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Level of Knowledge, Attitudes, and Associated Factors Regarding Sexual Abuse Examination Among Nursing Officer Facilitators: A Pilot Study

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ABSTRACT:

Background: Sexual abuse examinations demand high clinical accuracy and a specialized knowledge base. trauma, crime and violence and the rehabilitation of offenders. Nurses are the first health care providers on the scene of a sexual assault, and are essential in both providing empathetic care to survivors and in the careful collection of critical forensic evidence. Specialty forensic nurses bridge the gap between clinical medicine and the legal system, combining clinical expertise with investigative protocols. Ultimately, their specialized practice becomes a foundation for survivors' psychological healing and justice in cases of sexual violence.

Objectives: To determine the level of knowledge and attitude regarding sexual abuse examination among nursing officer facilitators, and their association with significant demographics in a pilot setting.

Methods: A non-experimental, cross-sectional descriptive design was conducted with 30 nursing officer facilitators. Data collection utilized a structured knowledge questionnaire alongside an attitude scale, with subsequent analysis performed using descriptive and inferential statistics at a significance threshold of 0.05.

Results: The sample was primarily female (40%) and male (60%; note: demographic balance per output) aged 22-25 years (46.7%). Mean knowledge score was 17.93±4.76. The participants had moderate knowledge (63.3%), inadequate knowledge (26.7%) and adequate knowledge (10.0%). The mean attitude score was 76.60 ± 10.97, 63.3% had a favourable attitude, and 36.7% had a neutral attitude. Chi-square analysis showed significant associations between knowledge levels and clinical specialty area ($\chi^2=31.198$, $p<0.001$) and total clinical experience ($\chi^2=19.705$, $p=0.003$). In addition, there was a statistically significant positive correlation between the knowledge and attitude scores ($r=0.413$, $p=0.023$).

Conclusion: The pilot study demonstrated favourable professional attitudes and gaps in existing knowledge amongst the nursing facilitators and the critical need for structured forensic educational booklets and training programs.

Keywords: Knowledge, Attitude, Sexual abuse examination (SAE), Nursing Officer Facilitators

1. Introduction:

Recent global data points to a deeply concerning increase in cases of child abuse and sexual violence. A report by UNICEF highlights that across 28 European nations, roughly 2.5 million underage girls suffered sexual assault—ranging from physical to non-physical abuse—before even turning 15. On a broader scale, WHO figures from 2017 estimate that about 1 billion children worldwide, between the ages of 2 and 17, have faced physical, emotional, or sexual victimization at some point. Looking at regional tracking data from 2021, the numbers remain alarming: 13.8% of women and girls aged 15 to 64 have suffered physical violence in their lifetime, while developing regions reported an adolescent exposure rate of 3.02 per 10,000 individuals.[1]

Expectations and demands of the changing and developing health system and society have created different fields of work about practices and roles of nurses. One such area of work is forensic nursing. Forensic nursing was officially recognise as an speciality in nursing by the ANA since 1995. It is a hybrid of clinical nursing science and the legal system. Living or death victim that have trauma, any kind of crime or violence either rehabilitation of offenders is included in that.[2]

Achieving formal professional certification is a critical milestone in a nurse's transition into forensic practice. The IAFN give training in two areas of sexual abuse examination which is in paediatric and adult or adolescents also.. In addition for examination requirements, the Forensic Nursing Certification Board mandates that candidates must have 2 years of active clinical experience as a clinical nurse with having RN/RM to be eligible for certification.

Engaging with children potentially affected by sexual assault involves considerable time, dedication, and rigorous training. The doctor should exhibit empathy while also addressing his responsibilities in grounded way (“cool science for a hot topic”). A prerequisite, naturally, is the recognition that the issue of potential child maltreatment is indeed a concern. This necessitates the doctor's attentiveness and familiarity with the pertinent historical, physical, and psychological signs of abuse. Over 90% of maltreated children have normal physical assessments; yet, the forensic aspect of the evaluation must not be overlooked, as the lack of affirmative findings can hold evidentiary significance. The diagnosis is usually made from the statements of the child, who is questioned sympathetically and non-suggestively by a doctor or other forensic professional competent to do so. Sexual abuse can result in several consequences, including psychological instability and atypical behaviour. An individual anomaly, or even multiple irregularities together, cannot be The diagnosis cannot be determined exclusively from a single or multiple irregularities to ascertain the diagnosis. Nevertheless, the accurate assessment, documentation, and analysis of the results in accordance with prevailing guidelines, norms, and categorizations could significantly impact the safeguarding of the victims. The doctor should possess sufficient knowledge in paediatric and adolescent gynaecology, and it is essential to involve professionals from several fields, including requisite medical specializations, governmental child protection agencies, and additional organizations.[3]

