

# A Synthesis of Perspectives on Nurses Supporting Survivors of Child Sexual Abuse

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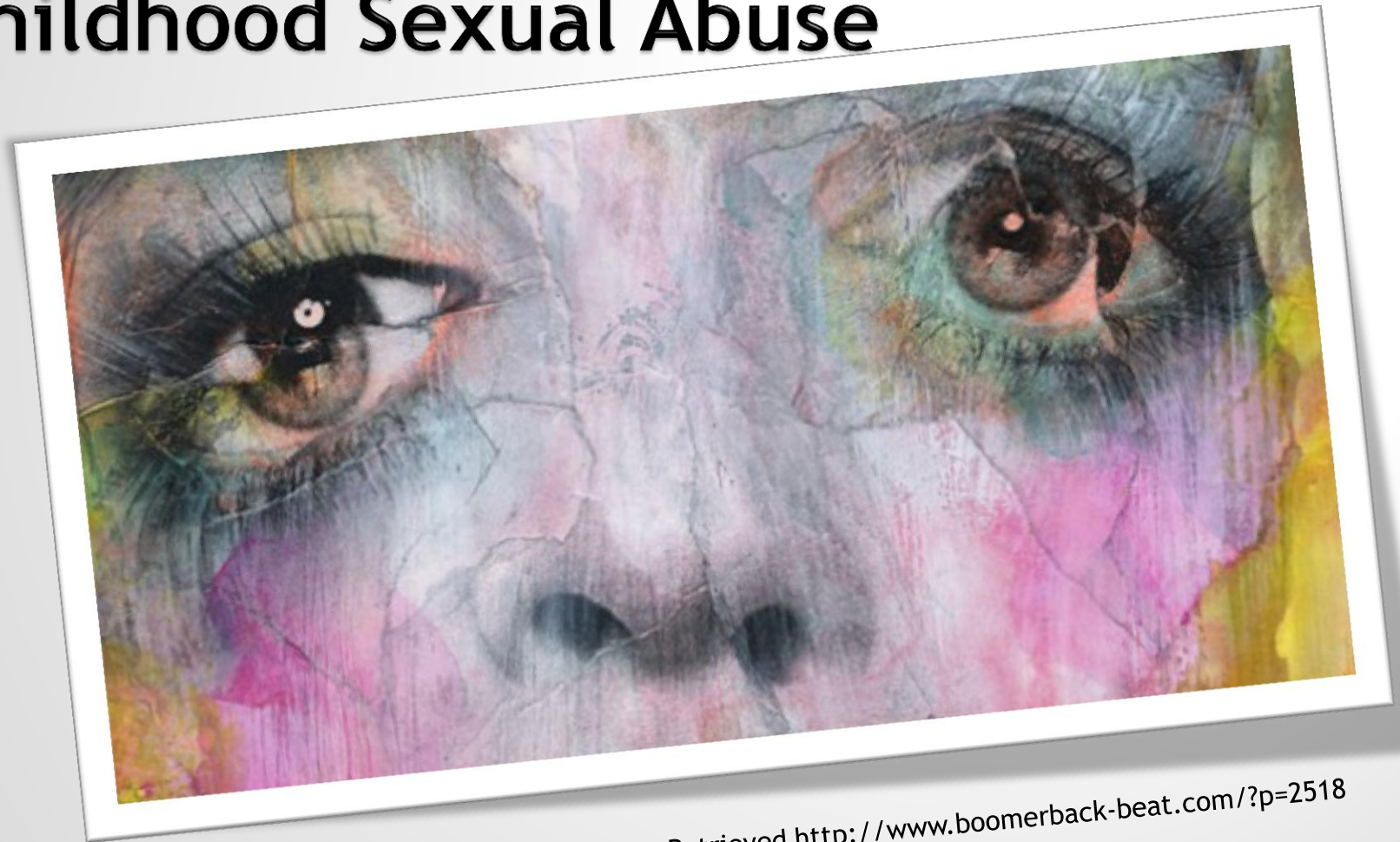
24<sup>th</sup> STT International Nursing Research Congress, Prague,  
Czech Republic



# Learning Objectives

1. Discuss the evidence supporting the use of disclosure versus non-disclosure in mediating the adult consequences of childhood sexual abuse from a global perspective.
2. Identify evidence-based nursing practice guidelines to support adult survivors of child sexual abuse in culturally appropriate ways.

