

# Learn the Elements of a Great Conference Abstract and Ask the Experts

**November 17, 2016**

**Speakers:**

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**A copy of this PowerPoint & the recording will be available:**  
[www.futureswithoutviolence.org/resources-events/webinars](http://www.futureswithoutviolence.org/resources-events/webinars)

For information about the  
National Conference on Health & Domestic Violence visit [www.nchdv.org](http://www.nchdv.org)



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- Dial in using your phone: **(800) 832-0736**,  
Room code: **1220789**
- Mute speaker microphones to minimize feedback.
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- Recording link will be made available on our [webpage](#).
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National Health  
Resource  
Center on  
Domestic  
Violence,  
a project of  
Futures Without  
Violence

## The Center offers:

- Personalized, expert technical assistance: [health@futureswithoutviolence.org](mailto:health@futureswithoutviolence.org) or call 415-678-5500
- An [online toolkit](#) for health care providers and DV advocates.
- A free [E-Bulletin](#) highlighting innovative and emerging practices and rigorously evaluated interventions.
- A free [webinar series](#)
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Visit: [www.futureswithoutviolence.org/health](http://www.futureswithoutviolence.org/health)

# Who is joining us today?

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*Select one:*

- D/SV advocates
- Health administrators
- Mental and behavioral health providers
- Nurses, nurse midwives, nurse practitioners
- Physicians
- Physician assistants
- Policy leaders
- Researchers, evaluators
- Social workers
- Students
- Survivors
- Other: *Please type a response in the chat box*



RESILIENCY TRAFFICKING HOPE SEXUAL VIOLENCE  
HEALTH ABUSE  
SUPPORT RESILIENCY HOPE SEXUAL VIOLENCE  
CHILDHOOD ABUSE SUPPORT COLLABORATION POLICY HEALING  
PUBLIC HEALTH RESILIENCY TRAFFICKING HOMELESSNESS HOPE  
SEXUAL VIOLENCE HEALTH ADVOCATE COMMUNITY TRAUMA  
CHILDHOOD ABUSE SUPPORT COLLABORATION POLICY HEALING

NATIONAL CONFERENCE ON

# HEALTH AND DOMESTIC VIOLENCE

September 26-28, 2017 | San Francisco

Join us as a presenter at the 2017 National Conference on Health and Domestic Violence in San Francisco, September 26-28, 2017!

Apply by **January 13<sup>th</sup>, 2017** at [www.nchdv.org](http://www.nchdv.org)

# Call for Abstracts Now Open!

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Pre-Conference Institutes: Sept. 26, 2017

2-day Conference: Sept. 27-28, 2017

Workshops, scientific posters, and plenary sessions highlight the latest research and most innovative clinical responses to domestic & sexual violence, with a focus on the work being done by physicians, physician assistants, dentists, nurses, nurse midwives, mental and behavioral health providers, social workers, domestic violence experts, researchers and others.

- See “[Abstract Submission Guidelines](#)” and [www.nchdv.org](http://www.nchdv.org) to apply
- One presenter per accepted abstract will be eligible for discounted conference registration (-\$50)
- Limited need-based scholarships will be offered when registration opens: April, 2017

**Conference Goal:** to advance the health care system's response to domestic and sexual violence.

**Presentations will highlight issues that are:** new, innovative and cross-cutting as they relate to health care and advocacy practice, policy and research.



# Equity and Intersectionality

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*We encourage the participation of diverse voices and presentations that reflect the perspectives of diverse or marginalized communities.*

We encourage submissions that include intersectional factors relevant to domestic and sexual violence - i.e., how the categories of race, class, culture, ethnicity, religion, physical/cognitive ability, age, gender, sexual identity, immigration status, language, and geographic settings and communities interconnect with one another to reveal the complexity of personal experiences and to inform program strategies.

