications for healthcare and support service providers. The purpose of this symposium is to raise awareness of TBI in women survivors of IPV, increase understanding of specific challenges and areas of concern, discuss needs and suggestions for IPV support program adaptation.
to meet the unique needs of these women and promote equitable health research amongst interdisciplinary fields. A panel of speakers, including representatives from the healthcare and knowledge communities along with women living with brain injury, will address biological, psychological, and social concerns, providing valuable insight into the needs and lived experiences of brain injured women survivors of IPV, enabling healthcare workers to more effectively respond to this disadvantaged population. Significant time will be allotted for open discussion exploring barriers to service and next steps in research and practice. Speakers and topics: Angela Colantonio Although 24% of girls and women aged 0-25 sustain a TBI, little research exists exploring their healthcare experiences, despite evidence identifying significant sex and gender differences. The lack of sex/gender specific information is potentially leaving a large group of women with impairment and disability many years post injury. Significant rates of TBI have been found in vulnerable populations such as homeless, incarcerated, and substance use groups as well as teenage girls involved in sports and older women. Halina (Lin) Haag The dearth of TBI/IPV specific information significantly interferes with identification and support, leaving women vulnerable to repeat injury through ongoing violence. The purpose of this talk is to raise awareness around IPV related TBI and introduce a new TBI educational toolkit for the IPV service sector. Nneka MacGregor Strangulation has been identified as a high risk behaviour for physical harm and death in women experiencing intimate partner violence, as the abuser literally holds his victim's life between his hands. Despite the seriousness and pervasiveness of strangulation, there has been little attention paid to this issue. We explored the prevalence and impact of strangulation on women survivors. The presentation will highlight study results, particularly as it pertains to head trauma. Silvia Samsa Despite the number of women injured every day, many medical providers are unclear how to best help women living with TBI. This gap leaves women living with TBI to become isolated from their family, friends and even medical providers. This is particularly important as it relates to women survivors of IPV. The purpose of this talk is to explore barriers and facilitating factors in TBI sensitive IPV service provision from a direct practice perspective.

HEGADOREN, KATHY

Kathy Hegadoren, University of Alberta, Edmonton, Alberta, CANADA
Nicole Pitre, University of Alberta, Edmonton, Alberta, CANADA
Tanya Park, University of Alberta, Edmonton, Alberta, CANADA
Gerri Lasiuk, University of Saskatchewan, Saskatoon, Saskatchewan, CANADA
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Robyn Playfair, University of Alberta, Edmonton, Alberta, CANADA
Colleen Norris, University of Alberta, Edmonton, Alberta, CANADA

The centrality of trust in the impacts of interpersonal violence on women’s health

Hupcey et al (2001) defined trust as emerging from the identification of a need that cannot be met without the assistance of another and some assessment of the risk involved in relying on the other. A basic sense of trust is acquired through experiences with caregivers and peers who are predictably caring and responsive. Existing theoretical models of trust in adulthood posit that trust: (1) underpins
all human-to-human interactions and is essential to social order, (2) is dynamic, including both emotional and cognitive dimensions; (3) entails the assumption of risk in relationships and (4) is essential for physical and psychological health. Uncaring, unpredictable and abusive caregivers in childhood and abusive partners in adulthood can lead to mistrust that can generalize to include health and other service providers. Data from five different studies will be presented to show how central mistrust/trust is in the negative impact of interpersonal violence on women’s health; however is also a component of increased hope and strength along women’s journeys towards wellness after such experiences. The first three studies are qualitative studies with women who had experienced childhood maltreatment, with women who had left abusive partners and with women who had mothered in the shadow of family violence. The fourth study examines the relationship between experiences of interpersonal violence and four domains of trust (Generalized, Partner, Network and Self Trust). Varying patterns of increased/decreased trust domain scores were observed, depending on parenting styles, when violence experiences occurred and the type of violence experienced. The fifth study focused on literature related to disclosure of depression symptoms in postpartum immigrant women. Findings highlighted that mistrust was associated with decreased disclosure, assessing the risk as too high in terms of what the care provider would do with any shared information. Together these data suggest that care providers view interactions with women who have had interpersonal violence experiences behaviours through a trust/mistrust lens and that building trust is essential prior to providing care.

HOOKER, LEESA

Leesa Hooker, La Trobe University, Bundoora, Victoria, AUSTRALIA
Emma Toone, Family Violence Services, Richmond, Victoria, AUSTRALIA
Angela Taft, La Trobe University, Bundoora, Victoria, AUSTRALIA
Cathy Humphreys, University of Melbourne, Parkville, Victoria, AUSTRALIA

Reconnecting mothers and children after violence (RECOVER): The Australian child-parent psychotherapy project

Problem statement Domestic violence detrimentally affects women and children who are the most common victims of abuse. The mother-child relationship is often impaired as a consequence. Dyadic or relational interventions that include mothers with their children, such as Child-Parent Psychotherapy, are effective in restoring child health and reducing trauma. While Child-Parent Psychotherapy has been trialled in the USA, across several populations, Australian research on dyadic interventions for abused women and children is limited. Aim To test the feasibility of implementing Child-Parent Psychotherapy in Australia. Study design Mixed methods, pre-post design. Data collection and analysis This 12 month pilot study examined the acceptability of the intervention to women (n=15) and providers (n=9) and identified process issues including barriers to program implementation and sustainability. Intervention efficacy was assessed using maternal, child health and mother-child relationship outcome measures. These included a range of parental self-report measures on maternal physical and mental health (trauma symptoms, depression), domestic violence exposure, parenting behaviours (reflective functioning), and child trauma symptoms and mental
health. Direct observation of mother child interaction was also captured for analysis. Results Preliminary results will be discussed including baseline data on women and pre-school age children’s social and emotional health, attachment and wellbeing. Program reach, acceptability, including women’s expectations of program outcomes and early implementation issues will be shared. Implications This information will be of interest to delegates interested in domestic violence and infant mental health and researchers seeking to implement relational interventions in this particular cohort.

IRIN OYO, OMOLOLA

Omolola O. Irinoye, Obafemi Awolowo University Ile-Ife, Osun State, NIGERIA
Omotola Ayoola, Obafemi Awolowo University Ile-Ife, Osun State, NIGERIA

Parents and adolescents’ perception, experiences and management of family violence in selected Yoruba communities of Osun State, Nigeria

Problem statement: Violating behaviours are learnt and transmitted inter-generationally within family relationships. These are less investigated in Nigerian cultures where discipline in the family is loosely regulated by laws as to give directions for family focused interventions to reduce family violence. Purposes and/or questions/hypotheses: The study was conducted to compare inter-generational perception, experiences and actions taken to manage violating behaviours in family context among parents and adolescents of Yoruba ethnic extraction in Osun State, Nigeria. Study design: Descriptive cross sectional survey design was adopted to generate quantitative data using questionnaires. Sample: Multiple sampling techniques were used. Samples were 340 parents (51.5% females, 48.5% males) and 340 adolescents (65.6%females and 34.4%males) from households drawn from four communities in a local government area of Osun State, Nigeria. Data collection approach: Pre-tested questionnaires were filled by respondents met in their homes. Analysis: Data was analysed using Statistical Package of Social Science (SPSS) version 20.0. Summaries using frequencies, percentages, charts and comparisons were made considering parents and adolescents responses. Results: Mean age was 42.40 (±10.70) years for parents, and 16.39(±1.40) years for adolescents. Majority, 97.9% of respondents were of Yoruba ethnicity. High percentages of parents and adolescents positively perceived violating behaviours yet all were being perpetuated in family relationships. Between 8 and 31% of parents and 0.5 and 80.3% of adolescents had ever experienced different forms of violating behaviour in their families. Between 8.5 and 22.4% of parents and 1.2 and 30.6% of adolescents were experiencing such from their spouses and families respectively at the time of study. There was a significant difference in the perception of various forms of violence by parents and their adolescents (t (678) = 22.52, p = 001). Most parents and adolescents were “not doing anything” and “praying about their experiences”. Implications: Health professionals, especially nurses, have access to individuals and families across the life span and need to be sensitive to violating behaviours in family relationships. They also need to implement culturally relevant primary, secondary and tertiary prevention interventions to promote non-violating family relationships, reducing violating behaviours by males and females to control inter-generational transmission of violating behaviours.
Innovative partnership to provide family violence support for internal nursing professionals

Nursing is one of the most women-centered professions and is impacted by violence on several fronts. The nature of duty, and work schedules of nurses are unique that can have distinct implications for their family life experiences with marital partners and other family members. Nurses, midwives and healthcare assistants are three times more likely to experience family (domestic) abuse than the wider population according to research from nursing support charity the Cavell Nurses’ Trust. As a public health service in Victoria, Eastern Health (EH) provides a comprehensive range of high quality clinical services employing over 9,000 people. Of these, over 70% of female employees. An internal anonymous survey in late 2016 revealed over 60% of current EH nursing staff have experienced/were experiencing family violence. Alerted by the shocking statistics, Eastern Domestic Violence Service (EDVOS) and Eastern Health formed a partnership in early 2017. The aim was to provide expert internal family violence support to all EH staff who are experiencing or have experienced family violence (or supporting someone who is experiencing or has experienced family violence). This marked the first-ever formal partnership between a public health provider and a local specialist family violence service provider. EDVOS co-located a Specialist Family Violence Advocate (SFVA) exclusively for internal EH staff particularly for nursing professionals and provided: • Direct support to EH’s employees in relation to family violence disclosures; • Assistance to EH in relation to case management of employee matters; and • Expert support to EH as the organisation implements its whole of hospital model. To date, EDVOS developed and facilitated training sessions for EH’s HR Advisory, HR Connect and OH&S teams to ensure that EH’s employees can recognise, respond and refer instances of family violence occurring to internal staff to EDVOS. EDVOS assisted EH’s employees who consented to make contact with EDVOS and to understand all EH policies and procedures relating to family violence. In consultation with EH, EDVOS is developing a formal operational procedure aimed specifically at EH employees.

PATH: Promoting attachment through healing

Intimate Partner Violence (IPV) is associated with mental health challenges such as depression, anxiety and posttraumatic stress disorder (PTSD). For perinatal women, this period may be a time of greater risk for experiencing IPV, and greater vulnerability to PTSD symptomatology. Furthermore, IPV and resultant PTSD places women and their infants at higher obstetrical risk. Despite the well-established benefits of cognitive behavioral therapy (CBT) for non-pregnant individuals with PTSD, a
lack of research exists pertaining to the effectiveness of CBT among pregnant survivors of IPV experiencing symptoms of PTSD. The purpose of this study is to explore the effectiveness of nurse-facilitated, woman-centred, CBT (using a TVIC lens) for the treatment of IPV-related PTSD among antenatal women on postpartum mental health and maternal-infant attachment. Using a mixed-methods approach and employing a feminist, intersectional framework, this study included two arms. Arm 1 included 10 postpartum women who received the PATH CBT intervention during pregnancy. Semi-structured, one-hour long, one-to-one interviews were conducted with participants in addition to survey data collection at approximately 4 months postpartum to explore the impact of CBT on mental health outcomes following birth, and maternal-infant attachment. Arm 2 consisted of a retrospective chart audit/analysis of the perinatal and postpartum record of women who received CBT antenatally (n=40) compared to those who received usual prenatal care (without CBT) (n=40). The primary and secondary outcomes for this study were: 1) the impact of CBT on maternal mental health outcomes, and the impact of CBT on maternal-infant attachment, respectively, at 4 months postpartum. Qualitative data were analyzed using inductive content analysis undertaken independently by two researchers to deduce common themes using NVivo software. For descriptive statistics, measures of central tendency and dispersion were computed for continuous variables, and frequency tables constructed for categorical variables. Differences identified between groups on maternal and maternal-infant attachment outcomes will be discussed with key implications for research, nursing practice, and policy.

JARADAT, DIANA

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Marilyn Ford-Gilboe, Western University, London, Ontario, CANADA
Carol Wong, Western University, London, Ontario, CANADA
Helene Berman, Western University, London, Ontario, CANADA

Women’s quality of life after leaving an abusive relationship: The mediating effects of mastery and social support

Problem and Purpose The severity of intimate partner violence (IPV) has been associated with economic problems and poor health among women. However, less attention has been directed toward understanding what contributes more broadly to women’s Quality of Life (QOL) over time, particularly after separation from an abusive partner. Women’s access to resources, including social support and mastery, have been found to mediate the relationship between IPV severity and their mental and physical health after separation, but the impacts of these resources on women’s quality of life has not been studied. To address this gap, we tested a theoretical model informed by Pearlin’s (1981) stress process model in which the severity of IPV was hypothesized to affect women’s QOL directly and indirectly, through its impact on women’s social support and mastery. Methods A secondary analysis was conducted using data collected from a community sample of 309 Canadian women who left an abusive partner and were taking part in the Women’s Health Effects Study. Data were collected via structured interviews that included self-report measures of each concept: IPV (Index of Spouse Abuse), Social Support (IPRI), Mastery (Mastery Scale) and Quality of Life’s (Sullivan’s QOL Scale). Structural equation modeling (SEM) was used to test the model in MPLUS. Results and
Implications Preliminary results show that severity of previous IPV was associated with both lower levels of both mastery and social support. While IPV severity did not affect QOL directly, it exerted indirect effects on QOL through social support and mastery. Final results will be shared in this presentation. These results suggest that supporting the development of women’s resources including social support and mastery may help women and their families minimize some of the negative consequences of IPV on their life quality.

KANAZAYIRE, CLÉMENTINE

Clémentine Kanazayire, Mental Health Nursing Department, RWANDA

Engaging with inclusive single Re-categorization policy to reduce the identity threat of children born from rape in Rwanda post genocide against the Tutsi

According to the Needs-based model (NBM) of reconciliation after a conflict, victims suffer a threat to their sense of agency and at the same time, members of the perpetrator experience threat to their identity as moral actors. Consequently, victims and perpetrators are motivated to restore empowerment and acceptance, respectively (Nadler & Shnabel, 2008). Dovidio, Saguy & Shnabel (2009) revealed that common identity representation may be more effective in addressing group needs and restore moral image and agency. This single inclusive recategorization evokes the Rwandese policy of promotion of national identity as a tool of reconciliation, as a replacement of the subgroup (sometimes referred to as ethnic) identities. In this paper we will discuss on the needs and identities threats for children born from rape during genocide against Tutsis and show how the model of single inclusive recategorization can constitute a solution for these identity threats and needs. Key words: single inclusive recategorization, children born from rape, Needs Based Model.

KHAN, ANGUBEEN

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A qualitative study of intimate partner violence in an Arab-American community

Introduction: Although intimate partner violence (IPV) affects one in three women globally, few studies document IPV experiences of Arab American women (Devries, 2013). Previously, studies on Arab Americans have mainly focused on spousal attitudes regarding IPV (Kulwicki & Miller, 1999). This study aims to fill gaps in knowledge on IPV among Arab American women, and examine how sociocultural norms influence Arab American women’s experiences with IPV. Methods: Focus groups
were conducted with providers and stakeholders in the local Arab American community and semi-structured interviews were conducted with Arab American community women (18-65 years) who were seeking services at an Arab community health center. Focus groups and semi-structured interviews focused on IPV and reproductive coercion (RC) norms, reproductive health decision-making, and recommendations for a culturally-tailored needs assessment survey. The study will also integrate a needs assessment survey for Arab American women. Results: Initial thematic analysis indicates that IPV is an issue of prominent concern in the community. Several community women discussed the challenges of disclosing physical or emotional violence in their relationships and seeking IPV related services. Furthermore, often in Arab American communities, IPV is either accepted or dealt with privately within a family. Respondents were less aware of sexual coercion happening in the community; some respondents felt it may happen but not be openly discussed while others felt that women in this community may not perceive forced sex as a form IPV due to cultural norms within Arab American marital relationships. Implications: IPV is a critical public health issue to address in the Arab American community, and resources can be difficult to access due to sociocultural barriers. This study contributes to developing socially and culturally tailored strategies that would prevent and reduce IPV and improve access to IPV services and resources for Arab American women.

Khan, Azmat

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Prevalence of interpersonal sexual abuse among married female health care providers in Karachi Pakistan Primary

Purpose: To estimate the prevalence of sexual abuse perpetrated by family members among married female healthcare providers in the tertiary care hospitals of Karachi, Pakistan. In the present study, the term ‘married female healthcare providers’ focuses on two categories; married female nurses and doctors. Mentioned categories from healthcare providers had been selected for the study because no study seems to have been conducted under the interest of sexual abuse with these two categories (in general across socio-economic strategy and despite higher education specifically nurses and doctors) combined. Methods: A descriptive cross-sectional study was done by using a random sample technique. One public and two private tertiary healthcare hospitals from Karachi, Pakistan. 350 married female nurses and doctors were recruited. Descriptive and unvaried statistical methods used to analyze data. Main Outcome were participant’s and husband’s socio-demographic variables, types of domestic violence (DV), sexual abuse by husband and in-laws, response to sexual abuse, most frequent perpetrator, and reason of last violence. Results The study revealed that of the total sample of 350 married female nurses and doctors, 97.7% (n= 342) were reported one or more types of DV at some point in their life. Whereby, 59.6% (n= 204) reported sexual abuse by their family members at some point in their married life. Out of which mainly the husband 94.6% (n=193) created sexual abuse, followed by brother in-law 17.6% (n=36). Participants living in extended families [72.2% (n=26)], those who were undergraduate [50% (n=18)] and nurses [61.1% (n=22)] experienced sexual
abuse by in-laws. Conclusions In conclusion, nurses and doctors are victims of sexual abuse, because of socio-demographic factors such as extended family, educated and professional. The study participants were confronting to sexual abuse as the same level as those who were uneducated and poor. DV (Prevention and Protection) Act 2012 has been passed but needs strategies and commitment for enforcement.