2. Need of study:

In the Indian healthcare delivery structure, sexual assault cases are predominantly managed within hospital emergency departments that generally less nursing personnel specialized in forensic science or forensic

nursing, a limitation shared across government and commercial hospitals alike, with few exceptions. Emergency teams typically comprise doctors holding at least a MBBS degree, alongside nurses and paramedics. While forensic medicine and toxicology form a paraclinical course within the MBBS curriculum providing exclusive exposure to forensic sciences, Indian legal guidelines prioritize female doctors for examining and collecting evidence from sexual assault survivors (MOHFW, 2014). Nevertheless, due to the limited number of female doctors compared to the higher availability of female nurses—who are more readily accessible, economically cost-effective, and widely welcomed by survivors—nurses represent a crucial, frontline presence in the healthcare system. [4]

Delivering medico-legal care to sexual assault survivors is a complex responsibility involving intricate medical, legal, and ethical considerations. Standard nursing curricula—such as B.Sc. Nursing and General Nursing and Midwifery (GNM)—historically omit formal instruction on clinical forensic examinations as collation and preservation of the evidences. Furthermore, unlike global healthcare systems equipped with dedicated sexual assault referral centres (SARCs), India lacks such specialized facilities, leaving victims to be managed within general healthcare centres and state-operated hospitals.[5]

Meredith Hollender, Ellen Almirol and Makenna Meyer et al 2023 performed a cross-sectional investigation assessing the influence of Sexual Assault Nurse Examiners on service utilization via a retrospective examination of all patient encounters involving a report of sexual cases in a major urban adult emergency department from 1 June 2019, to 30 June 2022. The results indicated that "Patients attended to by a SANE were more inclined to receive suggested services and resources and were more prone to accept such services and resources. Delivering continuous SANE treatment to at-risk survivors markedly improves clinical results and aids hospitals in achieving essential quality standards. Thus, the authors suggested that governmental bodies contemplate broadening legislation to allocate financing and incentives for extensive SANE services throughout all hospital facilities, ensuring optimal resource availability for survivors of sexual assault.[6]

Gary Jodie C, Charles Laurie and Mitchell Stacey 2023 evaluated the Texas Sexual Assault Nurse Examiner Education Initiative to address state-level shortages of qualified Sexual Assault Nurse Examiners (SANEs). To identify existing care barriers and curricular needs for expanding access to medical forensic exams for the victims, a stakeholder survey was administered in January 2022 to 40 registered nurse stakeholders across Texas. Qualitative analysis of written feedback revealed key themes regarding operational barriers to SANE service delivery alongside specific recommendations for curricular enhancement. The survey provided critical insights into participants' perceptions of the training program, highlighting targeted educational demands and potential expansion avenues to better support learners. These stakeholder-driven findings offer broader implications for optimizing and scaling similar SANE educational programs to meet growing clinical demands.[7]

Naraloo, Sabet, et al. (2017) conducted a descriptive study involving 195 nurses from emergency department selected via a census sampling method from educational hospitals in Rasht city to evaluate their knowledge of forensic nursing and assess their capacity to manage sexual assault patients. Using a researcher-made questionnaire scored from 0 to 17, the study categorized performance into poor, medium, and excellent levels. The result shows that the majority of participants possessed moderate proficiency, with 54.36% demonstrating medium knowledge and 45.13% exhibiting low knowledge, while only 0.51%

achieved an excellent knowledge level. Specifically, nurses scored highest in identifying forensic patients and lowest in protecting forensic evidence. Furthermore, 95.4% find that they don't receive any education on managing forensic patients, 92.3% noted a lack of care guidelines, and 95.9% it shows that they need more education related to that topic. The authors concluded that forensic nurses play a critical role of providing care in emergency settings, highlighting an urgent need for specialized forensic nursing education in Iran.[8]

Most nurses in India have not trained in Forensic Nursing or the collection of evidence (similar to the SANE model) and that creates a situation of professional insecurity. They have to assist in complex medico-legal cases and there is no standard protocol. If in India we want to provide justice to every patient with having any kind of assault and reach at hospital, they get the treatment without losing any kind of evidence then the nurses must be train in sexual abuse examination so they can able to collect all the evidence properly and help make more helpful in maintaining chain of custody to provide judicial help to the patient and make the work easier for forensic experts to examine the evidence in a proper way.