# Have you ever submitted an abstract for previous NCHDVs?

*Select your answer in feedback box/poll*



YES

NO

# Information Required for Submission

- **Title** *(limit 50 words)*
- **Short description** *(limit 80 words)*
- **Theme and purpose** *(for Workshop or Symposium only – limit 250 words)*
- **Two to three learning objectives** *Describe, as measurable outcomes, what participants are expected to achieve as a result of attending your presentation. The objectives should complete the sentence: “At the end of this session, participants in attendance will:” (limit 50 words)*
- **Presenter(s) contact information** *Provide the following information for each presenter: full name, degrees/credentials, position title, organization, mailing address, phone number, fax number, email address*
- **Short biography for each presenter** *(limit 100 words)*
- **CV/Resume for each presenter** *(1-6 pages)*
- **List of co-authors** *(if applicable) List names of co-authors associated with your research or project who will not be serving as presenters*
- **Conflict of Interest declaration** *Each presenter will receive an email prompting them to complete their own disclosure form. The abstract submission cannot be concluded until each disclosure form has been submitted.*

For more information, see “[Abstract Submission Guidelines](#)” document

## Technical Tips

- Copy and paste your abstract and other lengthy information as plain text from a word processor such as *Microsoft Word* or *Word Pad*.
- Check your word count.
- Please note that formatting commands (italics, bold, tables, bullets, etc.) and symbols may not transfer.

- For Step #4: **Abstract Text**

Each heading must be entered *exactly* as it is displayed in the instructions or you will not be able to continue to the next step.

Abstract Control

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### Abstract - Innovative/Promising Practice Program Report Guidelines

#### Innovative Programs/Promising Practice Report (limit 400 words)

Include information under each of the following specific category headings; each heading must be entered **exactly** as they display on the next step.

**Objectives:** *Describe the objectives or purpose of presentation.*

**Background:** *Provide an overview of the issue, and the practice or policy needs addressed by the program.*

**Program Description:** *Describe the intervention or program.*

**Results:** *Describe the experience, results or outcomes of the program.*

**Discussion and Recommendations:** *Discuss the implications of the program or promising practice. What are the lessons learned from the practice, or for others that share similar characteristics? What makes this program unique or pioneering in the field?*

**Presentation Methodology:** *Describe anticipated presentation methods if the abstract is accepted.*

To submit your text, copy it from your document and paste it into the box below. You may also type directly in the box, and can apply formatting from the top of the box for subscripts ( $x_2$ ), superscripts ( $x^2$ ), etc.

0 words entered.

**B** *I* |   |  $x_2$   $x^2$

 |  |  |  |  |  |  |  |  |  |  |  |  | 

Objectives:

# Timeline

Abstract submission deadline:

**Friday, January 13, 2017, 11:59pm PT**

**April 2017:** Notification email sent by FUTURES to primary contact

**April 2017:** Registration opens online

**May 19, 2017:** Presenter deadline to confirm intention to participate

# Session Types: 80 minute sessions

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## 1. **Symposium**

- **An in-depth discussion** of a single key issue, area or concept related to health and domestic and sexual violence. Symposia should utilize appropriate adult education techniques, with an emphasis on discussion and participant interaction.
- One lead presenter and a maximum of three additional presenters.

## 2. **Workshop**

- **A skills-focused session** designed to teach, enhance or strengthen specific practical skills of participants. Workshops should incorporate participatory and up to date adult educational techniques such as problem-based or team-based learning, with an emphasis on interactive learning and skills practice.
- One lead presenter and a maximum of three additional presenters.

**These two session types are the most competitive.**

# Other Session Types

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## 3. Innovative Program/Promising Practice Report

Presentation of an innovative program/promising practice issue, concept, strategy or program.

- Single presenter preferred and a maximum of two.
- 20-minute presentation + 5-minute Q&A (25 minutes total)

## 4. Scientific Report

Presentation of results of a research-based scientific study.