KIMBER, MELISSA

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I wish I knew about this sooner”: Acceptability and feasibility of the Safe Doors, Safe Homes Program

Problem: Intimate partner violence (IPV) poses complex challenges and risks for women who want to remain in, or return to the home where they resided prior to the abusive partner leaving; separation from one's abusive partner is associated with a significantly elevated risk for intimate partner homicide within the year following separation. Thus, there is a compelling need to identify and evaluate strategies for enhancing women's safety within their home. Purpose: To evaluate the feasibility and acceptability of the Safe Doors, Safe Homes (SDSH) intervention—which provides structural safety improvements in IPV survivors’ homes. Design: This study uses inductive, naturalistic inquiry, and is based on the principles of exploratory case study methodology. Sample: We implemented purposive, homogenous, sampling to recruit IPV survivors (n = 20), health and social service providers delivering IPV services (n = 10), and police officers specializing in IPV response (n = 10) within Ontario to participate in this study Data Collection: Data were collected through the use of semi-structured, qualitative interviews. Interviews ranged from 29-105 minutes in length, were audio recorded and transcribed verbatim. Analysis: Conventional content analysis as well as participant and investigator triangulation was used to analyze all interviews. Results: A total of 20 IPV survivors, 12 health and social service providers, and 14 police officers participated in this study. Interim analysis indicates that participants perceive the SDSH program as an important safety option for female survivors of IPV; the structural safety options offered through the program were perceived to support survivors’ physical and psychological well-being. Additional themes perceived as central to SDSH implementation and scalability, include: (a) ‘who has the onus;’ (b) who and what is the priority; (c.) being classified as ‘eligible;’ (d.) ‘visibility;’ (e.) ‘vigilance;’ (f.) ‘it can’t just be this program’; and for police only, (f.) ‘there cannot be guarantees.’ Implications: Preliminary findings suggest that the SDSH program is perceived as a needed intervention to support the in-home safety needs of IPV survivors. However, there is the need to standardize its delivery and provide the program in conjunction with broader services supporting the health, social and legal needs of survivors.
**Developing a curriculum on the common but less understood sequelae of sexual assault**

As there is “nothing normative about being sexually victimized, there cannot be a “normal” reaction to such a traumatic event.” Yet, recent media attention has highlighted general beliefs that there are normal reactions such as anxiety, depression, and PTSD, and that these are the acceptable reactions. Survivors who experience other common, but less well understood reactions such as pretending that everything is fine, convincing oneself that ‘it could have been worse’, seeking out the perpetrator for an explanation, or maintaining the relationship with the perpetrator after an assault, are often met with disbelief and judgmental comments from health and social service providers, potentially further traumatizing the survivor and sabotaging her efforts at healing. Working with content experts including sexual assault survivors, we developed an evidence-informed, competency-based curriculum to educate healthcare providers about these common but less understood impacts of sexual assault so they are better equipped to support survivors in their recovery from sexual assault. In this presentation we will review the process followed in developing the content and share the module with audience members.

**Trauma-informed student health centers for survivors of sexual and intimate partner violence**

In the United States, there has been substantial policy focus on the issue of gender violence on college campuses. Despite detailed policies on HOW university administration should manage prevention, reporting, investigation and adjudication of sexual violence, intimate partner violence and stalking, there has been scant attention to the role of student health services beyond forensic evidence collection. This represents a missed opportunity. College students often have free or very low-cost access to dedicated health care services. These health services can serve as a confidential space for students to receive information and care. Additionally, clinicians can actively screen for victimization, possibly increasing the number of students identified for service, given that reporting rates to law enforcement and campus administration remain low. While forensic evidence collection can be an important part of care of an assaulted individual, basic health care in the immediate aftermath of an assault is critically important, as is ongoing physical and mental health care. Student health services should be a partner with other university resources caring for this population. In this presentation, we will discuss in detail the role of student health personnel, nurses in particular, in providing holistic, trauma-informed, screening for and response to sexual and intimate partner violence.
LEWIS-O’CONNOR, ANNIE

Annie Lewis-O’Connor, Brigham and Women’s Hospital, Boston, MA

Trauma-informed care and resiliency: Shifting the paradigm in healthcare

Forensic nurses are in key positions to create a Cultural of Health Equity and Safety. Realizing, recognizing and responding to patients and staff using a Universal Precautions approach to trauma may maximize the efficacy and humanity of the patient’s experience with the health delivery system and mitigate the effects of compassion fatigue. By developing capacity among providers and engaging patients in a meaningful way, we can likely increase resilience of both patients and providers as they navigate care encounters and transitions, strengthening integration of health services and systems. Forensic nurses are in key positions to go beyond simply raising awareness of trauma-informed care (TIC) approach to increasing a sense of competence among providers and resiliency. This presentation will utilize: case examples, tools utilized and how to assess an organization or practice area for trauma-sensitive practices. A major goal of this workshop is to empower participants to build capacity in their own practice and ultimately create a cadre of clinical leaders and stakeholders that can integrate TIC into clinical practice. This presentation will help the participant to develop their own clinical leadership skills as it relates to organizational change.

LIU, LINDA

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Sole Expression: A trauma-informed hip-hop dance program for youth

PROBLEM ADDRESSED AND SIGNIFICANCE: Many youth experience and/or are exposed to abuse/violence in their lives, which may include: family and community violence, neglect, and physical, psychological/emotional or sexual abuse. Mental health support and developmentally-appropriate interventions are urgently needed for this population. Trauma-Focused Cognitive-Behavioural Therapy is the primary therapeutic modality used for this population. However, these modalities are not always optimal as they may inadvertently re-traumatize youth, and they do not always address the bodily experience of trauma. Trauma is often communicated through the body via physical ailments and individuals cannot always verbally articulate their experiences. Dance can address ‘where’ the trauma is held, provide youth with opportunities to explore movement to relieve tension, and re-establish a sense of ownership with one’s body and mind. PURPOSES OF SESSION: In this presentation, we discuss the development and implementation of Sole Expression, a trauma-informed Hip-hop dance program for youth who have experienced and/or been exposed to abuse and/or violence. The program is a collaboration between Boost Child & Youth Advocacy Centre, Unity
Charity, and Ryerson University. We selected Hip-Hop as a vehicle to deliver the program because it is a style of dance created by young people experiencing trauma and systemic oppression to reclaim their space, embrace an anti-violence movement, and express personal stories. Hip-hop is a culture that fosters communities of healing and support, which is compatible with a trauma-informed lens. This innovative 10-week program was designed as a research intervention with an underlying aim to reduce trauma symptoms by promoting positive physical and mental health, helping youth become more engaged with their bodies, and facilitate effective coping strategies. In addition to describing the program curriculum, we will provide an overview of the role of trauma training and insight into the early phases of our research. LESSONS AND IMPLICATIONS: We conclude with lessons learned about best practices surrounding the design and implementation of an innovative trauma-informed dance program that best benefits the young people served. We provide an overview of the implications for nurses, trauma therapists, and youth workers who may consider this trauma-informed practice as a resource for this population.

MAMUN, AL MAHFUZ

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Does employment in the formal sector protect women from intimate partner violence in the context of patriarchy? The case of garment workers in Bangladesh

This paper assessed the magnitude of different types of intimate partner violence (IPV) and identified the correlates of IPV using cross-sectional survey data collected during September-December, 2016 from 800 female garment workers randomly selected from lists provided by eight garment factories in Dhaka, Bangladesh. The results reveal high levels of IPV experienced by the workers (physical= 34%; sexual=43%; economic =35%, last 12 months). Logistic regression analyses show while 6 years or higher education reduced the likelihood of IPV, young age, having two or more children and education equal to or more than husband increased its likelihood. Financial factors such as ownership of savings and jewellery/household assets increased IPV likelihood, while ability of the worker to mobile resources in crisis reduced it. Middle income group also protected against economic IPV, while household food insecurity increased IPV likelihood. High acceptance of IPV and experience of non-partner sexual violence of the worker increased likelihood of IPV. Having a highly or moderately highly controlling husband predicted different types of IPV. Husband’s substance abuse and extramarital sex also predicted IPV. Work at a factory in the Export Processing Zone protected against IPV. The findings indicate that financial empowerment alone is not sufficient to protect workers from IPV. They support interventions that combine gender empowerment training for workers in the context of better factory working conditions. They also suggest that interventions would be more effective if working with men is included as a programme component.
Validating a measure of symptoms associated with intimate partner violence: The Partner Abuse Symptom Scale (PASS)

Problem Self-report measures designed to capture the health symptoms of women who have experienced IPV are limited by: a) a primarily focus on physical symptoms, while neglecting mental health symptoms; b) failure to include the full range of common symptoms/health problems linked to IPV; c) scoring that focuses on symptom counts or frequency, but overlooks the impacts of symptoms on daily life; d) limited psychometric testing. This study was undertaken to develop a psychometrically sound, comprehensive self-report measure of the severity of symptoms associated with IPV, the Partner Abuse Symptom Scale (PASS).

Method The 54 PASS items reflect common symptoms and are measured along 3 dimensions of symptom experience: a) lifetime experience (yes/no); b) past 6 month frequency (5 point scale, never to daily), and c) symptom interference (10 point scale ranging from no interference to completely interferes). Four experts assigned 30 of 44 PASS items into 6 clinically-meaningful groupings by consensus: gastrointestinal, reproductive, neurological, pain, cardiovascular, and mental health. The factor structure of the PASS was tested using confirmatory factor analysis in MPLUS using data from 309 Canadian women with histories of IPV. Internal consistency and concurrent validity of total and subscale symptoms frequency scores were assessed. Severity scores were computed by adjusting frequency scores by the level of interference reported for each item (range 0-10) and reliability and concurrent validity re-assessed. Results: CFA of symptom frequency items showed excellent fit between items on each subscale and the data, and supported a second higher order factor (symptom frequency). Within each subscale, items factor loadings were all > .40 (range .46 to .81), with the exception of the painful intercourse item on the reproductive subscale (factor loading .29). Internal consistency was adequate. Support for concurrent validity was provided through moderate correlation with the Pain Intensity Score of the Chronic Pain Grade Scale (r = .54); the CESD Depression Scale (r = .56); and Davidson Trauma Scale. Similar estimates of internal consistency and concurrent validity were obtained for severity scores. These new scores were highly correlated with total symptom frequency scores (r=.94). The PASS is a promising brief self-report measure of symptom severity. Addition research is needed to distinguish symptom frequency and severity scores.

MCFARLANE, JUDITH

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Heidi Gilroy, Texas Woman’s University, Houston, Texas, USA
Angeles Nava, Texas Woman’s University, Houston, Texas, USA
Scaling up health outcomes from a 7-year study of 300 abused women with children

To provide evidence for health outcomes for abused women and their children, a 7-year study was completed in 2018 on 300 abused women with children who spoke English or Spanish and who reached out for help from the justice or shelter systems for the first time. At end of study in 2018, 92% of the 300 women and 300 children enrolled at entry into study in 2011 were retained. Models were derived to predict positive health outcomes, specifically what predicts less depression, anxiety, and PTSD, a lower risk for murder and better economic stability and self-esteem. Models were derived to predict the age and gender of children at highest risk to behavioral dysfunctions. Models were derived to explain the relationship between IPV to the mother and the intergenerational impact on her child. Predictive tools were derived and validated for use in the clinical setting. The tools are available from then world wide web at no charge as an application for hand held smart devices (i.e., phone, tablet). The application enables the rapid use of the research evidence for guided referrals and advocacy to promote positive health outcomes. Positive health outcomes for mother and child were determined by mothers’ number of post-traumatic stress symptoms. Mothers with high levels of post-traumatic stress symptoms had children with significantly more behavioral dysfunctions of depression, anxiety, hostility, and aggression. Models revealed that mothers with high levels of self-esteem were able to totally mitigate the negative impact of their high levels of post-traumatic stress symptoms on their children. This research demonstrates that although post-traumatic stress symptoms are commonly reported among abused women, the impact of the stress on her child(ren) can be removed with evidence based interventions to increase the mother’s self-esteem. Uptake of the research findings from more than 50 publications of the 7-year study are being integrated into shelter, justice, and advocacy services for women reporting IPV. The challenges (and rewards) of implementing research into service agencies for abused women will be discussed.

MCFARLANE, JUDITH

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Engaging men to empower women for economic solvency to decrease domestic violence and increase family functioning

To interrupt and prevent violence against women and children, most interventions focus on women. In Pakistan, a new approach to decrease domestic violence is underway via engagement of men toward women's economic solvency. The Pakistan government is offering ultra-poor women a monthly cash stipend to increase family food security and empower women toward greater economic solvency. However, empowerment of women, especially with cash, frequently results in violence against women by male partners who take the cash and may assault the woman if she objects. Therefore, a 5-year randomized cluster experimental study is underway in Pakistan to test male and female empowerment programs against female empowerment programs only, against cash only. Outcomes of family food security, women's empowerment, self-efficacy, depression, and abuse are being measured along with child functioning. To learn how best to engage men in group empowerment programs, qualitative formative research was done with men's focus groups in 5 areas.
of rural Pakistan. Additionally, key community informants were asked the same focus group questions. Questions were asked of what sociocultural factors determined masculinity, gender norms, and violence against women. Additionally, men were asked their receptivity to an empowerment program of weekly sessions where life skills would be discussed as well as issues determined by men. Qualitative analysis revealed men perceive male ignorance drives poverty, maltreatment of women, and a superiority of men over women. Men said, "ignorant men treat women as slaves and do not allow women to make decisions", "ignorant men do not allow their girls to go to school", and "ignorant men have poor families". A full analysis of the qualitative data, intervention programs derived for men and women and recruitment methods will be presented at the conference. Policy recommendations including literacy and job training programs for men to interrupt violence against women.

MOLNAR, BETH

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Creating a vicarious trauma-informed organization: New tools & strategies for success

Vicarious trauma (VT), exposure to the traumatic experiences of others, is an occupational challenge for workers serving victims of violence. Its ubiquity among certain professions is well-documented including nurses working with survivors of domestic violence. Working with those who have experienced trauma changes the worldview of workers and puts individuals and organizations at risk for health and safety consequences. Most organizations, if they address vicarious trauma at all, address it in a cursory manner, with the focus on individual workers, recommending workers employ self-care strategies in off-work hours. This presentation will underscore the need for an organizational response to VT, introduce the development and usefulness of the evidence-informed Office for Victims of Crime’s newly launched Vicarious Trauma Toolkit for victim service and first responder agencies, and walk the audience through steps for conducting an organizational assessment using the Vicarious Trauma Organizational Readiness Guide (VT-ORG), a free tool created expressly for the Toolkit. Results of this assessment of agency strengths and gaps can guide users’ access to relevant Toolkit resources and subsequent improvements to organizational and worker health and safety, positively impacting both workers and those they serve. Through the use of the VTT and the VT-ORG, an organization can strive to become vicarious trauma-informed. Just as a trauma-informed lens informs every interaction with clients who are survivors of violence, with a vicarious trauma-informed lens, the recognition that exposure to clients/patients’ trauma may negatively affect workers informs organizational practices and prevents negative consequences. Being truly trauma-informed means being vicarious trauma-informed too. Organizations can optimize health and safety, reduce turnover, and improve quality of care for those they serve by becoming VT-informed.

MUNRO-KRAMER, MICHELLE

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MKit: Results of a primary prevention sexual violence WebApp

Background: Sexual violence is a public health crisis with high rates among college-age youth. There is a need for holistic primary prevention interventions. Past research emphasizes life skills and social competency as approaches that address individuals within their ecological context. The purpose of this study is to conduct a pilot feasibility test of a web-based application (WebApp). The WebApp, MKit, was developed using a participatory approach with students, faculty, and staff to address students’ needs in relation to life skills and holistic self-care surrounding healthy relationships and sexual violence. Methods: A quasi-experimental design was used to conduct a pilot feasibility test of MKit. We randomized two residence halls at one large, public university in the Midwestern United States. The control group (n= 139) received university programming around sexual violence and healthy relationships that is typical for incoming students. The intervention group (n=122) received the usual programming plus access to MKit. Evaluation of acceptability, feasibility, and safety are being assessed, as well as trends in knowledge, attitudes, and behaviors related to healthy relationships and sexual violence at baseline, 3-months, and 5-months. Focus groups will be conducted with a subsample of participants at the conclusion of the pilot study to further investigate acceptability, feasibility, and safety. The study is in progress; follow-up surveys will be completed in January and March 2018. Results: Baseline data indicate that 26.7% of the sample reported attempted or completed sexual violence victimization; 5.4% of the sample reported attempted or completed sexual violence perpetration. There were no baseline differences in relationship knowledge and rape myth rejection between the intervention and control groups. Analyses will focus on the acceptability, feasibility, and safety of the MKit WebApp. Conclusions: MKit provides a promising framework to serve as a resource and reinforce messages regarding healthy relationships and sexual violence within the university context. By incorporating a holistic life skills approach, the WebApp has the potential to address a wide range of student needs that may impact healthy relationships. Pending the results of this feasibility trial, future work will evaluate the MKit WebApp in a multi-site trial within multiple university contexts.
Background: Intimate partner violence (IPV) is an important public health concern that affects more than 17 percent of women. This prevalence varies widely depending on region. Yet, little is known about the differences between rural and urban women in their responses to IPV. The goal of our presentation is to understand some of the differences around her leaving or staying in the abusive relationship. Methods: The DOVE RCT was conducted in rural and urban sites and examined the effectiveness of nurse home visitation for reducing perinatal IPV. Qualitative interviews were taken at baseline, 3, 6, 12, and 24 months after delivery. In this study, interviews from 12 participants (6 urban and 6 rural) were randomly selected to conduct a thematic analysis of why women chose to either stay or leave their abusive partners. Comparisons between sites were made. Results: Key differences were noted. For urban women, not being able to find housing away from their abuser was a factor that promoted staying. However, leaving was more common if the women had children with different partners or if her abuser had children with other women. In contrast, rural women stayed if she felt dependent on the abuser and if she felt she would not be able to totally disengage due to the rural location. However, rural women would leave if the abuser did not provide financial or tangible support for the baby. Similarities found in both groups for women staying were if the abuser was the father of several of her children or if the abuser financially supported her children. Both groups of women were likely to leave if the abuser was in jail, if her children were hurt, or if she met a new partner that was not abusive. Implications: It is essential to understand the reasons why women stay with or leave their partners especially in the context of their geographical location. This will help to tailor interventions that address the barriers and the facilitators enabling women to leave and provide a safe environment for herself and her children.