# Shattered: The Devastation Of Childhood Sexual Abuse



Posted August 23, 2012 by Pam Witzemann. Retrieved <http://www.boomerback-beat.com/?p=2518>

# PICO Question:

- ▶ For adult survivors of CSA abuse is disclosure or non-disclosure more effective in achieving positive health outcomes?



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# Literature Search:

## ▶ Smart Text search:

- Global supporting childhood sexual abuse survivors and disclosure and nursing
  - CINAHL and MEDLINE academic journals
  - 2005 to 2012
  - Adult (age 19+) survivors
  - NOT: reporting, psychotherapy, perpetrators, and disclosure of gay, cancer, HIV, sex behavior
  - Results = 72 articles

## ▶ Analysis of articles

- Eliminate sexual assault and no inclusion of disclosure
  - Results = 30 articles

# Strength of Evidence

Level	#	Type of Study	Quality
III	22	Descriptive (n=8) Comparative (n=2) Survey (n=6) Correlational (n=6) Predictive (n=5) Not specified (n=1) Qualitative (n=8) Grounded theory (n=3) Phenomenological (n=1) Narrative inquiry (n=1) Not specified (n=3)	20A 2B
V	8	Case Studies (n=4) Literature Reviews (n=2) Opinion (n=1) Personal experience (n=1)	1A 3B 1B/C 3C
Johns Hopkins Nursing Evidence-based Practice Rating Scale, 2007			

# Final Sample = 22 research articles

## ▶ Gender

- Women only (n=10)
- Men only (N=3)
- Women & Men (N=8)
- NA (n-1)

## ▶ Ethnicity

- Reported & analyzed (n=3)
- Reported not analyzed (n=8)
- Not reported (n=11)

## ▶ SES

- Low income only (n=2)
- Moderate or diverse (n=5)
- NA (n=15)

▶ Australia (n=4)

▶ Canada (n=1)

▶ England (n=2)

▶ New Zealand (n=2)

▶ Norway (n=1)

▶ Sweden (n=2)

▶ USA (n=10)

Gender, Ethnicity, & SES

Country of Study

# Evidence Summation

Level	# studies	Summary of Findings	Quality
III	22	<b>All recommend disclosure</b>	20A, 2B
	11	<ul style="list-style-type: none"> <li>Children, men, &amp; ethnic minorities may experience CSA and self-disclosure very differently</li> </ul>	10A, 1B
	4	<ul style="list-style-type: none"> <li>Not dichotomous, but a lifetime process (qualitative)</li> </ul>	4A
	4	<ul style="list-style-type: none"> <li>Disclosure with negative response, delay of disclosure, severity of CSA, incest, and age may predict more emotional distress (correlational predictive)</li> </ul>	4A



# CSA Disclosure Best Practice

## ▶ Timing

- Age
- Hx sexual assault, domestic abuse, self-abuse, mental problems, low self-esteem (e.g., self-blame, shame), depression, PTSD
- Intrusive medical procedures

## ▶ Social Context

- Careful word choice
  - Gender role and age appropriate
  - Culturally sensitive
- Likely to receive positive or supportive response
- Safe from continued abuse & retaliation

# Aims of Adult CSA Disclosure

- ▶ Make meaning of CSA
- ▶ Develop realistic appraisals of perpetrator responsibility
- ▶ Enhance coping, e.g., supportive networks of friends and developing unique skills and abilities
- ▶ Target disclosures to support sources most likely to respond positively (e.g., female friends)
- ▶ Normalize feelings of fearfulness, shame, responsibility, and self-blame
- ▶ Alter high-risk behaviors

# Professional Characteristics

- ▶ Self-aware of own feelings about and experiences with CSA
- ▶ Knowledge of CSA effects and prevalence
- ▶ Interpersonal skills
  - Patience
  - Receptiveness
  - Listening



<http://fineartamerica.com/featured/hopeful-eyes-evie-cook.html>

# Health Outcomes

- ▶ ↑ Coping
- ▶ ↓ Depression
- ▶ ↓ Emotional distress
- ▶ ↓ PTSD
- ▶ ↓ Fear of medical procedures & compliance
- ▶ Prevent abuse
- ▶ Inspiration to others



# Recommendations:

1. Screening for CSA and disclosure history should be part of every health history
2. Information about CSA should be part of all health professions' education
3. Recovery from CSA is highly individualized
4. Counselors and nurses may be most helpful in recovery
5. More research is needed looking at outcomes of disclosure and other specific interventions to ↓ physical and emotional effects of CSA especially in non-Western countries