- Single presenter
- 10-minute presentation + 5-minute Q&A (15 minutes total)

**Note:** Preference will be given to research reports that have been completed by the abstract submission deadline.

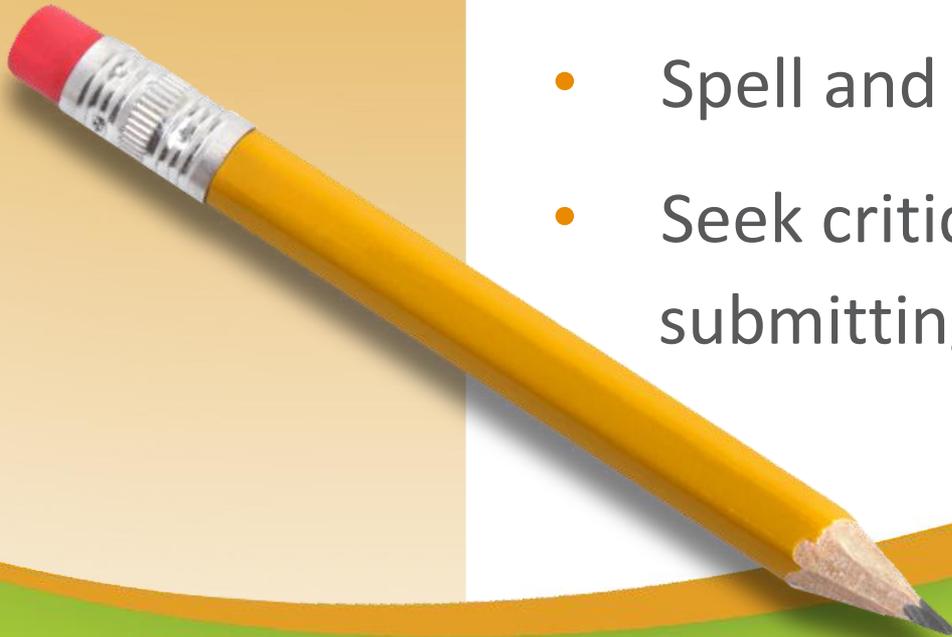
## 5. Poster

A visual presentation of the results of a research-based scientific study or an innovative program/promising practice. Posters will be available for viewing during the entire Conference.

- Single presenter

## How to write a competitive abstract

- Follow the directions! 😊
- Answer each section clearly and in accordance with instructions.
- Complete each section using clear and complete language.
- Spell and grammar check.
- Seek critique and feedback prior to submitting.



## How to write a competitive abstract

### **Learning Objectives:**

- Should be measurable
- Written in active voice
- Correspond to presentation format
- Attainable within scheduled time frame

For additional tips visit:

<https://cft.vanderbilt.edu/guides-sub-pages/blooms-taxonomy/>

# How to write a competitive abstract

## Use “active verbs “ rather than passive descriptions

Active 😊

Passive 😞

Articulate

Think

Define/describe

Learn

Demonstrate/explain

Understand

Identify

Realize

List

Perceive

Name

Be aware of

Utilize

Select

Summarize

Examples of  
strong  
abstracts:

SYMPOSIUM



### Model Symposium Abstract

**Title:** *If you don't ask, they won't tell: screening for domestic violence in pediatric settings*

**Objectives:** *At the end of this session, participants in attendance will be able to:*

- 1) Discuss, based on a review of the current research, the impact of IPV on child health and health care utilization;
- 2) Describe the opportunities and challenges of identifying IPV in pediatric health settings; and
- 3) Utilize newly acquired knowledge and skills for identifying IPV in pediatric practice settings.

**Symposium Overview:**

Given the prevalence of childhood exposure to intimate partner violence (IPV), the American Academy of Pediatrics recommended in 1998 that pediatric health care providers routinely screen women for IPV. However, their recommendations provided limited specific guidance or suggestions about screening and intervention. It is well known that screening caregivers for IPV in a setting in which the child is the patient generates its own inherent challenges. This symposium will examine these challenges by exploring current research, describing innovative efforts to improve the capacities of pediatric providers in different health settings to identify and respond to IPV, and providing concrete recommendations.