O’DONNELL, SUE

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The applicability and fit of the composite abuse scale revised – Short Form (CASR-SF) for Men

Problem and Purpose: The CASR-SF is a brief 15-item self-report measure of IPV severity that comprehensively captures the concept of Intimate Partner Violence (IPV), including psychological violence and coercive control. While the reliability and validity of this new measure has been demonstrated in a sample of more than 6,000 Canadian women, the extent to which the CASR-SF is robust in other samples, including men, requires further testing. The purpose of this study was to examine the applicability and fit of the CASR-SF among men. Methods: In this mixed method, methodological study, we: a) conducted a review of the literature on men’s experiences of IPV; b) consulted an expert in the measurement of gender-based violence and the developer of the original CAS about its use with men; and, c) administered an online survey to 23 international experts in the fields of IPV, gender and/or masculinities asking them to rate each item on three criteria: applicability for men, gender bias in wording, and appropriateness for diverse groups and contexts. Analysis: Expert consultations were transcribed and summarized using content analysis techniques. Quantitative ratings of the items from the online survey were summarized using descriptive statistics.
while qualitative comments provided on the survey were analyzed using thematic analysis. Findings from each phase were compared with each other, and placed in context of the literature review. Results: All 15 items were found to reflect men’s experiences of IPV. Three main considerations were identified for additional testing of this scale with men: (1) capture sex and gender of both the survivor and perpetrator in order to identify variations in men’s experiences of IPV; (2) retain a question on fear experienced by the survivor, as this shows potential for distinguishing differences in patterns of IPV; (3) consider adding a new item related to sexual humiliation. Implications: Preliminary findings suggest that the CASR-SF is applicable to and fits with men’s experiences of IPV. Cognitive testing with men is underway to further test the validity of the tool among men, and to point to areas where refinements may be needed prior to larger scale testing.

OKRAFKA, JANET

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Beyond the rape kit: The role of SANE Nurse in community collaboration and care provision

This session reports on the findings of a recent Violence Against Women Victim Advocate Case Review of sexual assault investigations conducted in a small municipality in Ontario. A multi-sector, multi-agency team was tasked with developing and implementing a process for reviewing local police investigations of sexual assault. This team was comprised of women’s advocates, a SANE nurse, a legal advocate, and an academic. By retrospectively reviewing all sexual assault investigations (n=154) conducted between 2014 – 2016, the team developed a set of recommendations for local police, with central recommendations dedicated to ensuring medical needs, patient safety, and evidence collection standards are met when conducting sexual assault investigations. The purpose of this session is to describe the medical and safety needs of sexual assault survivors when a report is made to police, including sexual assault evidence collection. The attendees in this session will recognize the importance of the following 6 recommendations and be equipped to advocate for their implementation in their local communities: 1) Offering the care of a Sexual Assault/Domestic Violence Care Team, 2) Ensuring officers do not make decisions about medical care, 3) Understanding a Sexual Assault Examination Kit as an OPTION of care, 4) Ensuring officers do not assess injuries in the field, 5) Encouraging ‘real’ safety planning, and 6) Understanding sexual assault risk factors. Led by a SANE nurse, presenters in this session aim to deliver these key lessons: the value of healthcare professionals who have expertise in sexual assault/domestic violence; the importance of developing an approach to direct patient care that utilizes a survivor-centered, trauma-informed response to sexual assault; and the importance and value of community partnership in achieving and sustaining the above recommendations. The recommendations of this project have implications for the way medical care is offered during the course of a police investigation, as well as, best practice information with respect to how medical information is shared, sexual assault evidence collected, and follow-up care is coordinated between hospital staff, police personnel, and community-based advocates.
Problem Statement: Domestic violence (DV) is an international public health challenge, causing significant morbidity and mortality, especially for women and children. ‘Screening’ is the process used to identify victims of DV to offer interventions for positive outcomes. Under-reporting and inadequate DV screening by healthcare professionals (HCPs) persists. Key reasons include insufficient time, lack of confidence, inadequate training, and inadequate resources. It was hypothesised that an innovative, online training resource may help bridge the knowledge gap and address confidence, time and resource barriers. Delivery of DV screening tools, including concepts of non-judgemental approach, developing rapport and trust, in short segments via a mobile-friendly online platform may enable HCPs fit this training into their busy schedules. Purposes of this session: • Summarise previous research regarding DV screening barriers • Describe development and implementation of an innovative online training resource for DV screening • Showcase the training resource • Discuss lessons learned • Outline evaluation methods. The innovation: The interactive online training resource was developed using Adobe Captivate software for delivery across multiple learning management systems. It incorporates short videos and learner interactions in segments of approximately 3-5 minutes, with total duration 1 hour. It dovetails with other DV training to encourage further learning and accreditation has been sought for industry continuing professional development (CPD) points. Development and implementation approaches: This training resource was developed and implemented with extensive industry input, including an expert working party who advised on module content, design and roll-out. Collaborators included general practitioners, general practice nurses, domestic violence advocacy organisations and health professional organisations. Lessons and implications: The collaborative development approach required extra time to liaise with multiple stakeholders. However, benefits in quality, fit and uptake of the training resource are expected to far outweigh this. Planned evaluation: The online resource will be evaluated by approximately 200 HCPs using a mixed method approach incorporating quantitative and qualitative data collection. Participants will undertake quantitative testing of DV screening knowledge and confidence before and after completing the training resource. Post-testing will include open-ended qualitative evaluation questions. Impact: This training resource could significantly improve DV screening by HCPs, thus enabling early detection and intervention.
Effect of intimate partner violence and workplace violence on depression of female garment workers in Bangladesh

Overall, level of Intimate Partner Violence (IPV) is high (54%) in Bangladesh. Moreover, female garments workers are more prone to report IPV and are vulnerable to different forms workplace violence (WPV). Experience of violence put women at increased risk of developing depressive symptoms which can be a precursor of other mental and chronic health problems and related with low self-esteem, lower life satisfaction and lower productivity. However, effect of IPV and WPV on female garment workers mental health has not been studied yet in Bangladesh and the pathways through which experience of IPV and WPV lead to development of depressive symptomatology remain unknown. This paper aims to address this gap in the literature using data from a cross sectional survey of female garment workers (n=800) conducted as baseline survey of HERrespect trial.

We conducted descriptive analyses structural equation modelling to explore the pathways. The findings shows rate of any IPV (69%) and WPV (73%) experienced or witnessed. Around 40% of the female workers reported depressive symptomatology. Statistical analysis of the pathways through which IPV and WPV contribute to depression shows that IPV contributed to depression through increased WPV, and work related stress; reduced life satisfaction, self-esteem, and general health. WPV was directly associated with higher depression. It also contributed to depression through work related stress, life satisfaction and general health. It also reveals that a worker’s ability to mobilize resources in crisis situation, however, increased self-esteem and life satisfaction; and reduced work related stress. Thus, the rate of IPV, WPV and depressive symptomatology is high among female garment workers. As documented in previous literature experience of violence has an adverse impact on women’s mental health, whether it is IPV or WPV. As the results show experience of violence (IPV and/or WPV) increased work related stress and ultimately led to development of depression, which may reduce productivity. Thus, violence incurs cost at individual, family and the garment sector levels. The findings suggest that programmes to reduce IPV and WPV and to promote women’s empowerment would improve women’s mental health through enhanced self-esteem and life satisfaction and productivity.
Rethinking study design for evaluating interventions for survivors of domestic violence

Objectives: Collection of baseline data “contaminates” the control group when evaluating interventions for survivors of intimate partner violence (IPV). The goal of this presentation is to encourage alternative research designs to address this contamination problem. Background: Studies examining the effectiveness of interventions for survivors of IPV consistently find reductions in IPV and symptoms of depression and PTSD in both the intervention and control groups. Qualitative interviews with survivors in the control group have indicated that completing study measures at baseline increase their awareness of the severity and health effects of her situation, therefore, acting as an intervention. This presents a problem for testing the effectiveness of interventions using longitudinal designs as data collection at baseline “contaminates” the control group. Methods: This is a secondary analysis of data from three longitudinal studies of interventions with survivors of IPV. Chi-square and t-tests were used to examine balance between the intervention and control groups on demographic variables and baseline values of the outcomes (IPV and depression). Multiple regression was used and residualized change results were compared to endpoint only analyses controlling for baseline variables related to the outcomes. Results: Analysis of the first dataset from the IRIS study, a Safety Decision Aid intervention (N=725) found no differences between the intervention and control groups demographics, mental health, and severity of IPV at baseline. Education (p=.049) was related to change over time in depression and IPV (p=.010). Results from residualized regressions for depression using change from baseline to endline were similar to endline only analyses controlling for baseline variables related to IPV and depression (b=-2.5 vs. b=-2.7). The results from all 3 studies will be presented. Discussion/Recommendations: We have demonstrated that randomized groups are balanced with respect demographics and baseline levels of the outcomes. When covariates related to baseline levels of the outcomes are included in analyses the results of analysis of change scores and very similar to analysis of endline only. The findings support the use of alternative designs that do not collect baseline data on measures related to IPV and mental health in the control group.

REEVES, ELIZABETH
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Using photovoice to explore the healthcare experiences and strategies of survivors of violence

Problem: Traumatic violence can have severe and lasting consequences in the lives of survivors, including negative health outcomes that can be exacerbated when inadvertently distressing or retraumatizing health care experiences act as barriers to seeking needed care. Evidence on the ways survivors of violence navigate healthcare experiences is still limited. Purpose: The purpose of this study was to develop knowledge on the healthcare experiences and strategies of women survivors of violence using participatory research. Design: This study used community-based participatory Photovoice methods. Sample: Six participants individually completed a demographic questionnaire and interview and collaboratively completed orientation, Photovoice, and process analysis sessions. Data Collection: Participants collaboratively identified five photography prompts (e.g. “How a provider has made you feel”) in alignment with the study’s purpose and independently took photographs to address each prompt. At each Photovoice session, participants selected one
photograph for in-depth discussion facilitated by the presenting author. Participants also completed a process analysis of a primary women’s health appointment, assessing each step of the encounter from a survivor perspective for potential improvements to care delivery. Analysis: Recordings were professionally transcribed. Inductive qualitative description was used to create and refine a codebook and codes were applied to participant statements and then categorized into themes. Results: Participants had experienced a variety of traumatic life events. Provider-patient relationships were strained when participants felt that providers privileged their own medical knowledge and opinions over the participant’s self-knowledge and autonomy. Participants identified feeling believed by providers as a crucial component of positive health care experiences and relationships. Narratives revealed that inconveniences inherent to the US healthcare delivery system may have more severe impacts on survivors. Participants used a variety of self-advocacy and self-care measures to navigate healthcare encounters. Implications: Descriptive data on the healthcare strategies of survivors of violence and their beliefs regarding healthcare quality improvement is a unique contribution of this study to existing body of research on trauma-informed care. Providers should strive to cultivate mutually respectful and trusting relationships and should emphasize that survivors’ experiences, self-knowledge, and healthcare desires are taken seriously as part of shared healthcare decision-making.

REMPEL, EBONY

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Intimate partner violence: A review of on-line interventions

Violence against women (VAW) is a global issue affecting health, social, and legal systems. VAW contributes to the inequities with respect to the social determinants of health that many women face today. Intimate partner violence (IPV) refers to any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship and is one of the most common forms of VAW. The onus on self-care in the face of violence remains almost singularly with the victims. The act of leaving an abusive relationship can be a prolonged and extensive process, with potentially life-long consequences for women even after leaving the abusive relationship. Access to information and services in support of women’s health and safety is fundamental. Women experiencing IPV need information about available services and interventions to support them at various points along the trajectory of an abusive relationship. Given the ubiquity of mobile information technology there is a widespread assumption regarding the ease of access to information, services, and supports. However, research is limited on how newer forms of communication and health information technology (e.g., social media) are used to access information, services, and supports among women experiencing IPV. To explore the emergent research related to online interventions for women within the context of IPV a scoping review of published and grey literature was conducted. The research question guiding this scoping review was: what are the online interventions available to women who have experienced IPV? Research literature published between 2000-2016, inclusive, was reviewed. Eleven peer reviewed papers fit the inclusion / exclusion criteria. Findings suggest that most of the online interventions available for women focused on the act of
leaving with less emphasis on the experiences that occur after a woman has left the relationship. In addition, the online interventions concentrated on the individual capacity of the survivor to leave an abusive relationship and demonstrated limited understanding of IPV in relation to the broader social-contextual factors. Findings from this research highlight information gaps for women who require significant support after leaving an abusive relationship.

SABRI, BUSHRA

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Common and culturally specific factors related to intimate partner violence among immigrant and refugee women: Implications for safety planning

Problem Statement/ Purpose: Immigrant and refugee women are at high risk for intimate partner violence (IPV), and intimate partner homicide (IPH). With the growing immigrant and refugee population in the US, culturally responsive risk assessments and safety planning interventions are needed. A study of homicides in New York City found foreign-born status the strongest risk factor for IPH (Frye et al. 2005). This study aimed to identify a) general and culturally-specific risk and protective factors of IPV and IPH among immigrant and refugee women and b) areas of safety planning interventions for those at risk for severe or lethal violence by an intimate partner. Design: This qualitative multisite study was conducted through in-depth interviews (IDIs) and focus group discussions (FGDs) in Massachusetts, Arizona, Virginia, Washington DC, New York, Minnesota, and California using purposive sampling. Sample: Eighty-six IDIs were conducted with female adult immigrant and refugee survivors of IPV (within last 2 years): Asian (n=30), Latina (n=30) and African (n=26). 9 FGDs and 5 key informant interviews were conducted with practitioners with two or more years of experience serving immigrant and refugee women. Data Collection/ Analysis: Data were collected using semi-structured focus group and interview guides, and analyzed using thematic analysis. Results: Participants identified societal-levels risks (e.g., patriarchal cultural norms), relationship-level risks (e.g., in-law abuse), and individual-level risks (e.g., victim's immigration status, abuser's alcohol/drug problem, inability to control temper, sexual orientation, and isolation of the victim) for IPV/IPH. Culturally-specific risks included dowry and family honor among Indians, and cultural divorce among Hmong. Participants shared protective effects including social support, faith, education, economic independence, English proficiency, and children. Acculturation was a risk and protective factor. Participants shared that safety planning interventions should address safe housing/shelter, finances, driving lessons, language access, connecting them with services in the community. Implications: This research highlights culturally-specific areas of risk assessments and safety planning for diverse groups of immigrant and refugee survivors of IPV. The findings are informative for policy makers as well as practitioners serving at-risk immigrant and refugee survivors of IPV in legal, social service, and physical and mental health settings.
ST. IVANY, AMANDA

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Structural Violence: Identification and Nursing Response

Problem to be addressed: Structures, policies, institutions, and norms that exist beyond the individual or family levels shape the experiences and cycles of violence and trauma. Structural violence is defined as social arrangements and relationships of systems and institutions that keep individuals and populations from achieving their highest potential. Structural violence is acknowledged as a confounding feature of intimate partner violence, and has been heralded as a fundamental concept that has not been adequately acknowledged and acted upon to address the problem of intimate partner violence. Patterns of violence and long-term healing and health are connected to social systems and institutions. Understanding how structural violence occurs, increasing our nursing assessments to identify and assist those who are experiencing structural violence in seeking health care and accessing other service agencies, and addressing unequal or inadequate access resulting from population and systems level issues are essential to reshaping the lived experiences of women experiencing violence. Aims of the symposium: We will present research on the role of intersectionality in structural violence using firearm violence and traumatic brain injury from intimate partner violence as two examples. This will be followed by a presentation on systems and individual level methodologies for identifying and intervening with the intention of developing a more nuanced operationalization of structural violence relating to trauma informed care for use in research, interventions, and policy development. Symposium format: We will present 4 papers which cover: a) the exemplars of firearm violence in the United States and intimate partner violence-related traumatic brain injury examined in the context of structural violence; b) an understanding of coercive control in the context of death reviews of women experiencing violence; c) systems thinking approaches for recognizing, assessing, and intervening upon the presence and effects of structural violence in health care and service settings; and d) individual and group level evidence-based strategies for addressing structural violence and providing trauma informed care. Following this, the floor will be opened for discussion.

