

Research Assessment Exercise 2020

Impact Case Study

University: The University of Hong Kong (HKU)

Unit of Assessment (UoA): 05 - Nursing, optometry, rehabilitation sciences and other health care professions

Title of case study: Global prevention of intimate partner violence: translating and evaluating evidence

(1) Summary of the impact

Prevention of intimate partner violence (IPV) requires early detection and evidence-based interventions. University of Hong Kong (HKU) researchers have developed and tested culturally-congruent tools for detecting IPV, implemented and evaluated interventions in Chinese women, and reduced sexual abuse in female emerging adults. These studies informed World Health Organisation (WHO) guidelines on Health Sector Responses to Violence Against Women (VAW) and WHO Guidelines of Ethical and Safety Recommendations for Intervention Research on VAW. Based on the WHO Health Sector guidelines (subsequently translated into 6 languages), a clinical handbook and health managers' manual have been developed, translated into 4 and 5 languages respectively, and utilised worldwide.

(2) Underpinning research

Key HKU School of Nursing researchers:

Agnes Tiwari (Assistant Professor, 1997-2005; Associate Professor, 2005-2010; Professor, 2010-2018)

Daniel YT Fong (Assistant Professor, 2005-2012; Associate Professor, 2012-now)

Janet YH Wong (Assistant Professor, 2011-2017; Associate Professor, 2017-now)

Denise ST Cheung (Post-doctoral fellow, 2017-2019; Research Assistant Professor, 2019-now)

Wen Deng (Research Assistant Professor, 2012-2018; Research Officer, 2018-now)

During July 2005 and April 2006, HKU researchers undertook the first territory-wide survey of intimate partner violence among pregnant women; evidence was found of intimate partner violence victimisation among local pregnant women and socio-economic influences on intimate partner violence were identified. This study underscores the importance of screening women for intimate partner violence during pregnancy with special attention being given to those with known risk factors. The same study (2005-2006) showed that not only was IPV prevalent among Chinese women, when the abuse was of a psychological nature, the adverse impact on women's mental health was significantly worse than physical abuse. Specifically, we demonstrated that psychological intimate partner abuse during pregnancy was associated with post-natal depression in a first ever, large scale population based survey of Chinese pregnant women (3.1).

To accurately assess for IPV in Chinese populations, in 2007, our HKU research team was the first to provide evidence that the Chinese Abuse Assessment Screen (C-AAS) was a valid and reliable tool for identifying IPV in busy clinical setting (3.2). Subsequently, we have developed and tested another culturally congruent Woman Abuse Screening Tool (3.3) in 2017 for detecting IPV in Chinese young adults for enhancing accuracy of detecting IPV in Chinese population worldwide.

The team has been developing advocacy/ empowerment intervention to address the negative health impact of IPV on abused Chinese women since 2005. Advocacy/ empowerment intervention aims to enhance abused women's self-care by enhancing situation awareness, identifying potential problems, enhancing problem-solving skills and achieving life goals. In addition, the advocacy component is to engage abused women, empower them and link them to local community services with ongoing support. We rigorously tested it using a randomised controlled trial (RCT) design. Our first advocacy

intervention was tested to be effective in reducing IPV and improving health-related quality of life of abused pregnant Chinese women in a public hospital during May 2002 and July 2003 (3.4). Empowerment training specially designed for Chinese abused pregnant women was associated significantly higher physical functioning and significantly improved role limitation due to physical problems and emotional problems. Less psychological (but not sexual) abuse, minor (but not severe) physical violence and had significantly lower postnatal depression scores were also reported.

During March 2005 and September 2006, we modified the interventions for abused women admitted to women's shelter for addressing their special needs, such as incorporating the component of teaching parenting skills and management of children's behavioural problems, diagnostic assessment of health based on Chinese medicine concepts and teaching on Chinese dietary regimens (3.5). In February 2007 to June 2009, we also modified the intervention for use with community-dwelling Chinese women experiencing IPV with the addition of 12-weekly telephone social support and evaluated its effectiveness in a randomized controlled trial (3.6).