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# Symposium Abstract Continued

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## **Activities and Timeline:**

The first presenter, a pediatrician, will give an overview of the impact of IPV on children's health and health care use by discussing her research in this area, and will summarize new studies that have examined the efficacy of various strategies and technologies for screening in pediatric settings. The second presenter is a social worker who will report on specific screening and provider training initiatives undertaken in the pediatric emergency department. The third presenter is a psychologist who will present segments of a video-based training resource for pediatric health providers in primary care settings. In this training, the focus is on child symptoms and how a pediatrician can sensitively talk with a parent about the impact of IPV on children. Each presentation will comprise 20 minutes. Following these presentations, an additional 20 minutes will be reserved for participant discussion and Q &A.

## **Presentation Methodology:**

Didactic presentation, small group discussion, video presentation and discussion.

Examples of  
strong abstracts:

## WORKSHOP



**Title:** *Trauma-informed primary care: caring for survivors of lifetime abuse*

**Educational Objectives:** *At the end of this session, participants in attendance will:*

1. Describe one physical, one emotional, and one mental health sequelae of lifetime abuse
2. Describe the four “C’s” framework for successfully eliciting a trauma history while caring for oneself
3. Receive a toolkit that can be used to implement "trauma-informed primary care“

**Workshop Overview:** This workshop moves beyond inquiry about intimate partner violence to the development of a model of “trauma-informed primary care.” Participants will learn and share patient-empowering, trauma-informed interviewing skills and specific ways of integrating self-care into practice in order to improve their efficacy in addressing lifetime trauma and abuse with patients.

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# Workshop Submission: Continued

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**Description:** Many vulnerable patients and survivors of intimate partner violence have long histories of cumulative trauma beginning in childhood, which are associated with many adverse health and life consequences. This workshop will provide a framework for and practice in addressing life-long and cumulative trauma with patients, while also caring for oneself. Participants will also be provided with a “toolkit” that provides evidence-based and expert-opinion based tools and advice on implementing “trauma-informed primary care.”

**Population(s) Addressed:** vulnerable adults of all races/ethnicities, gender identities, and sexual orientations

**Objectives:** This workshop will enable participants to address multiple forms of trauma and abuse (in addition to intimate partner violence) with patients in primary care settings. Participants will be able to describe the health effects of lifetime trauma and abuse and a framework for integrating patient care and self-care while inquiring about trauma. Participants will receive a “toolkit” for implementing “trauma-informed primary care” (TIPC).

**Presentation Methodology:** Presentation methodology includes: group engagement in a self-care exercise, case-based didactic presentation, small group discussion and practice, large group discussion, facilitated group examination of printed materials, strategic planning for implementation, question and answer and discussion period.

*Continued on next slide...*

# Workshop Submission: Continued

**Activities and Timeline:** After a self-care exercise, we will provide a case-based introduction to the effects of life-time trauma and abuse on physical and mental health outcomes and relationships, along with evidence-based and expert opinion-based advice on addressing trauma and abuse with adults in medical practice. We will introduce an integrated self-care and patient care framework of 4 “C’s” including: “Calm, Contain, Care, and Cope”. Participants will engage in small group discussion and case-based practice with large group debrief on how to use this framework. Specifically, during the small group work, participants will share methods for: maintaining an internal sense of calm while discussing trauma with patients, setting respectful, compassionate limits on the sharing of details of the trauma history, and emphasizing patient strengths and coping skills within the context of brief primary care visits. We will present all participants with a “toolkit” to implement “trauma-informed primary care” and facilitate a planning process.

- 10 minutes: Self-care exercise
- 30 minutes: Introduction to the effects of lifelong abuse on health, how to screen for life-long trauma and abuse in primary care practice, and the 4 “Cs” framework of trauma-informed patient care and self-care
- 20 minutes: Small group discussion on how to utilize the TIPC framework
- 18 minutes: Large group sharing of small group discussion
- 2 minutes: stretch break
- 10 minutes: Presentation of “toolkit” to implement TIPC
- 20 minutes: Implementation of TIPC planning
- 10 minutes: Question, answer, discussion, wrap-up

