

Title:

Examination Accommodations Made by CNMs and WHNPs for Adult Female Sexual Assault Survivors

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Session Title:

Rising Stars of Research and Scholarship Invited Student Poster Session 1

Keywords:

nurse practitioners, pelvic exams and sexual assault

References:

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Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to describe common reasons why practitioners do not screen for sexual violence.	Research objective one is focused on describing the sexual violence screening practices. There is a graph and a paragraph on the poster.
The learner will be able to describe differences between CNMs and WHNPs with regards to care of sexual assault survivors.	There are few differences between the two, as will be seen in objectives 2, 3 and 4. Midwives screen more frequently and are more likely to accommodate patient requests.
The learner will be able to describe why survivors need specialized care.	This information will be present primarily in the abstract and the conclusion.

Abstract Text:

Background: The CDC reported 1 in 5 women (19.3%) will experience sexual assault or rape during their lifetime. Thus, there is approximately a 20% chance that certified nurse midwives (CNMs) and women's health nurse practitioners (WHNPs) will provide care to a sexual assault survivor. Sexual assault is a traumatic experience that often affects the way a survivor trusts others and responds to touch, examination, or intimacy. In order to protect survivors from retraumatization, CNMs and WHNPs should be able to accommodate their practice to the needs of survivors. **Aims:** (1) describe how CNMs and WHNPs screen for a history of sexual assault; (2) describe how CNMs and WHNPs accommodate needs of survivors; (3) identify how CNMs and WHNPs comply with survivor requests; (4) compare CNMs' and WHNPs' accommodation and compliance practices. **Methods:** The descriptive study used a survey design. An online investigator-created, 65-item survey was used. The principal investigator (PI) asked directors of WHNP and CNM programs in the US to disseminate an invitation inviting faculty to participate in this study via email. Faculty members of WHNP and CNM programs in the United States were eligible to complete the survey. Statistical analysis included means (SD) for continuous variables, frequencies (%) for categorical variables, and Mann-Whitney U tests for non-parametric data. **Results:** 18 advanced-practice nurses completed the survey in total; including 10 CNMs and 8 WHNPs. The survey response rate was approximately 32%. CNMs were more likely to accommodate their breast/pelvic exam practices for all survivors, and were significantly more likely to comply with requests when preparing for an exam ($p=0.02$). There was no correlation between screening frequency and accommodation or compliance practices. **Conclusion:** There were few statistical differences between CNMs and WHNPs during the conduct of exams, suggesting that neither CNMs nor WHNPs were better at providing care for survivors while conducting the exams. However, there were statistically significant differences in the way CNMs and WHNPs prepared for exams.