(3) References to the research

Publications

- 3.1 Tiwari A, Chan KL, Fong D, Leung WC, Brownridge D, Lam H, Wong B, Lam CM, Chau F, Chan A, Cheung KB, Ho PC. A territory-wide survey on intimate partner violence among pregnant women in Hong Kong. *Hong Kong Journal of Gynaecology, Obstetrics and Midwifery*, 2007; 7(1), 7-15.
- 3.2 Tiwari A, Fong DYT, Chan KL, Leung WC, Parker B, Ho PC. Identifying intimate partner violence: comparing the Chinese Abuse Assessment Screen with the Chinese Revised Conflict Tactics Scales. *British Journal of Obstetrics and Gynaecology*, 2007; 114(9), 1065-1071. DOI: [10.1111/j.1471-0528.2007.01441.x](https://doi.org/10.1111/j.1471-0528.2007.01441.x)
- 3.3 Wong JYH, Fong DYT, Yau JHY, Choi EPH, Choi AWM, Brown JB. Using the Woman Abuse Screening Tool to Screen for and Assess Dating Violence in College Students. *Violence Against Women*, 2018; 24(9), 1039–1051. DOI: [10.1177/1077801217731542](https://doi.org/10.1177/1077801217731542)
- 3.4 Tiwari A, Leung WC, Leung TW, Humphreys J, Parker B, Ho PC. A randomised controlled trial of empowerment training for Chinese abused pregnant women in Hong Kong. *British Journal of Obstetrics & Gynaecology*, 2005; 112(9), 1249-56. DOI: [10.1111/j.1471-0528.2005.00709.x](https://doi.org/10.1111/j.1471-0528.2005.00709.x)
- 3.5 Tiwari A, Salili F, Chan R, Chan E, Tang D. Effectiveness of an empowerment intervention in abused Chinese women. *Hong Kong Medical Journal*, 2010;16(Suppl 3):S25-8
- 3.6 Tiwari A, Fong DYT, Yuen KH, Yuk H, Pang P, Humphreys J, Bullock L. Effect of an advocacy intervention on mental health in Chinese women survivors of intimate partner violence: A randomized controlled trial. *JAMA*, 2010; 304(5), 536-543. DOI: [10.1001/jama.2010.1052](https://doi.org/10.1001/jama.2010.1052)

Key Grants

- A RCT to test the effectiveness of a telephone intervention to improve the mental health of community dwelling women abused by their intimate partners. Health and Health Services Research Fund. Food & Health Bureau (FHB), Hong Kong Special Administrative Region Government (PI: Tiwari; HK\$655,560; 2006-2009)
- A purpose-built intervention to enhance the mental health of Mainland Chinese immigrant women survivors of intimate partner violence: A randomized controlled trial. Health and Health Services Research Fund. FHB, Hong Kong Special Administrative Region Government. (PI: Tiwari, HK\$800,000, 2011-2014)
- A randomized, wait-list controlled trial of a Qigong intervention program on Telomerase Activity and Psychological Stress in Abused Chinese Women. Health & Medical Research Fund. FHB, Hong Kong Special Administrative Region Government. (PI: Tiwari, HK\$995,224, 2014-2016)
- An interactive computer-based intervention to adopt safer sex practice for female university students: A multicentred randomized controlled trial. Health & Medical Research Fund. FHB,

Hong Kong Special Administrative Region Government. (PI: Wong, J.Y.H, HK\$638,298, 2017-2019)

(4) Details of the impact

Impacts include: Health and welfare, policy and practice,

Main Beneficiaries: Patients and the public, WHO, health care providers, health managers, and NGOs

Impact on women's health, wellbeing and welfare locally and globally

According to the WHO, worldwide, almost one-third (30%) of women experienced IPV in their lifetime. Intervention to prevent IPV against women are varied and unique in different settings and populations. Our HKU IPV research team has been demonstrated success of advocacy/ empowerment interventions and demonstrated measurable reduction of negative impact towards women including further physical, psychological and sexual abuse, mental health, quality of life, parenting stress and postnatal depression in mothers. In 2002, our interventions were conducted in pregnant women in clinical setting (3.4). Since 2005, our interventions were conducted in women's shelter (3.5). Over the years, hundreds of abused women and children have benefitted from the interventions in Hong Kong. During the assessment period, our interventions were further modified to suit the needs of community dwelling women in community and have been adopted to their routine services [E].

