

**WESTERN SYDNEY  
UNIVERSITY**



The School of Nursing and Midwifery Women's Health  
Research Stream welcomes you to the

**WOMEN'S HEALTH  
MATTERS SYMPOSIUM  
2021**

## **GUEST SPEAKERS**

### **Talie Star**

#### **Being trauma informed saves lives – Understanding the Intersectionality between Women’s Health, trauma, homelessness and disability**

Talie Star is a committed Advocate/Consultant/Speaker specialising in Trauma, Domestic and Family Violence, Homelessness and Disability, and works with many Peak Bodies, Governments and NGO’s across the sector, both state-based and nationally. During the COVID-19 pandemic she has been part of a taskforce Working Group supporting people who are experiencing homelessness, as well as delivering trauma-informed training for government and services. She leads and creates training for not-for-profits on trauma informed care and has worked with Our Watch to empower Journalists and Media. Her music and creative skills have been utilised in her presentations, training and co-design of programs that support and improve engagement with people experiencing violence and marginalisation. Her heart is for educating, empowering, and challenging systems that continue to promote power and control.

Talie is the co-chair of the Centre for Social Impact’s Lived Experience Advisory Group and Homelessness NSW DFV Lived Experience Advisory group where she ensures the voices of others are empowered and heard by government and decision-makers. She is a facilitator for the Love Bites program in schools, a member of Homelessness NSW’s Policy Council, the DFV Reference Group for Council, DFV Assist Advisory Group and a Consultant for the Public Interest Advocacy Centre. Previously she was part of the steering committee for the Voices for Change project with DVNSW. Talie was awarded the New South Wales SHS Sector Consumer Achievement Award in recognition of her outstanding work.

## **Jo Perks**

### **Trauma informed care and women's health nursing**

Joanne Perks is a Women's Health Nurse Practitioner and Midwife with over thirty years' experience in women's health nursing. Her substantial qualifications include Registered Nurse, Registered Midwife, Family Planning certificate in sexual and Reproductive Health, Graduate Certificate in Women's health nursing, BN (Mid), Master of Nursing Nurse Practitioner, Master Mental Health Nursing (with distinction), TAFE certificate in Aboriginal Cultural awareness, Certificate IV, Cert 11 in Continence management. Jo is an Honorary Associate with the University of Technology Sydney and currently works in Women's Health Centres and for the Justice Health and Forensic Mental Health Network.

## **Rachael Natoli**

### **The role of medical professionals in domestic and family abuse: A survivor's experience**

Rachael Natoli is an accomplished primary school teacher, who drove successful change and performance within the education sector, co-authoring a recommendation paper on the importance of learning through play and its continuation past the first year of school, which particularly aids the learning of Summer-born boys.

Rachael moved to Australia from the UK thirteen years ago and is a mum to 8-year-old twin boys. In 2015, Rachael fled an abusive relationship which involved physical, emotional, financial, and sexual abuse. Six years later, Rachael can now call herself a survivor and is dedicating her life to advocating domestic abuse prevention and support through the charity she founded, the Lokahi Foundation to help support and empower other women and families to escape these abusive relationships and reclaim their lives.

Rachael says there is life beyond domestic abuse, but it takes time, support, and most of all the determination to move forward, reclaim your life and truly break free from the abuse. She shares her experience and offers hope for victims and survivors.

Rachael has attained a postgraduate certificate in Early Professional Development and BA (Hons) in Primary Education from Leeds Beckett University. She is also the recipient of three Duke of Edinburgh Awards, including the gold standard. Rachael loves sport and is passionate about her team, the Sydney Roosters, which she supports religiously.

# PRESENTATIONS

## Dr Olayide Ogunsiji

**“They don’t disclose what they’ve experienced”:** Experiences of Australian primary health care providers towards women and girls living with female genital mutilation/cutting (FGM/C)

### Background to the issue

Majority of empirical studies among health care providers caring for women living with FGM/C in western countries focus on midwives. FGM/C is a harmful cultural practice with short-term and long-term health consequences that go beyond pregnancy and childbirth complications. Little is known about knowledge, experience and training needs of primary health care professionals who may be confronted by affected women with or without obstetric health care needs.

**Aim:** To report Australian primary health care providers’ experiences of caring for women living with female genital mutilation/cutting (FGM/C).

