

REVIEW
DERLEME

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Nurses' Awareness of Sexual Abuse Screening

Hemşirelerin Cinsel İstismar Tarama Farkındalığı

ABSTRACT

Nurses are often the first point of contact and care providers in emergency departments and high-risk clinics. However, sexual abuse screening rates by nurses have been consistently low. Although most nurses come into contact with victims of suspected sexual abuse, it is difficult for them to provide physical, psychological and legal interventions due to various demographic factors, interaction with victims and their families, lack of awareness of reporting, procedures and collection of forensic evidence. Sexual abuse is a common global health problem and is associated with a range of significant and lasting physiological and psychological health effects. Nurses may ignore screening for abuse due to concerns that the examination may trigger memories of abuse, concerns about providing appropriate care, and insecurities and inadequacies about the reporting procedure. Sexual abuse is not only a legal and social problem but also the focus of medical treatment. In-service trainings, legal regulations, clinical guidelines and evidence collection kits need to be developed for nurses to gain competence in sexual abuse screening. In addition, forensic nursing should be expanded in undergraduate, graduate and in-service nursing education. In this literature review, it was aimed to examine nurses' awareness of sexual abuse, preventive factors and solution suggestions in the light of current literature.

Keywords

Awareness, forensic nursing, nurse, screening, sexual abuse

ÖZ

Hemşireler, çoğunlukla acil servislerde ve yüksek riskli kliniklerde bireyler ile ilk temasa geçen ve bireylere bakım sağlayan kişilerdir. Ancak hemşireler tarafından yapılan cinsel istismar tarama oranları sürekli olarak düşük bulunmuştur. Hemşirelerin çoğunluğunun cinsel istismar şüphesi olan mağdurlarla temasa geçmesine rağmen çeşitli demografik faktörler, mağdurlar ve aileleri ile kurulacak etkileşim, konu hakkındaki bildirimlere, prosedürlere ve adli delillerin toplanmasına yönelik farkındalık eksikliği nedeniyle fiziksel, psikolojik ve hukuki müdahalelerde bulunmaları güçtür. Cinsel istismar yaygın bir küresel sağlık sorunu olup, bir dizi önemli ve kalıcı fizyolojik ve psikolojik sağlık etkileriyle ilişkilidir. Hemşireler, muayenenin istismar anılarını tetikleyebileceği, uygun bakım sağlama konularında endişeleri ve bildirim prosedürü konusunda güvensizlik hissetme ve yetersizlikler nedeniyle istismar taramasını görmezden gelebilmektedir. Cinsel istismar, yalnızca hukuki ve sosyal bir sorun değil aynı zamanda

tıbbi tedavinin odak noktasıdır. Hemşirelerin cinsel istismar taraması konusunda yetkinlik kazanabilmesi için hizmet içi eğitimlerin, yasal düzenlemelerin, klinik kılavuz ve delil toplama kitlerinin geliştirilmesi gerekmektedir. Ayrıca lisans, lisanüstü ve hizmet içi hemşirelik eğitimlerinde adli hemşirelik yaygınlaştırılmalıdır. Bu literatür derlemesinde, hemşirelerin cinsel istismar farkındalığını, engelleyen faktörleri ve çözüm önerilerini güncel literatür ışığında incelemek amaçlanmıştır.

Anahtar kelimeler

Adli hemşirelik, cinsel istismar, farkındalık, hemşire, tarama

What is known about the field

- Sexual abuse is a widespread global health problem and is associated with a range of significant and lasting physiological and psychological health effects. Nurses may ignore screening for abuse due to concerns that the examination may trigger memories of abuse, concerns about providing appropriate care, and insecurities and inadequacies about the reporting procedure.
- Sexual abuse is not only a legal and social problem but also a focus of medical treatment. In-service trainings, legal regulations, clinical guidelines and evidence collection kits should be developed for nurses to gain competence in sexual abuse screening. In addition, forensic nursing should be expanded in undergraduate, graduate and in-service nursing education.

Contribution of the article to the field

- In this literature review, it is important to examine nurses' awareness of sexual abuse screening, the factors that prevent sexual abuse screening and the duties, powers and responsibilities of this international problem in the nursing profession in the light of current literature in order to contribute to the field.

INTRODUCTION

Sexual abuse is defined as the sexual misuse and abuse of people by others against their will or being the unwilling target of others' sexual advances, and it continues to be a widespread global health problem (1). WHO reports that approximately one-third (30%) of women worldwide have experienced intimate partner or non-partner sexual abuse in their lifetime (2). Furthermore, one in every five women and one in every thirteen men report having been sexually abused as a child between the ages of 0-17 (3). Given the prevalence of sexual abuse, its adverse effects on the biopsychosociocultural health and well-being of victims are increasingly recognized, and there is growing interest in addressing the problem in healthcare settings (4). Nurses, who constitute an important group of health services, have a key role in identifying those exposed to