Internationally, our research has been included as work of high evidential value by the WHO in the development of the 2013 Guidelines on Health Sector Responses to Violence Against Women [A]. Prof Tiwari was an expert member of the Guideline Development Group. Our advocacy trials conducted in Hong Kong provided strongest evidence that advocacy/ empowerment interventions would reduce IPV in pregnant women (3.5) and abused women in community (3.6). The Guidelines was subsequently published and provided recommendations to a global health-care provider audience through the WHO. The Guidelines, originally in English, were subsequently translated into different languages include Deutsch in 2013, French in 2013, Italian in 2013, Spanish in 2014 and Chinese in 2015 by the local communities to enhance reachability and to guide practice in their countries.

Based on the Guidelines informed by our research, a clinical handbook was published to all health-care providers in providing practical first-line supports to women survivors in 2014. Owing to the needs from different countries, the clinical handbooks were translated from English into different languages such as French, German, and Spanish in 2014 and then Japanese in 2018 [B, C].

Impact on attitudes change to society and service provision enhancement in community

Apart from the international usage, our advocacy/ empowerment intervention has been continuously used in 3 women's shelters under Po Leung Kuk, a leading social service organisation in Hong Kong with a long history of protecting women and children since 1880 [D]. The interventions are currently fully incorporated into the protocol and routine practice in the shelters for preventing further abuse of women and children [D]. During the assessment period, hundreds of abused women and children have benefitted from the interventions in Hong Kong.

Also, the intervention was further modified and conducted in a large scaled community center, Hong Kong SKH Lady MacLehose Center [E]. The center provides a variety of integrated services to local families. Also, the interventions were acknowledged by the Hong Kong Jockey Club Charities Trust in 2017 and further funding were provided on delivering the interventions for at-risk families due to the success of the interventions [E]. During the assessment period, the intervention have been benefitting community-dwelling abused women.

Impact on international research development, policy change and service in developing countries

Our properly conducted trials (3.5, 3.6) has been recognized and served as “good practice” for research on violence against women. Our research experience was shared in the WHO guidelines of Ethical and Safety Recommendations for Intervention Research on Violence Against Women in 2016 [F]. The target audience for the guidelines includes stakeholders (global community of researchers, practitioners and policy-makers) engaged in research on rigorous health-related interventions to address violence against women.

Our Guidelines [A, F] and developed advocacy/ empowerment interventions severed as a good reference for the development of a project which was funded by Research for Health in Humanitarian Crises from Wellcome Trust, DFID, and the National Institute for Health Research in the United Kingdom to conduct an integrated programme to IPV and psychosocial health in Congolese refugee women in Northwestern Tanzania in 2014-2016 [G]. The project also made some research tools and IPV intervention service mapping that could be used by UNHCR (The UN Refugee Agency) in Tanzania.

(5) Sources to corroborate the impact

- [A] WHO Clinical and Policy Guidelines “Responding to Intimate Partner Violence and Sexual Violence Against Women (2013) (accessed_Sep 30, 2019, page 22 and 49)
- [B] Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook. Geneva: World Health Organization; 2014. (accessed_30 Sep, 2019, page vii, WHO Global Technical Consultation on the Health Sector’s Response to Violence Against Women and Girls)
- [C] A reference letter from John Hopkins University to show Prof Tiwari’s involvement in the World Health Organization’s Health Section Response to Violence Against Women.
- [D] A reference letter from a non-governmental organisation, Po Leung Kuk to show the evidence of implementation of empowerment intervention in 3 women’s shelters.
- [E] A reference letter from a non-governmental organisation, Hong Kong SKH Lady MacLehose Centre to show the evidence of implementation of empowerment intervention in community.
- [F] Ethical and safety recommendations for intervention research on violence against women. Building on lessons from the WHO publication. Geneva: World Health Organization. February 2016. (accessed_Sep 30, 2019, page 2)
- [G] A letter from John Hopkins University to show HKU developed advocacy/ empowerment intervention was used in Tanzania