## Model Innovative Program/Promising Practice Abstract

Examples of  
strong  
abstracts

INNOVATIVE  
PROGRAM/  
PROMISING  
PRACTICE  
REPORT



**Title:** *Teaching Upside Down: Family Violence and Sexual Assault Education and Consultation Around the World*

**Objectives:** *At the end of this session, participants in attendance will be able to:*

- 1) Anticipate steps needed to plan an effective international teaching or consultation experience;
- 2) Integrate cultural and logistical considerations into the planning process for international consultation or teaching experiences; and
- 3) Assist and support colleagues who wish to conduct international teaching or consultation;

**Background:**

Experts in family violence and sexual assault education, research and advocacy are being asked to speak, consult and teach all over the world with increasing frequency. Three experienced trainers who have recently returned from a training trip to Taiwan, along with their gracious international host, will share their experiences in planning and implementing successful international collaborations. This session is designed to enhance the ability of future traveler/trainers to pursue successful teaching and consulting experiences around the world.

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# Innovative Program/Promising Practice Abstract

## **Program Description:**

The world is getting smaller, thanks to improved transportation and communication, and a world culture that encourages active exchange of scholarship and ideas. As a result, experts in family violence and sexual assault education, research and advocacy are being asked to speak, consult and teach all over the world with increasing frequency. This session will present a recent “case example” of an Asian family violence teaching initiative to present both best practices and lessons learned for effective teaching and consultation in geographically and culturally remote locations.

## **Results:**

Five sections will be presented, each presented with accompanying “lessons learned” and time for questions and discussion:

- 1) Relationship development with international colleagues/sponsors
- 2) Curriculum preparation
- 3) Travel planning
- 4) The trip itself
- 5) Follow up and future planning

## **Discussion and Recommendations:**

Participants will be provided with a checklist and suggestions to assist in creating and executing successful international teaching and consultation.

## **Presentation Methodology:**

Didactic presentation, whole group discussion.

Examples of  
strong  
abstracts:

SCIENTIFIC  
REPORT



**Title:** *Sexual and reproductive health indicators of sexual minority women exposed to intimate partner violence*

**Educational Objectives:** *At the end of this session, participants in attendance will:*

1. Articulate the prevalence of IPV and reproductive coercion among sexual minority and heterosexual female family planning clients
2. Describe differences in sexual and pregnancy risk between sexual minority and heterosexual women

**Short Description:** Female family planning clients (n=3,455) indicated on a survey whether their sex partners were exclusively men, mostly men, or equally men/women. Sexual minority women (SMW) were more likely to report a history of IPV than heterosexual women (72% v 44%). After controlling for IPV, SMW reported greater pregnancy risk though were less likely to be seeking care for contraception. Limitations include the exclusion of women with mostly/exclusively female partners and inability to document relationship contexts and perpetrator characteristics.

**Population(s) Addressed:** LGBT, family planning clients

# Scientific Report Submission: Continued

**Background:** IPV research has generally focused on violence in heterosexual relationships, though a small body of literature has identified that sexual minority women (SMW) i.e., lesbian/bisexual women or women who have sex with women, may be more likely to have a lifetime history of IPV than heterosexual women. Despite the prevalence of interpersonal violence experienced by SMW, no studies have examined the combined impact of IPV and sexual minority status on women's sexual and reproductive health.

**Methods/Design:** Participants included 16-29 year old women seeking care at 24 family planning clinics in Western Pennsylvania (n=3,682). Women were asked via computer-based survey whether their lifetime sexual partners were exclusively men, mostly men, or equally men and women. Women who reported their partners were mostly or exclusively women (n=74) were excluded from the survey because the longitudinal parent study was on incident unintended pregnancy. The effective sample (n=3,455) excluded women with mostly/exclusively female sex partners and those missing on key indicators. Adjusted logistic regression models for clustered survey data assessed sexual and reproductive health indicators among SMW compared to non-SMW, controlling for IPV.

**Results:** SMW were significantly more likely to report a lifetime history of IPV compared to non-SMW (72% vs 44%;  $p < 0.001$ ). SMW were significantly more likely than non-SMW to report recent unprotected vaginal and anal sex and a lifetime history of sex trade, controlling for IPV. They also had greater odds of being fearful of the consequences of refusing sex, recent reproductive coercion, history of pregnancy and reporting an unwanted pregnancy, though they were significantly less likely to be seeking care for contraception compared to non-SMW. The association between sexual minority status and care seeking for STI differed by history of IPV, with SMW with histories of IPV to have the highest odds of this outcome.