ST. IVANY, AMANDA

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Susan Kools, University of Virginia, Charlottesville, Virginia, USA
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Kristen Wells, University of Virginia, Charlottesville, Virginia, USA
Phyllis Sharps, Johns Hopkins University, Baltimore, MD, USA
Linda Bullock, University of Virginia, Charlottesville, Virginia, USA
**Rethinking survivorship: Stranded at the intersection of traumatic brain injury and intimate partner violence**

Women living with traumatic brain injuries from intimate partner violence are receiving growing attention in research but little is known about the context of their lives, the nature of abuse when they are hit in the head, and how their symptoms of brain injury impact their lives. This constructivist grounded theory study using primary and secondary data analysis (N=19) explores the lives of women who pass out from being hit in the head during intimate partner violence. A theory of being stranded at the intersection of traumatic brain injury and intimate partner violence was generated, defined as experiencing challenges with one while trying to access resources for the other. The central process of women prioritizing safety for themselves and their children was influenced by dangerous characteristics of the abusers and repeating cycles of abuse in the lives of women. This dissertation adds to the understanding of traumatic brain injury as a chronic disease process and not a one-time event model. Researchers, healthcare workers, and policy makers need to begin to address the structural violence that keeps women from obtaining the resources they need to live a happy and healthy life.

**SAMSA, SILVIA**

Silvia Samsa, Women's Habitat, Toronto, Ontario, CANADA  
Julia Fiddes, George Brown College/Women's Habitat, Toronto, Ontario, CANADA  
Randi Sears, Women's Habitat, Toronto, Ontario, CANADA

**Harm Reduction: Incorporating trauma-informed practices within a violence against women shelter**

Women who are forced to flee their home due to violence in the home, often seek shelter in a Violence Against Women shelter. Historically, shelters have been ruled based in their approach with many boundaries being set. Many shelters are now embracing a trauma informed approach. The last "frontier" in working from a trauma informed perspective has been the issue of harm reduction. Women's Habitat has been committed to developing and practising from a harm reduction framework. Working in partnership with City of Toronto, Public Health, has been instrumental in the creation of the policy.

**SAPKOTA, DIKSHA**

Diksha Sapkota, Griffith University, Queensland, AUSTRALIA; Kathmandu University, Dhulikhel, NEPAL  
Kathleen Baird, Griffith University; Gold Coast University Hospital, Queensland, AUSTRALIA  
Amornrat Saito, Griffith University, Queensland, AUSTRALIA  
Debra Anderson, Griffith University, Queensland; Women's Wellness Research Program, AUSTRALIA

**Interventions for domestic violence among pregnant women in low and middle income countries: A systematic review**
Background: Domestic violence (DV) during pregnancy is well-recognized as a global health problem. Its alarming prevalence rates and serious negative health consequences have gained international significance. Although a number of violence prevention programs have been developed and implemented, the majority of such programs are from high income countries. This review aimed to summarize and critically appraise DV interventions used around the time of pregnancy in low and middle income countries (LMICs). Methods: Total seven electronic databases were systematically searched and the search was augmented by bibliographic reviews. Published and unpublished literatures written in English were included. Two reviewers assessed the eligibility of the studies; extracted the data; and assessed quality of studies using the Cochrane Risk of Bias Assessment Tool. Meta-analysis was not possible due to substantial heterogeneity across studies. Effect sizes (relative risk and/or mean difference) were calculated for each outcome and quality of the evidence was assessed using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) criteria. Results: Only six studies met the eligibility criteria (three were randomised trials and three were non-randomised trials). Although this review did not produce a firm conclusion that a certain intervention was effective, the intervention consisting supportive counselling showed reduction in DV and improvement in safety behaviours. Studies were lacking methodological rigor and none of the evidence could be rated as of good quality. Some interventions that were embedded into an existing health program produced promising results. Only one study have measured the mental health of abused women and there was limited evidence on secondary outcomes such as social support and help-seeking behaviours. None of the studies reported any harmful effect of interventions. Conclusions: This review addressed the knowledge gap by collating evidence on DV interventions for pregnant women in resource-constrained countries. Additional high-quality research measuring comparable outcomes are necessary to clarify the effect of the intervention and to facilitate evidence-based program planning and implementation.

SCOTT-STOREY, KELLY

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Progress in the development of a measure of a lifetime violence exposure

Problem Statement: A measure of lifetime violence exposure that includes type, frequency, and severity during childhood and adulthood and as target and perpetrator is required to extend understanding of the consequences of lifetime violence on health and well-being. Purpose: To discuss our progress in the development of a measure of lifetime violence exposure that was tested with men. Study Design: Exploratory, Tool Development. Sample: A community sample of 600 English-speaking men ages 19 to 65, living in New Brunswick, Canada. Data Collection Approach: An online survey that included a 64-item study specific scale to collect data on lifetime physical, psychological and sexual violence exposure as target and/or perpetrator was administered. Items focused on childhood and adulthood and on contexts such as family, partner, peer, workplace, and community. Analysis: Currently data have been cleaned and are complete for 590 men. Preliminary factor analysis is underway using Principal Components Analysis (PCA) to develop the scale and determine subscales.
Results: We have encountered several challenges. First, our early pilot work highlighted the importance of limiting the complexity of items such that each measures an individual type of violence within a particular context and developmental stage. Despite these efforts, our preliminary PCA shows that some items remain complex and have difficulty loading highly on only one factor. Another concern is lack of variability or floor effects in the responses. Finally, we question whether gender norms influence how men respond to some items. Nonetheless, we have identified 7 factors with reasonable Cronbach's alphas and useful interpretability. Implications: The intention of this session is to foster discussion regarding the issues.

SCOTT-STOREY, KELLY

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An exploration of lifetime violence exposure and men’s health

Problem Statement: Although men’s health is a growing concern worldwide, little attention has been given to how differences in perceived lifetime violence exposure as target and/or perpetrator affect men’s health and health behaviours. Purpose: To compare patterns of health between men who do and do not report lifetime exposure to violence. Study Design: Exploratory. Sample: 601 English-speaking men, living in New Brunswick, Canada, ages 19 to 65. Data Collection Approach: An online survey that included instruments with established reliability and validity such as mental health (CESD-R, PCL, GADR), alcohol use (AUDIT-3), and chronic pain (Chronic Pain Grade) was administered to a community sample of men. Survey specific questions were used to capture chronic health problems and health behaviours (e.g., exercise, help seeking, substance use). Lifetime physical, psychological and sexual violence exposure as target and perpetrator was measured with a 64-item study specific scale. Analysis: Preliminary assessment of violence scores reveals that the sample includes two groups, of approximately equal size, representing those who do and do not report lifetime violence exposure. Following data cleaning, replacement of missing values and consideration of assumptions for statistical analysis, comparative testing was conducted for significant difference between groups on health measures. Results: The sample consists of 601 men age 19 to 65 years (mean = 37.8). Nearly 60% were married or living with a partner and 90% identified as heterosexual. One third had dependent children under 18 years. About 25% had high school education or less, 25% had some college or university education, and almost 50% had a college or university degree. More than half of the men lived in medium sized cities, one third lived in rural communities or small towns, and 10% lived in large cities. Approximately 70% were currently employed and almost 42% had a personal annual income less than $25,000. Preliminary descriptive statistics suggest that men with violence exposure have generally poorer scores on health measures than those who report little or no exposure. Implications: These exploratory findings and subsequent analysis will contribute to our understanding of the relationship between cumulative violence exposure across the lifetime and men’s health.
**SEDZIAFA, ALICE PEARL**

Alice Pearl Sedziafa, Western University, London, Ontario, CANADA

(Re)producing and legitimizing sexual violence through marriage in Ghana

Sexual violence transcends economic, cultural, social, and religious backgrounds and is gender-based, affecting women more frequently than men. Sexual violence within marriage (SVWM), although problematized, is highly prevalent in sub-Saharan African countries including Ghana. In Ghana, marriage is used to legitimize sexual violence and rape given that the socialization incorporates such beliefs as marital rites conferring to men an unlimited right of access to women’s bodies. What is more concerning is that to date, Ghana lacks a coherent and explicit legislative instrument that addresses sexual violence and rape within marriage. However, the lack of a policy framework reflects the paucity of research in this area. Many cultural generalizations can be made about Ghanaian women’s experiences, but these experiences differ along matrilineal and patrilineal kinship ties. The kinship categories organize the socialization of women and their access to sociopolitical privileges as well as child custody which are elements of resistance to, or acceptance of marital and domestic violence. The matrilineal predominantly apportions sociopolitical and economic privilege as well as child custody through women who are considered the “carriers” of the lineage, whereas the patrilineal sustain such privileges pre-dominantly through men. It is noteworthy that intimate partner violence (IPV) differs by frequency, severity, and type of violence—physical, sexual, emotional and economic—for matrilineal and patrilineal groups. Apart from SVWM, almost all forms of IPV can be addressed through Ghana’s legislature. There are at least two reasons why nursing informed qualitative exploration of SVWM can expand knowledge and quality healthcare on SVWM. First, nurses comprise the largest healthcare workforce globally, who are on the frontlines of healthcare delivery and most likely to interact with women experiencing SVWM. Second, nursing is multidisciplinary and is oriented to provide diverse care to improve the health outcomes of women experiencing SVWM. In this context, the proposed study has critical implication on policy directions, educational, theoretical, research and professional ethos.

**SENN, CHARLENE**

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The development, testing and implementation of an evidence-based sexual assault resistance program

Researchers have known that sexual violence is a serious problem on University campuses for more than 30 years. Those high rates have not changed. This sexual violence is most often perpetrated by men known to the victim. This reality presents unique emotional and psychological obstacles for women. Campus sexual violence prevention aimed at stopping men’s perpetration has, despite decades of work toward that goal, not been effective. Bystander programs, which are powerful and effective in changing bystander attitudes and behaviour, do not have demonstrated impacts on sexual
violence perpetration or victimization. Empowerment of women in the face of these realities is important. Building on feminist and social psychological theory, the first author developed an evidence-based intervention that provides undergraduate women with the best tools available for early detection of danger and effective resistance against sexual assault attempts by male acquaintances. In a randomized controlled trial the EAAA (Enhanced Assess, Acknowledge, Act) sexual assault resistance program (a.k.a. Flip the Script) reduced the incidence of rape and attempted rape women experienced by 50% over a 12 month period. Positive effects last for at least two years and are accompanied by increased confidence, reduced woman-blame, and lower self-blame if sexual victimization is experienced. Currently, the EAAA program is the only campus intervention available that has been proven effective in reducing sexual assault. It has recently become available (on a not-for-profit basis) for use by other universities. This presentation will describe the EAAA program and the evidence for its effectiveness with a focus on recent efforts to create the conditions to facilitate implementation at universities across Canada, the United States, and around the world. We will briefly discuss the steps taken to transition from research to implementation with an eye to identification of potential best practices. This presentation should inform researchers and practitioners looking to develop evidence-based interventions aimed at promoting or protecting women’s health.

SEYMOUR, REBECCA

Rebecca Seymour, Coventry University, Coventry, West Midlands, UK
Elizabeth Bailey, Coventry University, Coventry, West Midlands, UK
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The experiences and needs of women with FGM in the postpartum period

The eradication of FGM is supported by the WHO, UNICEF and the UK government. The WHO estimates approximately 200 million women are living with FGM today, with 3 million at risk of having the procedure completed annually (WHO, 2016; UNICEF, 2016). Maternity services are often the first point of contact women with FGM have with the UK health services. While previous research has focused on antenatal care, there remains a lack of research focusing on postpartum care. As women with FGM continue to have poor perineal outcomes post-birth, this is an area which needs exploring. The purpose of this research was to understand the experiences and needs of women with FGM in the post-partum period, and to give a voice to an often unheard group of women in a sensitive and important time in their lives. Fifteen women with different types of FGM were recruited in the antenatal stage from a specialised FGM clinic in Coventry, UK, for this focused ethnographic study. Semi-structured interviews and thematic analysis were used, guided by feminist theory. Key informants, including specialist FGM midwives and doctors were also interviewed to provide a full picture from both the client and provider perspective. A documentary analysis was conducted to assess available policy at the hospital and national level from the UK and international communities. Results indicate a need for increased specialised care during the postpartum period for women with FGM. Content analysis of documents showed the majority of guidelines and policy statements are lacking specific information for women with FGM requiring specialised postpartum care. Guidelines at hospital and
national levels for FGM need continued development in the UK. The implications for this study are broad and touch on policy development for postpartum guidelines (currently unavailable for women with FGM), education for healthcare providers and public health, and the development and distribution of resources dedicated to women with FGM.

SEZIBERA, VINCENT

Vincent Sezibera, University of Rwanda, Kigali, RWANDA
Aimee Josephine Utuza, Western University, London, Ontario, CANADA
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Healing in the Aftermath of the Genocide against Tutsi: The Rwandan Context

Background/Context: Although the Genocide against Tutsi took place 24 years ago (April – July 1994), and its duration was relatively brief, the human, social, and economic costs have been enormous, and continue to persist today. These are particularly severe for women and children who were targeted by the perpetrators. It is estimated that 200,000 Rwandan women or more were victims of some form of sexual violence during the genocide, including systematic gang rapes, which led in some cases to pregnancies. It is roughly estimated that 20,000 babies were born of rape, with some of them HIV infected. The ubiquity and depth of suffering, and the collective experience of trauma, have been profound. Friendship and community networks that had previously provided solace and support for women and children (e.g. widowers and orphans) were shattered as friends and neighbours turned against one another. The net result was a legacy of fear, insecurity, anger, grief, and, for some, a desire for revenge. Under these conditions, social trust dissolved, and many women came to feel isolated, alone, and abandoned. Others have had to deal with chronic pain, in addition to AIDS-related illnesses and the sequelae of other sexually transmitted diseases. Over the past two decades, the Rwandan people have demonstrated a great deal of resilience, and a remarkable capacity for healing and forgiveness. Yet challenges remain. Contribution from speakers: In this Symposium, we discuss the impacts and implications of the Genocide against Tutsi in Rwanda, from several distinct perspectives. Prof. Vincent Sezibera will provide an overview of the genocide and its impacts. He will discuss his research related to psycho-trauma in post-genocide Rwanda and existing gaps in treatment. The sample for this research consisted of 200 students from the University of Rwanda, Prof. Sezibera and his colleagues assessed the mental health needs (PTSD, suicidality, functional and somatic complaints), and strategies the students used to obtain support and to access mental health services. Findings revealed that high levels of mental health challenges, including PTSD, persist in the population of survivors of the 1994 genocide against Tutsi in Rwanda and, other than the commemoration day, access to services is limited. Ms. Utuza Aimee Josephine will discuss the notion of resilience based on her research with women, ages 18-49 years, in Rusororo Sector communities. Using the Domestic Violence Abuse Questionnaire and the Resilience Assessment Questionnaire Based on her research in this area, findings revealed high levels of resilience. Moreover, women used a range of strategies to foster their own sense of resilience. The findings and implications for those in the health and social sectors will be addressed. Prof. Helene Berman will discuss current efforts aimed at the elimination of gender-based violence in Rwanda, drawing upon knowledge and insights acquired during recent travels to that country. While it is often thought that North Americans should
teach others how to address their problems, the vantage point taken for this discussion is exactly the opposite — that we, in Canada and the US, have a great deal to learn from efforts currently underway in Rwanda.

SHARPS, PHYLILLIS
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Screening for violence in the home: mHealth technology vs paper?

Background: Globally, the prevalence of intimate partner violence (IPV) during pregnancy ranges from 4%-29%. Screening and identifying abused pregnant women continues to be a challenge, especially for home visiting programs. Computer assisted technology has been effective for screening sensitive issues such as depression and substance use. The purpose of this presentation is to describe effectiveness of two different methods (paper-pencil vs. computer assisted) for screening for IPV in perinatal home visit programs. Methods: Pregnant women (N= 416) participating in perinatal home visiting programs in urban, suburban and rural settings were randomized to either traditional paper-pencil IPV screening or IPV screening on hand-held tablets. Screening data were examined for IPV prevalence rates comparing paper-pencil vs. tablet. Variables included settings, and ethnic/racial background. Results: Results using paper was 21.8% versus 24.5% using tablets (p=.507). Although there were no significant differences between paper versus tablet the prevalence rates were higher using tablets (Urban — paper = 15.6% vs. tablet =16.3%, p=.881; Suburban paper = 30.6% vs. tablet = 34.5%, p=.634; Rural — paper = 22.9% vs. tablet = 31.7%, p=.390). Prevalence rates were not significantly different between the two screening methods, however paper screening had a slightly higher prevalence (Af Am – paper = 28.8% vs. tablet = 24.5% -p=.62q; Euro Am - paper = 20.7% vs. tablet = 20.0%, p=.895). Implications: This study ’s results provides evidence that women will reveal their abuse status regardless how asked. The important strategy is for health care providers to screen and then connect women to resources in order to improve pregnancy outcomes.

