Purpose: Sexual abuse among children and adolescents continues to be a problem within our society and sexually abused children are not receiving the specialized care recommended. Approximately 20% of females and 5% of males experience sexual abuse during childhood. Incidence of child sexual abuse is difficult to define due to lack of disclosures (The National Center for Victims of Crime, 2012). Sexual abuse in childhood has been shown to impact children for a lifetime and lead to associated health problems both immediately and later in life. Child sexual abuse has also been found to have negative impacts on a child’s higher education, later job performance, and future earnings (National Alliance to End Sexual Violence, 2011). These health outcomes can be mitigated with the appropriate intervention at the time of the abuse (Hornor, 2010). Given the prevalence of child sexual abuse and its associated negative impact, nurse practitioners should be aware of the most recent clinical guidelines, be vigilant in assessment of possible child sexual abuse, and be aware of the available resources for referral for patients. The purpose of this project was to assess nurse practitioners’ rate of adherence with current sexual abuse clinical guidelines and to describe their perceived knowledge, competence, and comfort level caring for sexually abused children in a primary care setting.

Methods: A revised version of a questionnaire originally developed by Lane and Dubowitz (2009) for use with pediatricians was adapted for use with nurse practitioners. Permission was granted for use and adaptation by the author. The 50-question questionnaire was distributed to 5,734 nurse practitioners who were solicited through a nursing alumnus listing and the New York State Nurse Practitioner Association member list and newsletter. Questions included a mix of multiple choice, short answer, and responses to statements based on a Likert-scale. Data was collected over four months from June 2016 until September 2016. Inclusion criteria included nurse practitioners licensed in New York State who treat pediatric patients within a primary care setting. Participants were excluded if they worked outside of New York State, were retired, or if they did not treat pediatric patients in a primary care setting. This project was given exemption status by the Upstate Medical University Institutional Review Board prior to implementation.

Results: A total of 325 responses were collected, which represents a response rate of 5.7%. A total of 110 responses were used for analysis after 215 responses were disqualified for not meeting the study criteria. Of those disqualified, 28 respondents were excluded as respondents stopped the survey just prior to answering questions about clinical practice. Results showed that very few nurse practitioners felt competent to perform a medical-forensic exam on a sexually abused child (25.5%) and even fewer felt competent to render a definitive opinion on sexual abuse (17.3%) or to testify in court (12.7%). Most nurse practitioners felt the need for more training on child sexual abuse (78.2%). Most would prefer to refer children who are suspected of sexual abuse to an expert (77.3%), but very few (19.1%) are being referred to a local resource, like a child advocacy center when a parent calls the office with a concern. Logistic regression was used to model the predictive factors of perceived competence in nurse practitioners against demographic characteristics. This failed to find any significant association between any of the variables.

Conclusion: This study found that nurse practitioners are not following the most recently published guidelines which recommend all children who have been suspected of sexual abuse be referred to a specially trained medical provider (Adams, et al., 2016). These findings are similar to a study performed by Koetting, Fitzpatrick, Lewin, and Kilanowski (2012) who found that most nurse practitioners (83.7%) were uncomfortable performing a medical-forensic examination. More research is needed to evaluate clinical practices of all primary care providers regarding child sexual abuse. Nurse practitioners see value in pursuing specialist referrals for child sexual abuse but do not have access to the appropriate resources.
or are unaware of the availability within their community. Nurse practitioners should be aware of their own limitations and seek out education to improve their knowledge. Although most nurse practitioners lack the specialized education regarding child sexual abuse, pediatric forensic nurses have completed specific training in this area and are ideal to provide education on the available resources and the recommended clinical guidelines for referral.

Title:
Evaluating Nurse Practitioners’ Perceived Knowledge, Competence, and Comfort in Caring for the Sexually Abused Child

Keywords:
nurse practitioner, pediatric and sexual abuse

References:


Abstract Summary:
Sexual abuse is an ongoing problem within our society. Nurse practitioners work on the front line of healthcare in primary care. This project evaluated nurse practitioner's current approach to the sexually abused child in the primary care setting. Results of the study will be discussed, including implications for practice.

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Author Summary: Janice Ceccucci has been practicing as a forensic nurse since 2005. Currently, she owns a practice which provides medical-forensic exams to children at three child advocacy centers. She also current works as a nurse practitioner in a primary care setting. Her goal is to improve access for medical-forensic examinations for sexually abused children.