**Discussion and Recommendations:** Findings emphasize the importance of assessing for IPV among all clients in the reproductive health clinic setting and support the call for attention to the sexual and reproductive health needs of SMW. Limitations include the exclusion of women with mostly/exclusively female partners and the lack of information on the relationships in which women experienced IPV. Qualitative studies are needed to elucidate the contexts in which women experience abuse, including perpetrator characteristics.

**Presentation Methodology:** Oral and slide presentation

## Examples of strong abstracts:

### POSTER



**Title:** *Perspectives from adolescent survivors of CSEC on how to exit commercial sexual exploitation*

**Short Description:** The current study examined barriers to exiting commercial sexual exploitation via qualitative interviews conducted among survivors of CSEC. Several thematic elements emerged and participants mentioned exiting CSEC when they faced extreme violence (usually from a pimp) or became pregnant. Findings may help inform service providers about the perspectives of survivors of CSEC and reasons why they decide to leave.

# Poster Submission: Continued

**Background:** The Commercial Sexual Exploitation of Children (CSEC) is a growing problem in San Diego County as well as in other areas of the United States. Many girls are forced, lured or tricked in to commercial sexual exploitation by promises of money or other opportunities. Girls who try to exit CSEC face many barriers and challenges. There is a paucity of research on CSEC in general, and more specifically from the survivors' point of view. The goal of the present study was to examine barriers to and motivation for exiting CSEC among survivors of CSEC, and what advice they would give other CSEC victims about how to exit.

**Program Description or Study Design:** Participants were females between 13 and 21 years-old recruited from a center providing services to survivors of CSEC. Eligibility criteria were: age 13-21 years; living in San Diego County; and reporting ever exchanging sex for drugs, money, food, shelter, or other goods before the age of 18. Data were gathered from semi-structured interviews. Interviews were coded for thematic elements and analyzed using MAXQDA software.

**Results:** Results are from 7 preliminary interviews out of 20. Survivors reported several barriers to exiting CSEC such as: needing the money they made, or knowing they would experience extreme violence from pimps when attempting to leave. A life-threatening event or becoming pregnant were the most common reasons girls reported for their decisions to exit CSEC. Participants recommended other girls should attempt to exit CSEC before they are seriously injured or abused.

**Discussion and Recommendations:** The present study demonstrates the need for service providers to be sensitive about girls' own motivations for exiting CSEC. Pregnancy may be a point of intervention for this population, particularly when girls are accessing prenatal services.

# TIPS for effective adult education

## TIPs (Targeted, Interactive, Practical) Strategies

### Targeted: to needs of learners

- No “one size fits all”
- Audience-specific take away messages
- 3 general sections: intro, body, summary

### Interactive: methods that engage learners

- Small group breakout
- Case vignette discussion
- Skill acquisition or practice
- Open discussion and Q & A

### Practical: ability to apply key messages in work setting

- Defined “nugget” of new knowledge, skill, message, etc.
- Resource handouts, eg., citations, websites, hotline numbers
- Networking opportunities

Other essential tips: flexibility; respect, ground rules, timing

# Pearls

- Plan your presentation first and then write the abstract
- Be clear if addressing diverse populations
- CV/Resume

1-6 pages 😊

100 pages 😞

Review! Review! Review!

# Technical Support

(page errors, or questions about technology)

Confex Technologies

E-mail: [nchdv@confex.com](mailto:nchdv@confex.com)

Phone: (401) 334-0220

M-F 8:30am-6:00pm Eastern Time

Password assistance:

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# QUESTIONS?

*Please type in the chat box or email:*

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Recording will be made available:

[www.futureswithoutviolence.org/resources-events/webinars](http://www.futureswithoutviolence.org/resources-events/webinars)

*Thank You!*