SHARPS, PHYLILLIS
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Passport to freedom: A women’s re-entry program promoting health after trauma

Background and Significance Incarceration rates of women, especially substance using African Americans, are increasing. Up to 90% of incarcerated women report a history of violence with the majority experiencing poly-victimization. Although there are many interventions that assist formerly incarcerated women to reintegrate into their communities, few, if any, help women understand and cope with the physical and emotional impact of trauma. Many women living in poverty experience stress due to insufficient access to resources. Events such as unemployment and financial insecurity increase risks for mental health morbidities such as anxiety and depressive symptoms. Repetitive exposure to physical, psychological and/or sexual violence may result in chronic physical and mental health problems, including PTSD symptoms, which may interfere with daily functioning and sustained employment. Purpose of the Session To describe a program designed to address symptoms of trauma using mindfulness techniques and health promotion activities among previously incarcerated women and discuss measured outcomes. Program Design and Implementation Passport to Freedom (P2F) is a trauma-informed mindfulness program. P2F included six 90 minute weekly sessions which focused on: Trauma, Women’s Health, Healthy Relationships, Family Patterns, Career Planning, and Final Reflections. Each session offered trauma-informed mindfulness strategies and was co-facilitated by a psychotherapist and a registered nurse. Program outcomes included: Improved knowledge and skills to manage personal physical/mental health and Use of mindfulness strategies to reduce symptoms of trauma/stress. Success Summary and Lessons Learned Three cohorts of women, 24 in total, attended weekly sessions. Each cohort included women in different stages of recovery from substance misuse. Adjustments were made based on group dynamics (in active addiction treatment program versus completed addiction treatment program). Comparison of pre-post measures revealed decreased symptoms of depression, decreased experiences of violence, and decreased concern of everyday stressors. Sixteen (84%) reported practicing mindfulness exercises learned in class and would recommend the program to others. Implications Our program provides a promising approach to improve the physical/mental health of previously incarcerated women who experienced multiple traumas by increasing their knowledge of the connection between trauma/stress and health, providing tools to manage their personal health, and providing strategies to cope with symptoms of trauma/stress.

SIGNORELLI, MARCOS

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Asking about fear in measuring intimate partner abuse

Intimate partner abuse (IPA) has multiple impacts on women’s health. We need to determine the best questions to ask women in measuring IPA across clinical and research contexts. Brief questions that reliably identify IPA are important across settings. We estimate the sensitivity and specificity of three brief questions about fear of a partner compared to the 30-item Composite Abuse Scale (CAS). We conducted a secondary cross-sectional analysis comparing data from four existing studies with robust samples sizes (1257 to 5871 adult women). All studies asked women attending clinical settings about IPA using both the CAS and the fear items. We analysed sensitivity, specificity and Receiver Operating Curve (ROC). We also examined associations between demographic factors and fear through univariable logistic regression. The prevalence of IPA (CAS ≥ 7) varied from 6.5% to 16% among the project samples. The prevalence of fear of partner varied from: 9.5% to 26.7% (lifetime fear); 14% (fear in the past 12 months); and 1.3% to 3.3% (fear currently). ‘Fear in the past 12 months’ had the greatest area under the ROC curve (AUC = 0.80 95% CI 0.78 to 0.81) compared to ‘fear currently’ (AUC from 0.57 to 0.61); or ‘lifetime fear’ (AUC from 0.71 to 0.77); and demonstrated better sensitivity (64.6%) and specificity (94.8%) compared to other questions. Demographic factors associated with fear of a partner in the past 12 months included being divorced/separated (OR=8.3, 95% CI 6.56 to 10.49); having a low income (OR=4.21, 95% CI 3.46 to 5.13); and having less than 12 years of education (OR=2.48, 95% CI 2.04 to 3.02); with p<0.001 for all variables. Asking about ‘fear of a partner’ may improve our ability to accurately identify a significant proportion of women experiencing IPA, particularly if the question asked is ‘Have you been afraid of a partner in the past 12 months?’ These results suggest that this question is useful in surveys designed to measure IPA. How the question can be incorporated when assessing conditions that may be caused or complicated by IPA needs to be determined.

SMITH, CAROLYN

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Time4U: Leveraging technology to address potential health effects of parental IPV exposure in adolescents

Problem statement: Adolescents exposed to parental intimate partner violence (IPV) may be more likely to engage in risky health behaviors such as substance use, tobacco use, risky sexual behaviors, teen dating violence, and disordered eating. Few interventions exist to address risky health behaviors in this vulnerable population. Purpose: Test the feasibility and preliminary efficacy of a technology-based health behavior intervention (Time4U) for teens exposed to parental IPV Study design: Pilot quasi-experimental study with 2 groups (intervention and attention control [AC]) Sample: Twenty eight teens age 12-18 from two domestic violence shelters (DVS) were recruited. Data collection approach: Data were collected at baseline, post intervention, and 4 weeks post intervention using an iPad®. The Time4U intervention consisted of 4 weekly motivational interviewing (MI) counseling sessions and delivered using FaceTime ®, reading online health messages, and daily online tracking of
health behavior. Two outcome measures included readiness to change the selected risk behavior as measured by the 32-item University of Rhode Island Change Assessment (URICA) and current engagement in the selected risk behavior as measured by questions from the National Youth Risk Behavior Surveillance Survey (NYRBSS). Other measures included teen’s satisfaction with intervention sessions (Client-Satisfaction Questionnaire-8) and evaluation of the intervention website. Analysis: Descriptive statistics were calculated to identify trends in outcomes, retention, and satisfaction rates. Results: Participants ranged from 12-18 years with mean age 13.9 years (SD=1.71). Most participants identified as female (57%) and black (71%). Approximately 80% of eligible teens residing at the DVS were enrolled with 70% of participants attending all four Time4U or AC sessions. Overall satisfaction ratings for sessions were high for both groups indicating high levels of feasibility to conduct the intervention with this population. Upward trends in URICA scores were observed in both groups immediately post intervention. However only the Time4U group demonstrated continued increases in URICA scores at 4 weeks post intervention. No trends were observed in NYRBSS scores. Implications: Developmentally appropriate and technology-based interventions to address health effects of IPV exposure in adolescents could moderate future engagement in risky behavior. A larger quasi-experimental study to determine the efficacy of Time4U is currently underway.

SMYE, VICTORIA

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Poverty, mental health, substance use, homelessness and recovery: Structural violence at the intersections

Despite evidence of disproportionate health inequity and inequity associated with health service and support access, men's health issues have received inadequate attention. Little is known about men's distinct health experiences and their health and social support needs. This is particularly true for Indigenous men whose voices tend to be excluded by the health policies, structures and social organization of the dominant culture and whose health and social support needs have, as a consequence, largely been glossed over by health authorities and other decision-making bodies. The purpose of the study being discussed was to explore the health narratives of Indigenous men within the context of living with poverty, histories of trauma/violence, mental health and/or addictions issues, and other health and social inequities; this to inform an understanding of what constitutes appropriate, safe and effective health and social services and supports for Indigenous men. Using a qualitative, participatory study design and ethnographic methods, we conducted participant observations within health and social settings that men identified as meaningful, individual and focus group interviews (augmented with photovoice) with Indigenous men (n=33), non-Indigenous men
(n=12), Indigenous women (n=9) and service providers (n=7) within one Canadian city. Transcribed data was coded and thematic analysis was informed by critical theoretical perspectives. The findings of this study illustrate how structural violence was enacted (and resisted) across multiple intersections of men's lives - gender, race, class, colonization and neocolonial processes intersected with other forms of layered social disadvantages to create powerful oppressive conditions that constrained men in their efforts to move towards health, mental health and recovery; limited their abilities to access health and social services and supports that were experienced as safe and meaningful; and rendered them vulnerable to homelessness and the damaging effects of stigma and discrimination. Policy and practice implications are discussed with a view to: (a) the unique features of Indigenous men's lives that act both as a source of strength/resilience but also may pose significant challenges; (b) the elements of support that were meaningful to men in their journey towards health and well-being; and (c) those structures and practices that require redress.

SPANGARO, JO

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Australian Aboriginal women’s pathways to positive impact from routine inquiry for IPV: Cultural safety, continuity of care and midwife responses

Australian Aboriginal women are disproportionately affected by intimate partner violence (IPV) and face additional barriers to help-seeking, due to inter-generational trauma, high levels of historical and current child removal and institutional racism, which remains embedded in systems despite efforts to unravel and dispel it. Aboriginal women’s experiences of IPV interventions need to be considered separately given these unique inequities and their rights as Indigenous peoples. Challenges remain in ensuring that interventions for IPV such as routine inquiry can be safe for Aboriginal women, without making them more vulnerable to greater statutory intervention and further institutional racism. This study employed Qualitative Comparative Analysis to understand the pathways to women perceiving positive impact from routine inquiry during antenatal care and subsequent health service responses. Alongside this we also mapped pathways where women identified nil positive impact. We interviewed 12 Australian Aboriginal women who had experienced IPV, about being asked about IPV and the health service response. Seven reported positive impact (which included: naming the abuse; gaining a sense of connection; unburdening; taking steps to safety; and enabling informed care). Five women reported nil positive impact and two reported negative impacts (a sense of intrusion and disengagement from the midwife). Women who had elected not to disclose their abuse and those who remained in the relationship with the abuser were included among those who experienced positive impact. Cultural safety - the practice of countering tendencies in health care that create unsafety through small actions and gestures - was a key condition for positive impact. Others were i) continuity of care; ii) midwives asking about the abuse in a caring, non-judgmental way; and iii) responding to disclosures with support and validation. Absence of these factors was relevant to
pathways for nil positive impact. Antenatal services which provide cultural safety for Aboriginal women and continuity of care are important resources for Aboriginal women experiencing IPV. Care is needed to ensure Aboriginal women do not find routine inquiry intrusive or disempowering.

STONE, CYNTHIA

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Supervision responsibilities related to an intervention to identify and respond to intimate partner violence within a Nurse Home Visitation program

Problem Statement: The Nurse-Family Partnership (NFP) is a nurse home visitation program delivered to a targeted population of socially and economically vulnerable, young, pregnant, and first-time mothers. NFP has been identified as the most effective intervention to prevent child abuse and neglect. However, this outcome is attenuated when there is intimate partner violence (IPV) in the home. A comprehensive nursing intervention was developed to support NFP nurses identify and respond to IPV. The integration of this new intervention by home visiting nurses, into the well-established NFP program, will be accompanied by challenges for supervisors. The purpose of this presentation is to describe nurse supervisors’ roles and responsibilities, as well as barriers and facilitators for supervisors, related to implementation and delivery of the IPV intervention. Methods: A 15-site cluster randomized controlled trial has been conducted in the United States to determine the effectiveness of the intervention to reduce maternal exposure to IPV. In parallel to this trial, a process evaluation has been conducted to describe how the intervention was implemented in seven intervention sites. Using principles of interpretive description, interview data from NFP supervisors (n=13) was triangulated with data extracted from focus groups (n=7 focus groups) with nurse home visitors will be analyzed using directed content analysis and constant comparison. Findings: With the uptake of a new innovation, supervisors have responsibilities related to: supporting nurse education surrounding IPV and the intervention, clinical guidance to ensure adherence and fidelity to the clinical pathway, and reflective supervision to address challenges to implementation. Time was a barrier to the integration of the IPV intervention and reflective supervision facilitated a supportive environment for nurses to build capacity and confidence to respond to IPV disclosure. Implications: The nursing supervisor plays a significant role in implementing and supporting the delivery of new innovations, such as the IPV intervention. It is necessary then to provide supervisors with additional education, tools for reflective supervision and organizational support to do this work.

STROHM, SONYA

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Perceptions of public health nurses and their supervisors on intimate partner violence (IPV) education for the delivery of the nurse-family partnership program in Canada

Nurse-Family Partnership (NFP) is an evidence-based population health intervention that is internationally recognized as the gold standard for home visitation services for populations of socially and economically disadvantaged young mothers and their children (MacMillan et al., 2009). In Canada, NFP home visits are conducted by public health nurses (PHNs), beginning early in pregnancy and continuing until the child’s second birthday. To deliver the intervention, PHNs and their supervisors must complete NFP education; in 2016, the Middlesex-London Health Unit received a Local Poverty Reduction Fund grant to partner with McMaster University and two other health units to evaluate a Canadian model of this education. Novel to the Canadian context, is nurse education that includes a set of intimate partner violence (IPV) modules (Jack et al., 2012), developed in response to evidence that when nurse-visited women reported high rates of IPV, reductions in child maltreatment significantly declined (Eckenrode et al., 2000). As part of a mixed-methods case study evaluating the Canadian education, perceptions and experiences of 12 PHNs and 3 supervisors (N=15) were shared regarding: 1) the IPV educational content and delivery, and 2) how it is shaping their nursing knowledge, competencies and professional performance. Data were collected in a series of focus groups and individual 1:1 interviews, with further triangulation achieved through the review of educational feedback documents and program implementation data. Methods of conventional content analysis (Hsieh & Shannon, 2005) were used to code, categorize and synthesize the qualitative data, and descriptive statistics were carried out to provide summaries about the sample and aspects of fidelity indicated by program implementation data. Early findings suggested that the IPV education, along with its tools and resources, are incredibly valued by NFP PHNs and supervisors, and have supported positive changes in professional nursing practice (e.g., intentional questioning/assessment, increased confidence), as well as in client decision-making (e.g., realization for making changes in one’s life).

TAFT, ANGELA

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Harmony – scaling up primary care systems model partnering bilingual advocates and bilingual primary care clinicians to better support migrant and refugee women experiencing domestic/family violence

Objectives: To test feasibility of a primary care system model in a culturally diverse community to increase (a) clinician identification and (b) referral of domestic/family violence (DFV), especially among female migrant patients, measured by routine clinic data collection and referrals received by a migrant DFV service Problem statement: Australia benefits from its culturally diverse populations including bilingual/bicultural clinicians, but migrant/refugee women in diaspora communities are
more vulnerable to DFV and rates of victimisation and murder are similar to those in their home countries. Healthcare professionals are not often well supported to offer effective responses and document appropriately. Evidence for culturally sensitive interventions to improve the health, safety and well-being of abused migrant and refugee women and families is sparse. Primary care clinical software systems to enhance effective DFV documentation are currently poor. Methods/Design: A feasibility trial commenced with adaptation of the UK IRIS model to a culturally sensitive Australian model (Harmony). We randomised four primary care practices (n=40 clinicians) in areas with large migrant/refugee communities in NW Melbourne (2 intervention and 2 comparison) clinics. We conducted joint training of all intervention clinicians by a bilingual DFV advocate and a clinician trainer, and trained all administrative staff. Medical software programs were re-designed to capture female patients 16-64, COB, DFV identification and referral, and clinicians in both arms trained in routine DFV documentation. Referrals of all women were systematically recorded by the multicultural DFV service. De-identified data from software in all clinics were routinely downloaded. The model was tested from Oct 2015-Feb 2016. Results: The study demonstrated that the Harmony model was feasible and could be effective. Joint training emphasised the specific needs of migrant victims, consequently intervention practices referred 13 women to the multi-cultural service and comparison practices referred none. Data overseas-born patients were nevertheless poorly recorded and referral data are complex. Implications: Migrant/refugee women have many barriers to primary care. The Harmony model has great potential to improve DFV clinic support and we report on a larger study now commencing. Clinic software data for monitoring DFV trends in primary care offer great promise but need refinement and improved clinician engagement.

TAYLOR, PETREA

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Women’s help-seeking for suicidality after intimate partner violence: A combined feminist grounded theory and photovoice study

Problem statement Intimate partner violence (IPV) contributes to suicide in women (Lamis et al., 2017). Seeking help is difficult within a society that stigmatizes these experiences. Little literature exists on help seeking specifically for suicidality after IPV. Purpose To discover the process of women’s help-seeking for suicidality in the wake of IPV. Study design The methodology of the study is a mixed qualitative design of grounded theory (GT) and photovoice (PV) infused with a feminist ethical theory. Although little is written about the combination of GT and PV, the research approach was responsive to capturing the complexity of women’s help seeking. Sample Thirty English speaking women from New Brunswick who had sought help for suicidality after having left an abusive partner were included in the study. Data collection All women were interviewed, seven of whom participated in the PV portion of the study, Analysis Transcripts from individual interviews and PV meetings with were analyzed using the constant comparative method of GT. The self-generated images and the feminist ethical theory helped to broaden the scope of the study. Results Hunting to Feel Human emerged as the basic socio-psychological process. To Feel Human is a sense of personal value and belonging, an aim that is sought in overcoming System Entrapment, feeling stuck within dehumanization as a result of being invalidated within the health care system. System Entrapment exists within the context of
past Abuser Entrapment, being stuck within IPV, and Trauma Entrapment, feeling stuck within suicidality. The journey toward Feeling Human is attained through Hunting, a visceral fight to be validated through several sub-processes that help women to Take the Path of Least Disempowerment. This entire journey is guided by Gauging Validation opportunities. Implications An overhaul of service provision culture toward one that adaptive to clients’ needs, for example, being more flexible with professional boundaries and sharing a sense of humanity with HCPs will help to Feel Human. A Recovery Model infused with a feminist ethical theory and trauma informed care approaches is explored as a promising alternative model of care.