sexual abuse and providing safety options. Nurses are often the first people to come into contact with and provide care to individuals in emergency departments and high-risk clinics. However, routine screening rates by nurses have been consistently low (5,6). As a matter of fact, in a study conducted in the Netherlands, most of the women stated that they did not disclose their sexual abuse victimization because the nurse did not ask and that nurses failed to provide the right conditions for disclosure (7). In a study conducted in Korea, it was reported that approximately 60% of nurses encountered suspected sexual abuse incidents, but reporting rates were meagre (8). Selph et al. (2013) reported that risk assessment in pediatric clinics reduces the incidence of abuse and neglect in young children (9). Professional organizations inconsistently conduct screening for sexual abuse, which is often classified together with screening for intimate partner violence. Indeed, routine screening has not been defined or standardized despite the recommendation by international organizations that all women should be routinely screened for sexual abuse (10). These problems highlight the importance of nursing practice in translating policy into clinical practice (11). This literature review was conducted to determine nurses' awareness and barriers to sexual abuse screening. In this traditional review, the words "sexual abuse" and "sexual abuse and nurse" were searched with Pubmed, Google Scholar and YÖK Thesis search engines. Studies from the last 10 years were included in the research. The selected studies were analysed qualitatively, and the common results of the studies were included in the review. In this study, unlike other studies, forensic and medical conditions of nurses in abuse screening and approach to abuse were discussed.

Nurses' Awareness of Sexual Abuse Screening

Nurses have a legal and professional obligation to report any suspected case of sexual abuse. Sexual abuse requires regular screening so that cases are not overlooked and can be reported (4). Nurses' responses to cases of sexual abuse vary according to their attitudes towards victims and perpetrators, speciality, gender, and the individual's personal history of abuse. For example, nurses with more than ten years of experience are significantly less likely to report or be sceptical of sexual abuse compared to their less experienced colleagues (12). Despite the nurses' relatively long work experience, it was initially difficult for many of them to discuss sexual abuse with victims. As nurses became more familiar with the topic and after multiple assessment interviews with victims, they reported feeling more confident and comfortable with the screening process (6). In terms of gender, women are more likely to report a case of sexual abuse (sensitivity). At the same time, men are more likely to identify those who have not been sexually abused (specificity). The high-

er susceptibility of women to report suspected cases of sexual abuse is considered natural due to women's compassionate feelings towards children (12). Nurses with a master's degree or higher education have fewer perceived institutional barriers to self-efficacy in sexual abuse (13).

Because of the wide range of strategies and individuality of sexual abuse screening, it is essential to understand nurses' perspectives on approaches to sexual abuse assessment and care (10). Although the first place to seek help for sexual abuse is the health institution, victims often face unpredictable negative experiences such as neglect or criticism from nurses. Nurses sometimes think that the victim's inappropriate behaviour is the cause of sexual abuse cases. Nurses may exhibit negative attitudes such as scepticism or criticism when the victim of sexual abuse talks about the incident or needs related services. Nurses with negative attitudes cannot adequately provide the necessary medical services to the victim and cannot support collecting forensic evidence (8,14, 15).

Barriers to Sexual Abuse Screening Awareness

Since cases of sexual abuse are underreported worldwide, it is difficult to determine the prevalence rates of sexual abuse. Reasons for underreporting include shame, guilt, lack of awareness of victims' rights, unwillingness to engage with the legal system, the need to hide the incident from essential people, and fear of not being believed. In addition, barriers preventing health professionals from reporting incidents include fear of consequences, lack of confidence in follow-up, and uncertainty about available evidence. One of the barriers for nurses to report suspected sexual abuse is concern about the domestic consequences, especially when the suspect is a member of the victim's family (6).

Sexual abuse is a hidden crime, and concrete evidence (e.g., a confession by the accused or photographs of the incident) is rarely obtained. Therefore, substantiating allegations of sexual abuse relies heavily on concrete evidence such as psychosocial analysis and interviews with victims. Indeed, the most common problem with sexual abuse screening and reporting is that nurses do not consider the incident as a severe case of abuse and that there is not enough evidence (8). Walker et al. (2014) reported that although most nurses accurately estimate the level of sexual abuse in the region they serve, there is a lack of awareness about screening due to the view that it is a problematic issue and their reluctance to accept the increase in sexual abuse and the high number of women affected (15).

The literature provides evidence of adverse mental and physical effects on the health of victims of sexual abuse, including fear and avoidance of gynaecological examinations. Nurses may ignore abuse screening due to concerns that the examination may trigger memories of abuse and concerns about providing appropriate care (15). Even if they are aware of sexual abuse, mistrust and inadequacies about the reporting procedure prevent nurses who must report from screening for sexual abuse (6). Nurses reported having insufficient knowledge and training in reporting abuse (16-21), hesitation in reporting (22), fear of reporting (18, 23, 24) and fear of making mistakes in identifying and reporting abuse (18, 22-24). In addition, nurses demand cooperation and institutional support in reporting abuse (25-27).

