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The Engagement Barriers Encountered Among Females from Rural Religiously Strict Microcultures of the United States in Healthcare Provider Screening for Non-Physical Intimate Partner Violence

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INTRODUCTION

- Females from religiously strict microcultures have inherent barriers when screening for Intimate Partner Violence (IPV) (DeRose et al., 2021, Koch & Ramirez, 2010).
- Rural communities in the United States can have denser populations of strict religious backgrounds (Cosby et al., 2019; Myers et al., 2013; Peek-Asa et al., 2011).
- This study sought to identify barriers and improve healthcare providers' knowledge of this microculture for future IPV screening of this vulnerable population.
- Myra Levine's Conservation Model was used as a framework for this research.

Research Questions

- What are the lived experiences of rural religiously strict microculture victims of IPV when screened by healthcare professionals for IPV in rural United States?
- Among rural religiously strict microculture female victims of IPV, what were their perceived barriers when screened for IPV by healthcare professionals?

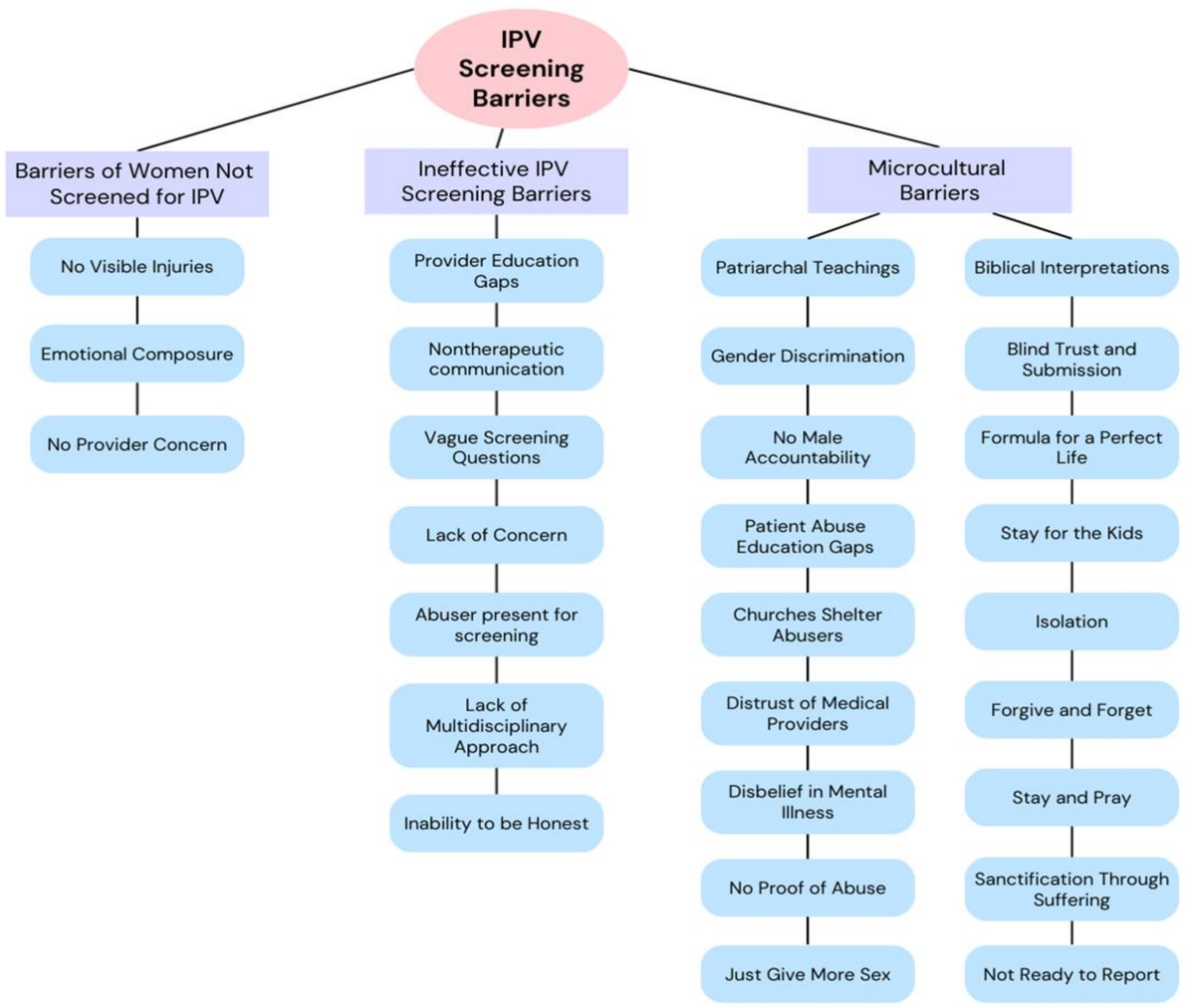
METHODS

- Qualitative Study guided by Myra Lavine's outcome theory the *Conservation Model of Nursing* (Levine, 2019; Schaefer et al., 1991)
- Targeted voluntary purposeful sampling with subsequent snowball sampling.
- Due to the sensitive nature of the subject matter, anonymous data was collected utilizing Qualtrics.
- ATLAS.ti was used in data analysis.

RESULTS (n=17)

Figure 1

IPV Screening Engagement and Microcultural Barriers



DISCUSSION

- Education and defining abuse is necessary for both provider and patient prior to screening this population for IPV.
- Cultural mores and a lack of education concerning what constitutes abuse are barriers in screening these women.
- Taking time to develop a therapeutic and safe provider/patient relationship will aid in IPV screening.
- The most significant cultural mores reported that hinder accurate screening for IPV include:
  - patriarchal teachings
  - gender discrimination
  - propensity for microcultural churches to shelter abusers within their community and congregation.

CONCLUSION

Nurses should incorporate microcultural awareness, cultural humility, adequate patient IPV education, and therapeutic communication into their nursing practice screening for IPV. This will assist in greater accuracy when screening for IPV among this vulnerable population.

OPPORTUNITIES FOR FUTURE RESEARCH

- Enhanced IPV education and screening protocols for providers that are culturally informed and multidisciplinary in their approach.
- Descriptive cross-sectional studies of this population to give a better understanding of IPV prevalence among the survivors.
- Analytical cross-sectional study to assess the relationship between IPV and health outcomes at a single point in time.
- Longitudinal study that explores the health impacts of IPV on this population over time.
- Gaps that exist between patient education and true informed consent among this population and others. This could be further extrapolated among other healthcare topics, such as surgical consent or code status.

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