UDMUANGPIA, TIPPARAT

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Feasibility of the myPlann App in Thailand: An exploratory study

Background: Individualized safety planning with attention to abused women’s priorities, level of risk, and resources is the cornerstone of empowerment-based, effective IPV intervention. The myPlan app (www.myplanapp.org) is an individualized, evidence-based safety planning decision aid for abused women. The aim of this study was to explore the feasibility, usability, and acceptability of an app-based safety planning intervention for Thai people, and form a foundation for future research to adapt and test a Thai version of myPlan app. Methods: An exploratory qualitative study was conducted in Khon Kaen province, Thailand. We conducted Thai-language focus groups or interviews with a semi-structured interview guide and a convenience sample of service providers, health providers, and nursing students (N=67; seven focus groups, one individual interview). These lasted 90-120 minutes and were recorded, transcribed verbatim, translated to English, imported into Dedoose (a qualitative analysis software package) and analyzed using a qualitative descriptive approach. Participants provided informed consent and were compensated for their time. The University of Missouri Health Sciences and Khon Kaen Hospital IRBs provided human subjects approval. Results: Participants generally agreed smartphone apps like myPlan are feasible to adapt for Thailand, and is aligned with Thai government policy regarding using technology to improve health literacy. Participants described this type of intervention as particularly acceptable to young and middle-aged people, who have high uptake and usage of smartphones, and potentially helpful for women and girls to find resources, create safety plans, and protect themselves from IPV exposure. Participants also suggested this type of intervention should address family planning needs in order to reduce unwanted pregnancy in young people. However, privacy, internet access (particularly among rural populations), cultural issues, and available resources represent potential barriers. Participants recommended numerous resources and potential community partners to work with and include as safety planning resources, including One Stop Crisis Centers (OSCC) and various Thai nongovernmental organizations, and suggested OSCC networks and social media as platforms for dissemination. Conclusion: Smartphone-based safety planning appears to be potentially feasible, acceptable, and useful for Thai people. Community-partnered research is most appropriate to ensure culturally appropriate intervention adaptations and inclusion of trusted and available resources.
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“One life, one husband”: Health and service providers’ perspectives on intimate partner violence in Thailand

Background: In Thai culture, prior research suggests intimate partner violence (IPV) is generally considered a private family issue. Although health and social service providers commonly encounter abused women, little research has explored their awareness and understanding of IPV. Methods: In this exploratory qualitative study, we conducted Thai-language focus groups/interviews with a convenience sample of social service or health providers, and nursing students (N=67; seven focus groups, one individual interview) in Khon Kaen province, Thailand. These lasted 90-120 minutes and were recorded, transcribed verbatim, translated to English, imported into Dedoose (a qualitative analysis software package) and analyzed using a qualitative descriptive approach. Participants provided informed consent and were compensated for their time. The University of Missouri Health Sciences and Khon Kaen Hospital IRBs provided human subjects approval. Results: Most participants described abuse of women as common, and many providers and students had personally experienced IPV or knew others who had. Participants associated IPV with stress, depression, and unwanted and adolescent pregnancy. Participants described the influence of social media, culture, and gender inequality as factors contributing to IPV, with survivors juggling concerns about children, love, stigma, lack of choices, and Thai norms (e.g., “one life, one husband”). Although Thailand has a national hotline, IPV awareness and outreach programs, and One Stop Crisis Centers (OSCC) for survivors, IPV remains a complicated, highly stigmatized and private issue, with some providers feeling underprepared to screen for or address IPV. Participants described increasing community and provider awareness of IPV and IPV resources, developing tools and trainings for providers, and deploying prevention education and family and marriage counselling as key strategies to address IPV. Conclusion: IPV in Thailand is common, harmful, stigmatized, private, and influenced by cultural factors. Resources such as OSCC in Thailand are well-developed and useful, but enhancements of available resources and pathways to connect survivors to these resources and to safety planning are needed. These findings underscore the need for greater community and provider awareness and have implications for provider education and for IPV-related practice, research, and policy in Thailand.

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The complexity of women’s safety planning in the context of an on-line intervention
Background: Women’s experiences of dealing with IPV are increasingly understood as complex, with implications for health and social service policy and practices. There is emerging evidence that online interventions may positively affect the mental health and safety of women experiencing IPV, yet little is known about how these types of interventions contribute to women’s safety planning. We explored the safety planning processes of Canadian women experiencing IPV as they access an online safety and health intervention (I CAN Plan 4 Safety) as part of a larger randomized controlled trial. 

Methods/Design: A purposive sample of 47 women was recruited from those enrolled in the trial (N=462). Women completed a qualitative telephone interview to explore their safety planning related to IPV after they had completed the trial. We undertook a thematic analysis of transcribed interviews, contextualizing the themes to the women’s diverse circumstances: whether they were parenting children, partner gender, plan for the relationship, geographic location (rural to urban), and social circumstances (e.g., income, housing). 

Results: Women engaged in complex reasoning and took multiple factors into account in their safety planning, drawing on the online tool in novel and varied ways. Some used repeated visits to the online tool to trace their own psychological processes, including anger and disappointment with themselves, shame and self-blame as well as pride and a sense of accomplishment as they reflected on ‘progress’ made. The women particularly valued the privacy, anonymity and ‘tone’ of the online tool as affirming their experiences and enabling them to think through options without embarrassment or judgement. Although women accessed the tool independently, many reported feeling a sense of connection with women who shared similar experiences. Some shared the tool with family members, friends or service providers or used information and insights gained to help them obtain support that fit with their individualized needs.

Implications: Our results underscore the need for services to appreciate the highly individualized, complex and changing processes women engage in when planning for safety and the potential for online resources to support this process in novel ways. Non-judgemental, accepting and supportive approaches, whether in person or online, are essential.

WADDELL, JANICE

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Advancing education to enhance the capacity of student and new graduate nurses to effectively influence the health and well-being of women and children who have experienced violence

Problem Addressed and Significance: Nurses are often the first professionals to engage with women and children affected by violence, as their work in acute-care settings, clinics, communities and homes positions them uniquely to intervene and prevent violence. However, existing research has shown that nursing students and nurses alike do not feel confident nor competent to care effectively for women and children who have experienced violence. Additionally, although scholars have made curricula available to help educators address violence in nursing and other programs, these curricula remain largely unused by Canadian schools of nursing, suggesting that a new approach to designing
violence against women and children (VAWC) curricula is needed to address this recurrent social and structural issue. PURPOSE OF THE SESSION: We will discuss and showcase an innovative online curriculum development guide as a resource to Canadian schools of nursing to support the efforts of faculty to develop, implement and evaluate VAWC curricula that is evidence-informed and responsive to their unique academic and community contexts - with the goal to effectively prepare students/nurses to care for this vulnerable client population. The VAWC guide is informed by Iwasiw and Goldenberg’s (2015) curriculum development framework, which guides faculty users to examine both external factors (informants, empirical/grey literature, policies) and internal factors (program structure/values, students, faculty/culture) in the development of VAWC curriculum. We will introduce elements of the guide, and highlight possibilities for teaching/learning methods, diverse trauma informed teaching methodologies, a resource repository and key informant videos that offer schools of nursing alternative approaches to curriculum development within their context. Plans for a pan-Canadian evaluation of the efficacy of the guide will also be presented. LESSONS AND IMPLICATIONS: We will share lessons learned from collaborating with multiple informants across various disciplines and e-learning course development experts to create a dynamic and comprehensive VAWC guide. Sensitive curricula topics such as VAWC require a multi-focal examination of existing data within/external to nursing education programs to determine the most effective/responsive curricula development and implementation and teaching and learning strategies aimed at preparing students and new graduate nurses to work effectively with women and children affected by violence.

WALSH, JEANETTE

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From screening for domestic violence to actions: What happens for women who say yes to screening questions during their obstetric care?

Problem statement: Routine screening for domestic violence has been a state-wide policy in the Australian state of New South Wales in public obstetric hospitals for the past 14 years. Screening rates are high (approximately 90%) but identification rates low (3.4%). Identification of domestic violence is reliant on a number of factors, including how health professionals interpret women’s responses to screening questions. Research questions: What are the challenges for health professionals in identifying domestic violence? When domestic violence is identified, what associated health and safety risk factors are identified? What happens for women who give positive answers to the screening questions during their obstetric care? Study design: Retrospective examination of obstetric clinical records using a structured tool was undertaken to explore implementation of routine screening for domestic violence at two NSW obstetric hospitals and identify factors associated with and referral options for women who answer screening questions positively. Data collection approach: Women who answered positively to domestic violence routine screening questions were determined from the clinical database (ObstetriX) resulting in the identification of 100 women who answered positively to domestic violence screening questions. These women’s clinical records were reviewed and compared to the records of 100 women where domestic violence was not identified during their obstetric care.
obstetric care, matched by child’s birth date and post code. Analysis: Data was entered into SPSS; frequencies were compared for both samples. Analysis also employed McNemar’s test of association and conditional logistic regression. Results: For those women who answered positively to the screening questions, approximately 20% were not documented by midwives as experiencing domestic violence; 68% had other psychosocial issues identified (usually mental health and/or drug and alcohol concerns). Further disclosures of domestic violence occurred for 19% of women; concern for the woman’s safety was identified for 21% of women. Implications: These findings highlight the importance of supporting health professional in the identification of domestic violence. The existence of other psychosocial concerns reinforces the importance of ensuring that health professionals understand the health implications, trauma, and service costs of domestic violence.

WATHEN, NADINE

C. Nadine Wathen, Western University, London, Ontario, CANADA
Harriet L. MacMillan, McMaster University, Hamilton, Ontario, CANADA
Susan Jack, McMaster University, Hamilton, Ontario, CANADA
Marilyn Ford-Gilboe, Western University, London, Ontario, CANADA


Family violence is a major public health problem with devastating effects on individuals, families, and society. With funding from the Public Health Agency of Canada, the Violence, Evidence, Guidance, Action (VEGA) Project (www.projectVEGA.ca) focuses on developing national, evidence-based public health guidance and education to enable health and social service professionals to provide trauma- and violence-informed care that is integrated across service and sectors for those who have experienced three common types of family violence: child maltreatment, intimate partner violence (IPV), and children’s exposure to IPV. The VEGA process was carefully designed to ensure rigorous and equity-oriented review of the evidence base in each area, develop engaging, accessible, practically-oriented curricula and tools that fit with the realities of practice, and build a structure to promote uptake and tailoring of these products across different disciplines and sectors. VEGA conducted a systematic review in each area of violence and engaged international panels of experts to develop guidance using the GRADE process (an approach to reviewing evidence quality that incorporates attention to issues of equity, acceptability and feasibility). These recommendations provide the foundational knowledge base for VEGA’s “Recognizing and Responding Safely to Family Violence” guidance. This symposium will briefly introduce VEGA, including our integrated knowledge mobilization model and our National Guidance and Implementation Committee (NGIC) representing 22 Canadian health and social service professional organizations. Leads from each of the three Evidence Review Groups will then provide an overview of the evidence synthesis and guidance for that topic. Finally, we will present the VEGA Practice Handbook, an online set of point-of-care resources, and demonstrate the VEGA Foundational Curriculum, including virtual interactive learning scenarios using gamification techniques. 1) Introduction to VEGA (Nadine Wathen) (10 min) Nadine will provide an overview of the VEGA Project, describing the overall objectives and process, with a focus on innovative approaches to developing content, including the co-creation of knowledge with
our 22-member National Guidance and Implementation Committee, the synthesis of various forms of research-based, tacit and other forms of knowledge to develop practice-relevant guidance, and the integration of trauma- and violence-informed, equity-oriented approaches to the “Recognizing and Responding Safely to Family Violence” products. 2) Evidence Review & Syntheses (30 min) The following 3 presentations (10 min each) will describe the evidence review and guidance development process, and provide an overview of the evidence, by topic, and how this was articulated into VEGA practice guidance and curricular content. a) Recognizing and Responding Safely to Child Maltreatment (Harriet MacMillan) b) Recognizing and Responding Safely to Intimate Partner Violence (Marilyn Ford-Gilboe) c) Recognizing and Responding Safely to Children Exposed to Intimate Partner Violence (Susan Jack) 3) VEGA Practice Handbook and Foundational Curriculum (Nadine Wathen) (20 min) Nadine will briefly describe the processes for developing the VEGA Handbook and Curriculum, both of which are based on the VEGA Core Competencies arising from the guidance. She will demonstrate the online Handbook, and briefly preview the Curriculum, with a focus on the innovative gaming technology used to design interactive learning scenarios in primary care and emergency settings. 20 minutes will be available for discussion.

WILLIAMS, JESSICA

Jessica R. Williams, University of North Carolina, Chapel Hill, NC, USA
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Service needs and engagement among victims of human trafficking

Problem Statement: The impact of human trafficking on victims is staggering and includes health, political, economic, and social consequences. Given these adversities, victims generally have high service needs. Little is known, however, about the specific service needs of trafficking victims and what factors impact engagement in services. Purpose: This study describes the characteristics of trafficking victims in Miami-Dade County, identifies specific service needs, and examines predictors of service engagement. Study Design: This study involved a secondary analysis of data collected from October 2014 through March 2017 as part of the Miami-Dade County Human Trafficking Collaborative Project. This project maintains a coalition of agencies to provide coordinated services to human trafficking victims. Agencies include the local police department, family justice center, legal providers, and mental health providers. Sample: All individuals identified as a human trafficking victim by the project during the designated time period were included. Data Collection Approach: All individuals provided information through the Office of Victims of Crime Trafficking Information Management System. A subset of individuals who engaged in services provided additional data through intake forms and progress reports. Analysis: Descriptive statistics were conducted to examine participant characteristics, service needs, and engagement. Chi-square and t-tests were conducted to examine factors associated with service engagement. Results: Eighty-nine individuals were enrolled. Participants had a mean age of 24.4 (SD=12.1) and 37.5% were <18 years. A majority were from the U.S. (59.6%) and most were trafficked for sex (85.4%). Almost half (41.6%) did not engage in services beyond the initial contact with the program and all of these individuals were initially contacted through law enforcement. Individuals born in the U.S. (X2 (1, n=89)=31.6, p=0.000) and younger individuals (t(60.6)=6.2, p=0.000) were less likely to engage in services. Clients who did engage in
services (n=52) reported an average of 5 service needs; most commonly case management (98.1%), mental health (80.8%), legal assistance (71.2%), and material items (59.6%). Most (91.9%) needs were met through the program. Implications: Service agency coalitions can be effective for meeting the service needs of human trafficking victims. Additional intervention is needed, however, to promote engagement in these services.

WILSON, DENISE

Denise Wilson, Auckland University of Technology, Auckland, NEW ZEALAND
Alayne Hall, Auckland University of Technology, Auckland, NEW ZEALAND
Karina Cootes, Auckland University of Technology, Auckland, NEW ZEALAND

The answers exist in communities: Recovering and restoring traditional indigenous cultural knowledge in contemporary family violence research

Problem Research with Indigenous peoples is often framed within dominant worldviews. Such approaches negate the value of traditional Indigenous cultural and contemporary realities and often produces findings informed by deficit foci in the absence of crucial cultural information. Significance The disproportionate violence experienced by contemporary Indigenous families and communities is more than a power and control issue, but rather a complex milieu of intersecting factors such as ongoing colonization, dispossession of land, language and cultural practices, historical trauma, contemporary socioeconomic and political disadvantage. Processes of colonization and the imposition of dominant cultural worldviews invalidated and discredited traditional Indigenous knowledge forms that functioned to keep women, children, and men safe within their communities. Yet, simple solutions are often suggested that disregard these complexities. Research that continues to focus on deficits and reinforces what is wrong, rather than exploring what works and is currently working, does little to inform interventions that will resolve the corrosive social and health effects violence has on Indigenous peoples. Purpose Discuss research that aims to challenge entrenched views that frame Māori women as willing victims of domestic violence with new ways of thinking about how they protect themselves and their children in unpredictable, chaotic, and complex situations. Approach E Tū Wāhine, E Tū Whānau is research funded by the New Zealand Royal Society Marsden Fund to produce ‘new’ knowledge about how Māori (Indigenous people of Aotearoa New Zealand) women keep safe in unsafe relationships. It uses an Indigenous (Kaupapa Māori and Mana Wāhine) methodology that has a decolonizing component with Charmaz’s grounded theory to recover culturally-informed contemporary knowledge about how Māori women keep safe in unsafe partner relationships. Lessons Indigenous research can uncover traditional Indigenous cultural values and practices embedded in traditions and knowledge that kept Māori women, children, and men safe. Traditional knowledge together with Māori women’s sophisticated strategies for keeping safe contains valuable information about culturally relevant ways of keeping safe, often in the face of being marginalized and denied support and assistance. Implications Blended with contemporary Indigenous realities that are strengths-focused holds the great potential to inform effective interventions and strategies going forward.
Recognizing and reframing how young Indigenous (Māori) women keep safe

Problem Statement: Indigenous peoples who have been colonized globally live with persistent health and social inequities. Young Māori (Indigenous to Aotearoa New Zealand) women are often ‘pathologised’ and ‘problematised’ across many facets of their lives and consequently are subject to negative stereotypes and deficit framing. Such approaches perpetuate blaming, victimization and unhelpful responses by health and social service providers. Moreover, it makes invisible the strengths, assets, and agency these young women possess. Purpose and Question We explored the perceptions and understandings of safety, being safe and maintaining safety for young Māori women within the context of family violence, and asked the question: How do young Māori women keep safe? Study Design and Methods Qualitative Indigenous (Kaupapa Māori and Mana Wāhine) research methodology blended with Charmaz’s constructivist grounded theory. We undertook audio-recorded individual or small group interviews 16 young Māori women aged 14 to 18 years. Transcripts were analyzed using a collective Indigenous approach (Mahi-a-Roopū) to construct a grounded theory and privilege Māori worldviews and realities. Results Reflecting and learning is the process young Māori women use in their understanding of safety, and which motivates and influences them to keep themselves and other young women safe. It is mediated by feeling unsafe and keeping safe which leads to them being safe. With age and maturity, they amass a number of strengths and assets to navigate and negotiate daily stresses and challenges, often within contexts of violence within their homes and families. In being safe, young Māori women accessed help, support, and guidance from whānau members first and foremost – ahead of their peers and others. Implications • Young Indigenous women have maturity and resourcefulness to navigate and keep safe in the presence of unsafe situations. • Understandings the strengths, assets, and agency they possess should inform working with them. • Despite living within contexts of violence within their communities and families, it is their family who they rely on and trust to provide support when they need it.

