Results: Research has established a relationship between violence and mental health outcomes among women and girls. Violence or inter-personal trauma render women vulnerable to a range of psychiatric symptoms - depression, post-traumatic stress disorder (PTSD), suicide, and substance use are most common. Women reporting bidirectional violence had higher rates of depression and PTSD. When examining differences in rates of psychiatric disorders by the type of violence, it was found that all types of violence were strongly associated with all types of psychiatric disorders. Severity of psychiatric symptoms increased stepwise with increasing severity of violence.
Conclusions: Caring for patients in abusive relationships can be challeging - continuous supportive care improves patient outcomes. Physicians shoul be able to recognize and manage this situations in order prevent its negative outcomes.

Keywords: domestic violence; mental health; intimate relationship violence

EPP1474

Childbirth expectations questionnaire – a psychometric study with a sample from brazil

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Introduction: The Childbirth Expectations Questionnaire (CEQ; Gupton, A., Beaton, J., Sloan, J. & Bramadat, I.; 1991) evaluates the women childbirth expectation's with 34 items organized in four dimensions: Pain and coping; Significant others; Nursing support and Interventions.
Objectives: To analyze the psychometric properties (construct validity using Confirmatory Factor Analysis, discriminant validity and reliability) of the Brazilian preliminary version of CEQ.
Methods: 350 women (Mean age: 30.01±5.452) in the second trimester of pregnancy (Mean weeks of gestation=25.17±6.55), with uncomplicated pregnancies, completed the CEQ. To analyze discriminant validity, thirty of these women participated in a workshop (12 hours, integrated in the GentleBirth, a specific perinatal education intervention program) and fill in the CEQ again after approximately 8 weeks.
Results: After deleting seven items (1-3-20-24-33-34-35) and some errors were correlated the four-dimensional second-order model of CEQ presented good fit (χ^2=2.496; RMSEA=.071; CFI=.845, TLI=.828). The CEQ Cronbach's alpha for the total was α=.90; all factors presented good reliability: Pain coping (α=.87); Significant others (α=.66), Nursing support (α=.84), and Interventions (α=.76). The CEQ mean scores (total, Pain coping and Nursing support) were significantly higher after the workshop, indicating more positive expectations for childbirth (p<.05).
Conclusions: This additional validation study emphasizes that CEQ is an adequate measure of expectations of labour. It will be very useful to understand the correlates of childbirth expectations and also to access the efficacy of childbirth preparation programs.

Keywords: Birth Expectations; Scales; validation; childbirth

EPP1475

Validity and reliability of the perinatal anxiety screening scale in a brazilian sample of pregnant women

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Introduction: The Perinatal Anxiety Screening Scale was translated and validated for European Portuguese (PASS-29; Pereira et al. 2019), from the original PASS (composed of 31 items; Somerville et al. 2014) to allow epidemiological and correlational research and early detection, which is an health policy imperative. This need also applies to Brazil, where a specific instrument to measure perinatal anxiety is not available.
Objectives: To study the psychometric properties of the PASS Brazilian version factor structure using confirmatory factor analysis (CFA), internal consistency and pattern of correlations with mood states.
Methods: 350 women (Mean age: 30.01±5.452) in the second trimester of pregnancy (Mean weeks =25.17±±6.55) completed the PASS and the Brazilian version of Profile of Mood States (POMS-25; Barros et al. 2021). SPSS and AMOS software were used.
Results: After deleting two items (1 and 2) and some errors correlated, CFA indicated a good fit for the second-order model (X^2/df=2.987; CFI=.903; TLI=.889; GFI=.797, RMSEA=.075; p [rmsea≤0.01]<0.001). The Cronbach alpha was α=.937, and for the four dimensions (general anxiety and specific fear, perfectionism and control, social anxiety and adjustment disorder, acute anxiety and trauma.), were all α>.800. PASS total and dimensional scores significantly (p<.01) and moderately correlated with Profile of Mood States dimensions: negative affect (.471), Depression (.294), Anxiety (.548), Fatigue (.438) and Vigour (-.288).
Conclusions: Similarly, to what has been found for Portuguese version, the Brazilian PASS resulted in a 29-items-and-four-factors version, with good construct and convergent validity and reliability. In the near future we will determine the PASS cut-offs to screen for anxiety disorders in pregnancy and postpartum.

Keywords: Perinatal Anxiety; validation; pregnancy; Reliability