What Can Be Done to Raise Awareness of Sexual Abuse Screening

Sexual abuse is not only a legal and social problem but also the focus of medical treatment. For nurses to provide appropriate medical, nursing, and legal services to victims, it is essential to increase knowledge about sexual abuse through in-service training. Related training should also be included in the undergraduate curriculum for prospective nurses. In these trainings, the importance of the evidence collection process should be emphasized. Nurses who interact with victims of sexual abuse should have the competence to determine the facts, verify the evidence, and take appropriate intervention actions. In-service nursing training programs should be held regularly, under appropriate physical conditions and hours. Sexual abuse history taking, the approach to the victim and perpetrator, protocols to be followed, and institutions to be contacted and notified (Public Prosecutor's Office, Social Services, Police Department) should be addressed in in-service training.

It is essential that nurses feel legally safe during sexual abuse screening. If, after a thorough investigation, it turns out that the situation is not a case of abuse, it should not have negative consequences for the reporting nurse. Failure or ignorance in reporting suspected cases should not result in disciplinary action against nurses, and the identity of reporters should be protected in all cases. A reporting system based on this perspective can improve screening, case management, and care for sexual abuse. The International Council of Nurses (ICN) Code of Ethics for Nurses (2012) and its competencies that guide forensic nursing practice and express the moral basis of forensic nursing are Nursing with compassion and respect; defending patients' rights, health and safety; seeking guidance to resolve conflicts; maintaining a therapeutic relationship with the patient; protecting the patient's privacy and confidentiality; and affirming primary commitment to the patient re-

ardless of the situation or setting (28). In Türkiye, in forensic cases involving sexual abuse cases, the conditions under which samples can be taken from the victim and/or the accused, and by whom, and the conditions under which the physical examination of the victim and/or the accused can be performed by whom are regulated in Articles 75 and 76 of the Code of Criminal Procedure No. 5271. Under these articles of law, the victim of a sexual crime cannot be intervened, internal and external body examinations cannot be performed, and samples (genetic material) cannot be taken without the decision of the prosecutor or judge, except for the care and treatment of vital wounds. In addition, (physicians and nurses) are also obliged to report forensic cases while treating the victim of sexual assault (29). Child follow-up centers have been implemented in Turkey since 2010 in order to carry out the forensic, medical and psychosocial processes of children exposed to abuse with a holistic approach based on child benefit (30). In addition to providing health services in child follow-up centers, nurses undertake tasks such as post-traumatic care, psycho-social support and family counseling. Nurses with special specialties such as psychiatric nursing can also serve as forensic interviewers if they receive the necessary training (31).

It is essential to develop clinical guidelines and sexual abuse evidence collection kits to enable nurses to conduct themselves professionally and provide best practices during sexual abuse screening. The development of clinical guidelines contributes to preparing for the sensitive and complex sexual abuse screening interview, overcoming nurses' barriers, and learning about safety precautions. Regular screening for sexual abuse with well-developed and culturally acceptable clinical guidelines is a powerful intervention, especially in healthcare settings considered high-risk for sexual abuse (such as emergency departments, gynecology clinics, antenatal clinics, and pediatric clinics).

DISCUSSION

In this study, the awareness of nurses about sexual abuse screening, factors preventing sexual abuse screening, and solution suggestions were discussed. Although most nurses come into contact with victims with suspicion of sexual abuse, it is difficult for them to provide physical, psychological, and legal interventions due to various demographic factors and a lack of knowledge about reporting and procedures on the subject. In-service training, legal regulations, clinical guidelines, and evidence collection kits should be developed for nurses to gain competence in sexual abuse screening. Barriers preventing nurses from reporting incidents include lack of awareness, reluctance to involve the legal system, the need to conceal the incident from significant others, fear of consequences, lack of confidence in follow-up, and uncertainty about available evidence.

There is a serious need for research in the literature on nurses' sexual screening knowledge level, awareness and problems encountered. In addition, forensic nursing should be expanded to include undergraduate, graduate, and in-service nursing education. Thus, it can be ensured that nurses fulfil their forensic, medical, and civic duties entirely for both the perpetrator and the victim. It is thought that the involvement of nurses, who are an important part of the health system in our country, in the field of practice after the clinical forensic medicine education they will receive can make significant contributions to the health system (division of labour provided as a result of clarification of the job definition of the forensic nurse, a regular and healthy functioning process), victims (prevention of repeated examinations, provision of comprehensive care and service) and the Turkish Justice System (effective evidence collection, prevention of loss of evidence and time, qualified judicial process). In the literature review, most studies on child abuse were encountered. Gaps were found in the forensic and medical status of nurses in abuse screening and approach to abuse. It is recommended to study these virgin topics in the future.

Author Contribution

Idea/Concept: ST Design: ST; Supervision/Consultancy: ST; Data Collection and Processing: ST; Analysis/Interpretation: ST; Literature Review: ST; Writing the Article: ST; Critical Review: ST

Conflict of Interest

There is no conflict of interest.

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