Is the relationship between housing instability and chronic exposure to intimate partner violence influenced by a woman’s race
Statement of Problem: Women who experience ongoing IPV with limited finances, unemployment, and housing instability (HI) may find themselves trapped in situations where they stay in abusive relationships or return to their abuser, increasing their exposure to Intimate Partner Violence (IPV). Although the rates of IPV and HI between Black women and White women is alarming, little is known of the influence race has on the relationship between HI and chronic exposure to IPV. Purpose To examine the relationship among housing instability, race and chronic exposure to IPV among women, controlling for individual (age, race, education, income, and depressive symptoms), situational (number of children, economic hardship, relationship status, IPV and support from others), and structural factors (employment, housing assistance, support from agencies). Study Design Exploratory sequential mixed methods design. Qualitative: Life history narratives of five Black women residing at an IPV shelter to discover their experience seeking housing after leaving abusive relationships. Quantitative: Logistic regression models progressively built to examine the relationship between HI and chronic IPV using existing data from the Fragile Families and Child Wellbeing Study of women who reported their housing status (housing stability/housing instability). Results Major themes: (1) unstable housing over time, (2) limited support, (3) survival, and (4) depressive symptoms. Women who reported HI were between the ages of 20-24 (36%), Black (53.2%), had less than a high school education (48.6%), and earned less than ten thousand dollars a year (69%). Although race was not found to influence the association between HI and chronic IPV, Black women were more likely than White women to experience HI and chronic IPV when situational and structural factors were included in the analysis. Implications Findings suggest clinicians move beyond traditional assessments and screening to elicit information that will help determine risk for HI. Early screening and referrals for educational programs, job training, and housing assistance are vital to reduce risk for chronic exposure to IPV. Most of the women in the study were employed, yet still did not earn enough to maintain housing. Encouraging legislators to allocate funds that would increase living wages and available, affordable housing is recommended.

YAKUBOVICH, ALEXA R.
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A prospective-longitudinal investigation of the effect of sustained exposure to neighbourhood deprivation on intimate partner violence among women in the UK

Problem statement: Designing effective prevention for intimate partner violence (IPV) against women requires understanding its causes, best evidenced by studies that measure exposures and outcomes prospectively over time. However, a recent systematic review found that there were no prospective-longitudinal studies from outside the United States (US) that had investigated the association between any community- or structural-level factor and IPV against women. Purposes: To investigate the effect of long-term exposure to neighbourhood-level deprivation on IPV against women in the
United Kingdom (UK). Study design and sample: Data were from the Avon Longitudinal Study of Parents and Children (ALSPAC), an ongoing prospective-longitudinal study that sampled all pregnant women with an expected due date from April 1991–December 1992 in three health districts in Avon, UK. The resulting children were enrolled in ALSPAC and were our target sample. At age 21, 2,126 participating women completed a previously validated 8-item scale on their experiences of physical, psychological, or sexual IPV after age 18 (a=.95). Participants’ mothers reported on family-level socioeconomic characteristics at ten time points from baseline (gestation) until children were age 18, including income and residential instability. Neighbourhood-level deprivation was measured at each time point using the Indices of Multiple Deprivation, which indicate overall deprivation at the small area level. Analysis: We used marginal structural models with inverse probability of treatment weighting to estimate the average causal effect of sustained exposure to neighbourhood-level deprivation on IPV, accounting for time-varying confounding by socioeconomic indicators and sample attrition. Results: 25.22% of women reported experiencing any IPV between ages 18–21. At baseline, 15% of participants lived in the most deprived quintile of neighbourhoods and 26% in the least. Across several model specifications, long-term exposure to more versus less deprived neighbourhoods increased the odds of experiencing any IPV and the frequency of this violence in early adulthood. Implications: To our knowledge, this is the first study to prospectively investigate the effect of long-term exposure to neighbourhood deprivation on IPV against women. Our findings suggest that cross-contextual testing of this effect and the mechanisms that underlie it, should be part of the IPV prevention agenda.

ZANCHETTA, MARGARETH

Margareth Zanchetta, Ryerson University, Toronto, CANADA
Sepali Guruge, Ryerson University, Toronto, CANADA
Rafaella Queiroga Brito

*Local stakeholder consultation in developing multi-level intervention studies to address violence against women in Paraiba, Brazil*

Problem-In Brazil, violence against women (VAW) is a matter of political and social concern. Alcohol is the top influencing factor of aggression (24%) and fear of the aggressor accounted for 71% of reasons for non-denunciation to police. This alcohol-violence against women-fear triad of factors requires a new multi-systemic intervention using a bottom-top approach.

Significance-This community consultation project gathered suggestions of new ways to tackle this challenge in its social roots from Brazilian citizens (women and men).

Purposes of the session-Present the results of the projects whose objectives were: 1) to understand beliefs, perceptions, and expectations of local key stakeholders about interpersonal, family, and community violence; 2) to explore their perceptions about potential strategies to address VAW; and 3) to discuss with key local stakeholders, including prospective citizen entrepreneurs, about application of by-laws, success of preventative and educative actions, as well as, responses to other potential official interventions related to cases of VAW.
The approach- This project was informed by: (a) Population Health Promotion Model: health promotion as actions at societal, community, family and individual levels and are shaped by Social Determinants of Health (e.g. age, social status, gender, sex, income, social support, access to services, coping skills, etc.); (b) citizen entrepreneurship, a distinctive scope of social entrepreneurship activities directly centered on the citizen sector as civic, idealistic, mundane and community entrepreneurs, and, (c) conscientization raising and empowerment that lead individuals to critically insert themselves into the social and political contexts, transforms apathy into action and denunciation of injustice.

The consultation was done through a collective conversation-with and among women and men-about the social and cultural impacts of the traditional form of masculinity that increases women’s physical and emotional vulnerability. Roots of community violence (including the rampant economic crisis) were equally addressed in the dialogue and analysis of prospective actions to create a social undertaking to redesign women’s responses to risks and acts of violence in a more systemic, articulated way.

Lessons and Implications- This project addressed the design of future priority actions for a community empowerment and community health promotion endeavour: development of personal skills, and creation of a supportive environment and community capacity building.

ZUST, BARBARA

Barbara Zust, Gustavus Adolphus College, St. Peter, Minnesota, USA

Incarcerated women teach nursing students empathy and advocacy

Social attitudes and beliefs about marginalized populations is detrimental to the quality of care that health care professionals provide patients who are outside of their comfort zone. Judgment is based on preconceived notions about the patient and creates a non-therapeutic environment for the patient. The literature on domestic violence indicates that nurses and providers continue to be uncomfortable in asking patients about violence in their relationships. The purpose of this study was to create an opportunity of self-awareness in nursing students to uncover historic punitive thinking about incarcerated people and people in violent relationships. Since an estimated 75-90% of the women in correctional facilities and prisons have or have had violent partners, faculty in two undergraduate programs, sent their nursing students in a family health course, to a correctional facility to do ‘family health care teach-in’s, once a week at the request of the correctional facility’s volunteer service coordinator. Following their presentations, the students wrote a reflection about their personal experiences, before, during and after doing the assignment. The narrative data were analyzed using critical reflective inquiry. Findings indicated that the students in this study, began their teach-in assignment with trepidation and negative preconceptions of their audience, in an environment outside their comfort zone. However, it was the engagement of the women with the students that made a difference. The women asked questions about the topic, and felt free to share their stories with the students, in what turned out to be a dialogue with the students, rather than a lecture from the students. This ‘engagement’ or dialogue led to the students’ self-awareness of their own biases and a sense of empathy and advocacy for the women.
Abstracts for Interactive Posters
(alphabetical order by presenter’s last name)

AL-HAMAD, AREEJ

Areej Al-Hamad, Western University, London, Ontario, CANADA
Cheryl Forchuk, Western University, London, Ontario, CANADA

Trauma- and violence-informed practices to care for Syrian refugee women in Southwestern Ontario: A critical ethnography

Health concerns of Syrian refugee women related to trauma, violence forced migration, repeated displacement, settlement, and integration are emerging as major issues in Southwestern Ontario. Examining the extent to which trauma and violence informed practices can improve physical and mental health as well as the quality of life of the Syrian refugee women has been woefully inadequate and requires further emphasis. My study aims to fill the gap in existing knowledge of providing trauma and violence informed care for Syrian refugee women experienced trauma, violence, forced migration, displacement and its connection with their recovery, physical and mental health outcomes. In addition, to understand the role that trauma, violence, and victimization play in the lives of most of the Syrian refugee women. This study seeks to promote the robustness of the findings by adopting a sound methodology based on intersectionality theory. Deploying intersectionality may help voiceless oppressed Syrian refugee women confront various forms of oppression and may change the state of voicelessness into one that mirrors an empowerment-based agenda. This research will use critical ethnography as a methodology with some document analysis. Purposive sampling will be utilized to recruit 20-30 Syrian refugee women and 10-15 service providers. Data collection will be designed and carried out in collaboration with who work most closely with the participants. In-depth, semi-structured and open-ended interviews as well as participant and non-participant observation will be conducted. The interviews will take approximately 45-90 minutes, tape-recorded and transcribed verbatim. Thematic analysis will be used to analyze the narrative data, related policy, observation field notes and official documents. The study findings will emphasis on the vulnerabilities and strengths of Syrian refugee women and advocate for women’s empowerment and recovery. In addition, this study will foster care coordination across multiple service systems that serve Syrian refugee women to prevent re-traumatization, marginalization and violence and to accommodate various cultural assumptions of trauma and violence survivors. Moreover, the study findings may inform the development of trauma and violence informed practices and guidelines that are refugee and gender-specific for Syrian refugee women to deliver services that facilitate women participation in care delivery.

ANDERSON, JOCELYN

Jocelyn C. Anderson, University of Pittsburgh, Pittsburgh, PA, USA
Kelley Jones, University of Pittsburgh, Pittsburgh, PA, USA
Carla D. Chugani, University of Pittsburgh, Pittsburgh, PA, USA
Characteristics and correlates of college students’ sexual violence victimization experiences prior to and during college

Problem Statement: Sexual violence on college campuses has received a great deal of recent media and policy attention. However, much less attention has been paid to identifying and responding to violence students have experienced prior to entering college and the impact of those experience have on their risk for additional violence during college. Given the number of sexual assaults occur prior to the victims 18th birthday, understanding these histories and their impact on risk during college is an important factor in campus prevention and response. Purposes: The purpose of this analysis is to examine the characteristics of sexual victimization experiences of students prior to entering college, and to examine correlates of revictimization during college in a sample of students who experienced pre-college sexual violence. Study design: Secondary analysis of baseline data collected as part of an ongoing cluster randomized controlled trial of a campus health center-based sexual violence intervention. Sample: College students (n=933), age 18-24, seeking care at campus health or counseling centers, and who reported sexual violence prior to entering college. Data collection approach: Self-report data were collected using computer-based surveys. Analysis: Differences between students who reported sexual violence prior to college only and those that experienced revictimization during college were assessed using generalized linear mixed modelling with a random effect to account for clustering of participants by school. Results: Student reported a wide range of sexual violence experiences. Several factors related to pre-college experiences were associated with subsequent during college revictimization. Recent alcohol use, binge drinking, and drug use were also associated with during college revictimization. Implications: Understanding how to best serve students who have experienced sexual violence prior to college is an important step in addressing the problem of campus sexual assault. Given the ubiquity of drinking on college campuses and the relationship between drinking to cope and alcohol misuse, identifying students who may be using drinking as a strategy to cope with past trauma and providing them with strategies for alcohol-related harm reduction and opportunities to develop healthier coping skill presents a largely neglected area of research and intervention.

AYALA QUINTANILLA, BEATRIZ PAULINA

Ayala Quintanilla, La Trobe University/Mercy Hospital for Women Melbourne, AUSTRALIA
Angela Taft, La Trobe University, Melbourne, AUSTRALIA
Susan McDonald, La Trobe University/Mercy Hospital for Women, Melbourne, AUSTRALIA
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The impact of intimate partner violence on severe maternal morbidity

Problem statement Preventing and reducing violence against women and maternal mortality are Sustainable Development Goals. Worldwide, the maternal mortality ratio has fallen about 44% in the last 25 years, and for one maternal death there are many women affected by severe maternal
morbidity (SMM) requiring management in the intensive care unit (ICU). These women represent the most critically ill obstetric patients of the maternal morbidity spectrum and should be studied to complement the review of maternal mortality. VAW has been associated with all-cause maternal deaths, and since many women (30%) endure violence usually exerted by their intimate partners and this abuse can be severe during pregnancy, it is important to determine whether it impacts SMM.

Purpose To investigate the influence of IPV on severe maternal morbidity. Methods This is a prospective case-control study undertaken in a tertiary healthcare facility in Lima-Peru, with a sample size of 109 cases (obstetric patients admitted to the ICU) and 109 controls (obstetric patients not admitted to the ICU selected by systematic random sampling). Data on social determinants, medical and obstetric characteristics, VAW, pregnancy and neonatal outcome will be collected through interviews and by extracting information from the medical records. VAW will be assessed by using the World Health Organization (WHO) instrument. Binary logistic regression model will assess any association between IPV and SMM. Results Of 218 participants, 60.6% is the current overall rate of IPV before pregnancy and 43.6% during pregnancy. Emotional violence (43.6%) has the highest rate during pregnancy, followed by physical violence (5.0%) and sexual violence (0.5%). IPV rate before pregnancy is significantly higher (p = 0.002) in SMM (72.5%) than the controls (48.6%). Similarly, IPV rate during pregnancy is significantly greater (p = 0.000) in SMM (58.7%) than the controls (28.4%). There were not statistically significant differences in sociodemographic characteristics between cases and controls. Implications This research has been examining for the first time the influence of IPV on severe maternal morbidity. Women affected by severe maternal morbidity may have a greater burden of IPV. This study makes an important contribution to global knowledge of causes of maternal morbidity.

BEZNER, KATHYRN

Kathryn Bezner, Texas Woman’s University, Houston, Texas, USA
Fuqin Liu, Texas Woman’s University, Houston, Texas, USA
Peggy Mancuso, Texas Woman’s University, Houston, Texas, USA
Elizabeth Restrepo, Texas Woman’s University, Houston, Texas, USA
Patti Hamilton, Texas Woman’s University, Houston, Texas, USA

Comparing the rate of maternal mortality in Texas and the US resulting from violence and co-morbid conditions

Problem Statement: Maternal mortality is a serious health issue within Texas and the United States (US). Maternal mortality is defined as a woman who dies while pregnant, during childbirth, or within a year after pregnancy. Texas has the highest maternal mortality rate in the US and among the developed nations. According to the Texas Department of State Health Services “The trends seen in Texas are similar to those national trends. Steady and pervasive increases in chronic diseases are to blame, especially co-morbid conditions that complicate pregnancy, such as obesity, Type II diabetes, and hypertension.” Also, it has been noticed that violence in the form of homicide and suicide are among top causes of maternal mortality, especially if a death has occurred more than 42 days after the pregnancy ended. Purpose: The purpose of this study was to determine why the maternal mortality rate in Texas is higher than the US. We specifically compared rates of maternal mortality caused by violence and co-morbid conditions in the US and Texas. We also explored racial disparities
in maternal mortality from violence. Study Design: This was a descriptive cohort, epidemiological study. Sample: The sample was obtained from “Mortality data from the National Vital Statistics System (2013-2015)”. Data Collection Approach: Data were collected from public death records, namely Mortality Multiple Cause Files on the Centers for Disease Control and Prevention website. Analysis: The analyses we used included calculations of frequencies, analysis of variance (anova), and chi square. Results: Between the years 2013-2015, 713 cases of maternal mortality were recorded in Texas. Of the 713 deaths that occurred, only 67% were from co-morbid conditions. It was also found that more women died from intentional self harm by suffocation than from gestational diabetes. The analysis is ongoing. Implications: Analyzing risks for maternal mortality beyond the co-morbid conditions will bring attention to the role that violence plays in women who are pregnant and within one year after pregnancy. Research is still needed to determine the causes of violence and whether women who committed suicide had previously experienced intimate partner violence while pregnant.