**Design:** Qualitative interpretivist phenomenological approach.

**Methodology:** A total of 19 primary health care providers, recruited through purposive sampling technique took part in digitally recorded in-depth individual interviews. Through reading and re-reading of the verbatim transcription of the interviews, a thematic analysis yielded three themes namely: *Exploring knowledge of FGM/C and training needs; Understanding participants’ experience of caring for women living with FGM/C; Mapping the best practice in working with women.*

**Result:** Australian primary health care providers’ knowledge of FGM/C varied in depth. They identified limited expertise in addressing the psychosocial issues for women living with FGM/C, and an urgent need for training. A significant experience of caring for women living with FGM/C was the women’s lack of willingness to disclose information about their FGM/C. The importance of rapport, trust building, and genuine interest in knowing the women and girls being cared for were suggested as best practice in caring for affected women.

## Dr Hazel Keedle

### “I was violated”: Obstetric Violence in Australia

**Background:** Pregnancy, birth and becoming a mother is a consequential event in a woman’s life, with potential for trauma or disempowerment lasting beyond the birth experience. The term Obstetric Violence (OV) relates to the experience in childbirth which becomes dehumanising, physically and/or mentally abusive and intrusive. There is a lack of research into the experiences of obstetric violence in Australia.

**Aims:** The Birth Experience Study (BES<sub>t</sub>) aimed to explore the experiences of women giving birth in Australia. The objectives of the study were to explore the impact of model of care on women’s birthing experiences, determine the factors contributing to positive and negative birth experiences and discover the prevalence, levels, and impact of birth trauma on women and their families.

**Methodology:** An online survey was developed using validated measurements, demographic information and questions developed by the research team. The survey has been live and online since March 2021 and currently has had over 7100 completed responses from across Australia and is available in 7 different languages following being awarded a SoNM Partnership Grant.

A content analysis in NVIVO was undertaken on 600 open-ended answers where women described their experience of obstetric violence.

**Findings:** Initial analysis has found four main categories which are feeling bullied, feeling violated, not feeling human and feeling ignored. The main category, feeling violated, describes the damaging impact of vaginal examinations, episiotomies and physical restraints women experienced without informed consent.

Early statistical analysis demonstrates more experiences of OV in women who have an instrumental birth or an emergency caesarean, those who birth in hospital compared to birthing at home and women who have fragmented care compared to continuity of care with a midwife.

**Conclusion:** Obstetric violence exists in Australia and can result in women feeling violated and disempowered due to the actions of health care providers. Maternity care practitioners need to understand and recognise OV alongside addressing the issues that cause OV.

# **Renaë Coleman**

## **Becoming a midwife without falling in the gap: The experiences of Aboriginal Bachelor of Midwifery students**

**Background:** There is an underrepresentation of First Nations midwives across Australia and an inadequate number of graduating midwives to redress this. A major pillar for the Birthing on Country Model is maternity care workforce development, thus improving perinatal outcomes through culturally safe care.

**Aim:** The purpose of this study was to examine the facilitators and barriers that Aboriginal students experience while undertaking the Bachelor of Midwifery (BMid) degree in Australia.

**Methods:** As an Aboriginal woman and BMid graduate, I used an Indigenous framework to underpin this qualitative study. Two yarning circles and an individual interview were undertaken. Thematic analysis was used to analyse the data.

**Findings:** A storyline emerged showing the journey participants travelled, becoming a student midwife, being a student midwife, and belonging as a student midwife. Within this, eight themes were identified. The first storyline 'becoming a student midwife' explores navigating the pathways into midwifery, managing and overcoming self-doubt, and knowing the right people. The second storyline 'being a student midwife' explores the pragmatic nature of being a BMid student and the need to balance life and midwifery. The final storyline 'belonging as a student midwife' explores four themes; experiencing overt and covert racism, finding supporters, decolonise the health and tertiary education systems, and working with and for Community.

### **Conclusion:**

Empowering and supporting First Nations People to become midwives is essential. While systems aim for cultural safety, this study shows there is still a way to go. Further research and attention is urgently needed to: ensure optimal First Nations clinical placement experiences; decolonisation of health and tertiary education systems; provision of strong pathways into midwifery; and facilitation of culturally safe relationships.

## **Dr Lyn Francis**

### **Finding a life free of domestic violence: Findings from free text comments over time in the Australian Longitudinal Study of Women's Health (ALSWH)**

**Background:** The findings following analysis of free text data from women in four different age groups provide guidance for the provision of care and experiences of women experiencing violence and abuse over time

**Aim:** To present findings following analysis of qualitative data in the ALSWH

#### **Results**

Women have identified their experiences of abuse in relationships and the types of social support they have received. Domestic violence was not always recognised as abuse by women. Women who have experienced domestic violence were more likely to have experienced prior abuse, including sexual abuse, as a child. Social support was useful, but women did not always feel listened to by others including their doctor and specialists.