CAMPBELL, KAREN

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Karen MacKinnon, University of Victoria, Victoria, British Columbia, CANADA
Maureen Dobbins, McMaster University, Hamilton, Ontario, CANADA
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Disclosing IPV though Text Message

Issue/Focus: Text messaging is a common mode of communication for adults and youth. For nurses, electronic communication holds utility because of its ability to quickly and efficiently reach clients and is particularly useful for appointment reminders or information sharing. Despite nurses’ best intentions to limit the content of text communication, clients may reveal sensitive personal information that requires a nursing intervention. In situations of intimate partner violence (IPV), disclosure via text messaging can be an opportunity for nurses but also present numerous challenges. Nurses are balancing issues of compliance with privacy legislation, governing professional bodies, and institutional policies with support for clients who are increasingly becoming dependent on text messaging as a primary mode of communication. However, there is limited evidence about bi-directional text messaging in the nursing literature. The purpose of this session is to advance the conversation on text messaging as a mode of nurse-client communication and its place in disclosure of IPV. Approach: A systematic search of relevant literature was conducted using multiple search engines and then critically appraised. A sample of text messaging policy documents from three public health authorities, two nursing regulating bodies, and Canadian privacy legislation were examined. Lessons & Implications: The use of text message as a mode of bi-directional nurse-client communication is limited in the existing IPV literature base. Findings reveal: 1) the preferences of nurses and clients in using text messaging communication; 2) the relational aspects of text communication; and, 3) how text messaging is reflected in the IPV literature. Some evidence suggests that nurses are engaging in text messaging with clients and anecdotal evidence suggests that clients are disclosing IPV to nurses through their mobile devices. Policy documents are inconsistent in aligning with current practices. The implications for nursing include protecting the safety of both nurses and clients, while maximizing client relationships using current communication technology.
Risk and protective factors associated with intimate partner violence against women in China: A systematic review

Intimate partner violence (IPV) is a serious public health problem worldwide, contributing to depression, Post-Traumatic Stress Disorder, substance abuse and a myriad of other negative physical and mental health outcomes in women. It is estimated that 19.7% of Chinese women experience IPV in their lifetime, while 16.8% experience IPV in the past year. While the prevalence of IPV is well established in China, there is a lack of understanding regarding the risk and protective factors related to IPV in this population. The purpose of this systematic review is to provide a more comprehensive understanding of IPV-related risk and protective factors for Chinese women. The review is guided by the Social-Ecological Model to identify individual, relationship, community, and societal risk factors that can be targeted through future prevention and intervention efforts. Searches were conducted in PubMed, PsycINFO, CINAHL, and CNKI (scientific database in China) to identify relevant literature. Inclusion criteria consisted: 1) participants who were adult Chinese women (mainland and Hong Kong); and 2) quantitative research articles that used analytic strategies to identify risk or protective factors associated with IPV. Studies conducted with Chinese women living outside of China and intervention studies were excluded. PRISMA standards were applied to the search, selection, and abstraction of data. The Joanna Briggs Institute Critical Appraisal Checklist for cross-sectional and cohort studies was applied to assess the quality of research included in the review. Results regarding influential risk and protective factors for IPV among Chinese women will be discussed through individual, relationship, community and societal level. The framework identified in this review could be applied to further intervention and prevention work in Chinese women. Additionally, implications for future research and practice will be discussed.

Violence against homosexual and bisexual Brazilian women in the workplace

This study aimed to analyse violence against homosexual and bisexual Brazilian women in the workplace, particularly when attaining their jobs, advancing their careers and establishing interpersonal relations at their work, reflecting on how these issues can affect their health. We adopted mixed-methods research with 108 homosexual or bisexual Brazilian women from June to October, 2016. The participants were approached by the snowball technique. Firstly, they answered an online survey based on the Likert Scale. The quantitative data were tabulated and analysed with descriptive statistics. The second step was based on in-depth semi-structured interviews with a sample of 25 of these women. The interviews were recorded, transcribed, codified and content...
analysis was conducted with theoretical studies from gender, violence and Brazilian collective health. The study was approved by the research ethics committee from the authors’ institution. The main outcomes shown by the mixed-methods analysis were: 1) the hegemony of heteronormativity in these women’s labour relations, marked by oppression, gender inequities and power asymmetries; 2) different manifestations of violence in the workplace, highlighting gender-based violence, which may remain hidden under the generic name ‘institutional violence’; 3) deprivation of the individual and collective freedom of these women, which engenders an additional category of violence, that we named ‘violence of the invisibility’, following theoretical assumptions and voices that emerged from the field research; 4) the intersectionality between gender, sexual orientation and race/ethnicity, which creates layers of challenges for these women to attain their jobs, advance on their careers or establish professional relations. These results highlighted different types of violence that homosexual and bisexual Brazilian women face in their workplace, bringing visibility to a hidden problem that affects their freedom of choice and can result in implications to their health.

DU MONT, JANICE

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Development and evaluation of sexual assault training for emergency department staff in Ontario, Canada

Objective: The purpose of our study was to evaluate a sexual assault training for Emergency Department (ED) staff and compare in-person and online training modalities. Methods: A total of 1,564 staff from 76 EDs in acute care hospitals across Ontario participated in either on-site (n = 828 staff) or online (n = 736 staff) training sessions, of whom 1,366 (87%) completed both a pre- and post-training questionnaire. Mean pre- and post-training scores measuring perceived knowledge and skills in responding to victims/survivors of sexual assault were compared using paired t-tests. The mean gain score for in-person and online training was then compared using the Mann-Whitney U test. Finally, in-person and online participants’ ratings of the training content and delivery were compared using the Mann-Whitney U test. Results: There were significant improvements for all 16 self-reported measures of knowledge and skills following training. The mean gain in knowledge and skills was higher for in-person training participants. Participants in the in-person modality more strongly agreed that the information they learned would help in providing care for sexual assault victims/survivors, and were more satisfied with the training overall. However, these participants less strongly agreed that there was an appropriate amount of time allotted for the scope of material presented. Conclusions: Overall, the training led to immediate improvements in ED staff perceived understanding and ability to address the needs of victims/survivors of sexual assault, with particular advantages to the in-person training.
Polyvictimization and substance use among sexual minority cisgender women

Purpose: Substance use is high among sexual minority cisgender women (SMCW) compared to heterosexually oriented cisgender women (HOCW). Furthermore, SMCW are disproportionately affected by violence, often experiencing multiple forms of violence through their lifespan (polyvictimization), when compared with HOCW. This study aims to examine the association between polyvictimization and substance abuse among a convenience sample of 116 self-identified SMCW.

Methods: We examined the prevalence of polyvictimization (i.e., experiencing both sexual and physical violence in their lifetime) via the Trauma History Questionnaire and past-year substance abuse via the Drug Abuse Screening Test (DAST-10). Differences in substance abuse (DAST-10 scores) by (a) abused/non-abused SMCW, and (b) type of abuse (physical, sexual abuse, both physical and sexual abuse, no abuse) were examined using independent t-tests and ANOVA, respectively. Results: Participants reported a lifetime prevalence of physical abuse (10.3%), sexual abuse (26%), and polyvictimization (20.7%). Average DAST-10 scores for SMCW were 1.59 (SD = 2.167). SMCW who had experienced violence reported significantly higher scores on the DAST scale when compared to SMCW who did not report any violence (mean difference=0.646; p=0.037). Participants who experienced both physical and sexual violence (polyvictimization) had significantly higher scores on DAST-10 than participants who reported no violence (mean difference = 1.593; p=0.015). Conclusion: Our results indicate a need for service providers working with SMCW to consider and assess for polyvictimization in the treatment of substance use disorders. Practitioners must use a trauma-informed healthcare plan, such as holistic case management, to address the potential physical, mental, and social effects of violence among SMCW.

The promise of an interactive, online curriculum in improving the competence of those working in healthcare settings to address sexual assault

Background: Healthcare providers and trainees often lack the requisite knowledge and skills to address sexual violence in the clinical setting. Objective: To develop and evaluate an innovative and evidence-informed online curriculum designed to improve the competence of those working in
healthcare settings to respond to the needs of women who present with past histories of sexual assault. Methods: The curriculum was developed using a rigorous competency- and evidence-based approach. The approximately 1-hour curriculum, Addressing Past Sexual Assault in Clinical Settings, was made available to healthcare providers across Ontario without charge in May 2015. On pre- and post-training tests, participants were asked to rate their perceived level of knowledge (8 items) and skills (4 items) on a 5 point Likert scale. Scores from the pre- and post-tests and overall mean domain scores for knowledge and skills were compared using paired t-tests for all 12 items. Results: A total of 497 participants completed both the pre- and post-training tests. There were significant improvements in the mean content domain scores for both knowledge (2.8 [pre-test] vs. 3.9 [post-test]; p<0.001) and skills (3.1 vs. 4.1; p<0.001) following completion of the on-line curriculum, as well as on all individual knowledge and skills items. Conclusion: The curriculum appears to effectively educate and improve the perceived skills of diverse individuals working in healthcare settings in addressing past sexual assault, and continues to be made freely available online.

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Allostatic load: A theoretical model for understanding the relationship between maternal posttraumatic stress disorder and adverse birth outcomes

Problem addressed and its significance: Adverse birth outcomes such as preterm birth and low birth weight are significant public health concerns and contribute to neonatal morbidity and mortality. Studies have increasingly been exploring the predictive effects of maternal posttraumatic stress disorder (PTSD) on adverse birth outcomes. However, the biological mechanisms by which maternal PTSD affects birth outcomes are not well understood. Allostatic load refers to the cumulative dysregulations of the multiple physiological systems as a response to multiple social-ecological levels of chronic stress. Allostatic load has been well documented in relation to both chronic stress and adverse health outcomes in non-pregnant populations. However, the mediating role of allostatic load is less understood when it comes to maternal PTSD and adverse birth outcomes. Purposes: Our purpose was to develop a theoretical model that depicts how allostatic load could mediate the impact of maternal PTSD on birth outcomes. Approach: We followed the procedures for theory synthesis approach described by Walker and Avant (2011), including specifying focal concepts, identifying related factors and relationships, and constructing an integrated representation. We first present a theoretical overview of the allostatic load theory and the other 4 relevant theoretical models. Then we provided a brief narrative review of literature that empirically supports the propositions of the integrated model. Finally, we described our theoretical model. Implications: The theoretical model synthesized has the potential to advance perinatal research by delineating multiple biomarkers to be used in future. After it is well validated, it could be utilized as the theoretical basis for health care professionals to identify high-risk women by evaluating their experiences of psychosocial and traumatic stress and to develop and evaluate service delivery and clinical interventions that might modify maternal perceptions or experiences of stress and eliminate their impacts on adverse birth outcomes.
**The changing nature of rural women’s shelters: Barriers and innovation in service delivery**

Intimate Partner Violence impacts 25% to 30% of Canadian women. Women’s shelters were created as the dominant solution to violence; however, there are differences in service in urban and rural areas. This study examines 1) challenges associated with service provision and use in a rural setting and 2) strategies and innovations being adopted to strengthen service delivery and support women who have experienced violence. This descriptive participatory research study conducted based in a feminist intersectional framework used a mix of a focus group and in-depth interviews with five innovative rural women’s shelters (including executive directors (n=5), frontline service providers (n=8), and women accessing services (n=5)). Inductive content analysis was undertaken, independently by two researchers to determine emergent challenges and innovations. Emergent challenges included: 1) stretching mandates to bridge gaps; 2) a lack of health care options for addiction/mental illness; 3) a lack of housing options; 4) brain drain; and 5) polarized political context. These challenges were being addressed using a several strategies including Community Education, Networking, Technology, Resourceful Able Leaders and a Hub Model. The changing scope of practice for rural women’s shelters and innovations being utilized has significant ramifications on human and financial resources with implications for policy and practice.

**Health care providers’ role in preventing family violence**

In 2017 the Domestic Assault Review Team (DART) of Waterloo Region and their community partners have committed to ensuring a multi-sector approach to domestic violence. This approach focuses on the engagement of the health care sector in the identification, response and prevention of domestic violence. The events increased knowledge of local resources and inspired the development of partnerships and relationships. This has included annual presentations at the local schools of nursing and medicine, events at the local hospitals and various health care providers. It was identified that an info graphic would help in health care providers seeing their role in preventing family violence. This handout reflects lifespan and ecological approaches to the prevention of family violence. The health
effects of violence illustrate the potential health effects and destruction of family violence. This handout will be utilized as the basis of the poster presentation.

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Exploring nurse-led trauma- and violence-informed care for women who have experienced intimate partner violence

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Intimate partner violence (IPV), one of the most common forms of violence against women, is a serious public health issue that affects 1 in 3 women in Canada and is both a source of and intensifies health inequity. Health inequities are shaped by social and economic inequities and are structural in that they stem from social, economic, and historical structures of power that influence health and well-being. Nurses and other health care providers are often the first or only point of contact for women experiencing IPV, yet studies show that they are not well equipped to deal with this issue. One possible path to better care is to train nurses in trauma- and violence-informed care (TVIC). Despite calls for more effective responses to IPV, TVIC is not well researched nor widely implemented. Consequently, its potential for nursing practice with women who have experienced interpersonal and structural violence is not well understood. The purposes of this study are to explore: 1) how TVIC is taken up by nurses and what shapes these practices, and, 2) the potential for TVIC to increase criticality in nursing practice and to empower nurses to challenge the structures that sustain inequities. Informed by postcolonial feminist theory, this qualitative study is a critical ethnography of a group of nurses engaging in TVIC as part of the randomized controlled trial testing of the Intervention for Health Enhancement and Living (iHEAL). Repeat, in-depth qualitative interviews will be conducted with 12 Registered Nurses hired to deliver iHEAL, a comprehensive, community-based health promotion intervention for women who experience IPV, in specific communities in British Columbia, New Brunswick, and Ontario. Participant observation of training session and analysis of team meeting notes will provide additional insights about how principles of TVIC are taken up in practice. Findings of this study may provide insights about how the integration of TVIC can strengthen nursing practice by addressing structural issues such as patriarchy, racism, economic inequality, and colonialism that shape and reinforce IPV.
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An ecological synthesis of factors influencing silencing of women experiencing intimate partner violence

Introduction The role of healthcare providers in breaking the silence of women who experience Intimate Partner Violence (IPV) is significant. In order to provide best possible care to these women, it is necessary to understand how multiple factors act in an integrated manner to reinforce silencing surrounding IPV. Thus, the study aimed to use a socio-ecological model to examine the factors influencing silencing of women who experience IPV. Comprehensive understanding of the interactional pattern of the factors influencing silencing of women who experience IPV and their relation to the healthcare system must be understood to initiate more effective interaction between healthcare providers and women. Methods The study will follow integrative review methodology. CINAHL, Medline, PubMed, Sociological Abstract, Scopus, Web of Science and Gender Studies were searched using different combinations of keywords like partner, family, domestic, spouse, wife, marital, husband, women, abuse, violence, batter, assault, beat, non-disclosure, secret, and silent. Hand search, reference search and expert network consultation will be performed to extract the important articles. Grey literatures will also be included. The findings will be categorized based on countries. The socio ecological framework will form the basis for coding the findings. Grey literatures will be integrated in the findings section with each theme from the socio-ecological framework (interpersonal factors, intrapersonal factors, institutional, public policy and communal factors). The discussion section will focus on how healthcare providers can incorporate the findings into providing the best possible care to women who experience IPV. Results The search revealed 9217 articles. Conclusion The study will identify and add clarity to how factors operating at various levels of influence increase silencing, which interact in an integrated manner to shape women’s responses to violence. The study will also prompt the healthcare providers to develop an insight to their potential contribution to women’s reluctance to disclose IPV, as well as their significant role in helping women at different point of times in their life journey.

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A pilot: Reaching incarcerated women using a trauma-informed health education mode

Although women make up a smaller percentage of incarcerated individuals in the United States, their number is rising. Recent statistics state that 70% of incarcerated women are the single family heads of households when they were arrested. Women at a nearby correctional center (a 1,200 bed maximum
security prison for women) have an opportunity to pursue a two year degree through a local community college while they are incarcerated. Currently, I am teaching a health elective as part of this community college program and adapting the course curriculum and readings to assist the women to understand and address the health effects of violence across their lifespans.

**WALSH, EDMUND**

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* A scoping review of primary health care services and women’s shelters integration

Globally, one in four women experience intimate partner violence (IPV) at some point in their lifetime, and IPV is associated with a myriad of negative physical and mental health consequences. Women affected by IPV experience marginalization, which can include an inhibited ability to access primary health care services. The purpose of this scoping review was to assess the extent and effect of primary health care services integration in women’s shelters. Arksey and O’Malley’s (2005) scoping review framework was used, and studies were included in this review if they: i) involved a women’s shelter where primary health care was integrated, ii) described a primary health care intervention provided directly to women, iii) discussed measures, outcomes, and/or other results regarding health care interventions and/or integration efficacy, and iv) were published in English. An extensive search of four electronic databases, CINAHL, PsycINFO, PubMed, and Scopus, was undertaken for this review, yielding 801 results. Potential studies were excluded based on a review of titles and abstracts (n=770), duplication (n=10), inaccessibility (n=2), and full-text review (n=15), leaving four articles that met the inclusion criteria. Numerical analysis (facilitated by a data extraction table) revealed that conglomerate virtual integration was used in all studies. Meanwhile, one study transitioned to forward vertical integration based on the success of the service delivery model. All studies were conducted in the United States, and the services provided were dental, psychiatric, and primary care as well as HIV testing. Care was administered by advanced practice nurses, dentists (residents/hygienists), physicians, psychiatrists, and psychologists (students). Thematic analysis (grounded in an intersectional feminist lens and guided by inductive content analysis using open and axial coding) was undertaken independently by two researchers and revealed three themes: i) increased access and acceptability, ii) bridge back to health care, and iii) decreasing future health care burden. This review brings forth important implications; specifically, the need for additional, empirically rigorous research. Additionally, these findings highlight an opportunity for health care providers to implement such models of care based on the acceptability and effectiveness of integration to improve access for marginalized populations.