#### **Conclusion**

This research will enhance understanding of how women construct meaning of domestic violence over time and provide the opportunity for support services to provide assistance to women who may not acknowledge abusive relationships. The opportunity for a collaborative model of care to be developed has impacts for women, their children and the wider community.

\*Thank you to the women who are participating in the Australian Longitudinal Study of Women's Health <https://www.alswah.org.au/>

## **Ms Kate O'Reilly**

### **Secret Women's Business – Unveiling the secrecy around perimenopause and menopause.**

**Aim:** To explore the literature regarding women's knowledge and experience of perimenopause and menopause to inform future directions for research and individualised health care delivery.

**Background:** Menopause is a normal physiological process and is indicated by an absence of menses for 12 months or more (Prior, 2020). However, for most women menopause is not a sudden cessation of a menstrual period but rather the experience begins asymptotically and moves into a gradual irregularity of the menstrual cycle. This is referred to as the perimenopause phase of which there is significant variation between women and may last between 5 to 10 years (Prior, 2020). During this phase as women transition to menopause, a range of symptoms have been reported which impact on their quality of life. While menopause is inevitable for women, navigating the prolonged period of transition which may impact a woman's health is largely fragmented.

**Methodology / Methods:** A systematic search of the literature from 2000 to 2021 was completed. Assessment of research articles was conducted using Whittemore and Knaff's (2005) quality appraisal tool.

**Results / Findings:** Fifteen studies met the inclusion criteria. From these studies, four themes regarding women's knowledge and experience of perimenopause and menopause were identified, namely: 1) Symptoms associated with perimenopause and menopause; 2) Strategies to manage symptoms; 3) Where women sought information and 4) Sociocultural influences on women's perceptions, knowledge, and experiences of menopause.

**Conclusion:** This literature review highlights that women's knowledge of perimenopause and menopause varies significantly globally and within countries. The experience of perimenopause and menopause for women is heterogeneous and is influenced by deeply embedded sociocultural patterns.

## **Dr Cannas Kwok**

### **The role of education in breast cancer beliefs and screening practices among Korean women: A quantitative study**

**Background:** Cultural beliefs are influential factors that impact on breast cancer screening practices among Korean women. The aim of this study was to examine the role of educational levels and compare the cultural beliefs associated with breast cancer screening practices among immigrant Korean women in Australia with those of their counterparts in Korea.

**Methods:** A secondary analysis based on data from convenience samples of 245 and 249 Korean women living in Australia and Korea respectively. Data were collected by the Korean version of Breast Cancer Screening Beliefs Questionnaire.

**Results:** Educational level has significant association with Korean women's cultural beliefs about breast cancer and breast cancer screening practices regardless of country of residence.

**Conclusion:** Nurses working in multicultural societies should take cultural beliefs and the role of education into account while designing strategies to promote breast cancer screening practices among immigrant Korean women.

## Poster Presentations

1. The health experiences of migrant and refugee women during COVID – 19: A qualitative systematic review.

Olayide Ogunsiji, Tania Avila and Addy Kaur

2. “I am Woman”: Gender specific issues for Australian women following Traumatic Brain Injury

Kate O’Reilly, Kath Peters, Nathan Wilson, and Cannas Kwok

3. What women say about menopause

Fiona McDermid, Kath Peters and Kate O’Reilly

4. Women’s experience of Intimate Partner Violence (IPV) and Impact on Health and Wellbeing: A Qualitative Systematic Review

Sakirat Mosunmola Shuaibu, Olayide Ogunsiji, Jann Foster, Sheeja Pathrose

5. Sexual Health after Mastectomy: Experiences of Arabic Women

Rawan Alsababha, Kath Peters, Fiona McDermid, Rebecca O’Reilly and Judy Mannix

6. Opportunistic Screening for Domestic Violence by Community Health Care Providers of Antenatal and Postnatal Women

Rebecca O’Reilly and Kath Peters

## **SONM Women's Health Research Stream**

Associate Professor Kath Peters

Associate Professor Lucie Ramjan

Associate Professor Laretta Luck

Associate Professor Virginia Stulz

Dr Fiona McDermid

Ms Kate O'Reilly

Dr Rebecca O'Reilly

Dr Cannas Kwok

Dr Lyn Francis

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