3. METHODOLOGY

The purpose of current research was to evaluate level of knowledge & attitude of the nurse facilitator about sexual abuse examination.

RESEARCH APPROACH: Quantitative Approach: This approach is appropriate because the study is to "assess the level of knowledge and attitude" which involves collection of numerical data (e.g. scores on knowledge questionnaires and attitude Likert scale) that can be measured, analysed statistically (using descriptive statistics like percentages, means, etc.) and presented in the form of tables and graphs. The data gathering instruments (questionnaires, Likert scale) was self-constructed.

RESEARCH DESIGN: A Descriptive Cross-Sectional Survey Design: The main objective of the study is to observe and characterize the existing level of knowledge and attitude among the selected nursing officers at a given point of time. It aims at answering "what is" without changing variables or proving cause and effect linkages (which would require an experimental design).

SETTING OF THE STUDY: The setting is the location where a study is conducted. The study was conducted in District Hospital of Jodhpur. This particular setting was chosen due to sample accessibility, feasibility of execution, geographical proximity, and the successful acquisition of ethical clearance.

POPULATION: In this study population was Nursing Officers Facilitators in District Hospital of Jodhpur.

SAMPLE AND SAMPLE SIZE: A sample represents a representative subset of a larger target population selected to participate in a specific research study. In this study, the sample consists 30 Nursing Officers Facilitators in District Hospital of Jodhpur.

SAMPLING TECHNIQUE: Non-probability convenient sampling assumes that the researcher's specialized knowledge of the target population can be used to deliberately select appropriate study participants. In this study the convenient sampling technique was used to select the sample because of limited amount of time and availability of the subject according to the sampling criteria

DESCRIPTION OF THE TOOL

The tool for your study will be divided into three distinct parts:

Section - I -Socio-demographic Data – it is constructed to collect selected demographic variables having 8items.

Section - II - Questionnaire – it is constructed to assess the level of knowledge. This section contains 30 multiple choice questions. Every correct answer will score 1. The interpretation of level of knowledge it divided into 3 categories. (Inadequate, Moderate and adequate)

Table 1: Interpretation of levels of knowledge

Interpretation of level of knowledge	
Levels	**Range**
Inadequate knowledge	less than 50%
Moderate knowledge	50 to 75%
Adequate knowledge	Above 75%

Section - III - Self-Reported Attitude Checklist- it consists to Self-constructed Likert-type attitude scale consists of 20 items.

This scale uses a **5-point Likert Scale**. For "Positive Statements" (+), a higher score indicates a more favourable attitude toward sexual abuse examination. For "Negative Statements" (-), indicates a more non-favourable attitude toward sexual abuse examination to ensure a high total score consistently reflects a positive professional attitude.

- **SA**: Strongly Agree (5)
- **A**: Agree (4)
- **N**: Neutral (3)
- **D**: Disagree (2)
- **SD**: Strongly Disagree (1)

The interpretation of Attitude level it divided into 3 categories. (Unfavourable, Neutral, Favourable).

Table 2: Interpretation of Attitude Level

Interpretation of Attitude Levels	
Levels	**Range**
Unfavourable attitude	less than 50%
Neutral attitude	50 to 75%
Favourable attitude	Above 75%

4. RESULTS

Discussion

1. Age: The majority of the participants (46.7%, n=14) belonged to the age group of 22–25 years, followed by those aged 30 years and above (30.0%, n=9).
2. Gender: The majority of the participants were male (60.0%, n=18), while females accounted for 40.0% (n=12).
3. Educational Qualification: The majority of the participants held B.Sc. Nursing / P.B.Sc. Nursing degrees (60.0%, n=18), whereas GNM diploma holders comprised 40.0% (n=12).
4. Clinical Experience: The majority of the participants possessed less than 5 years of clinical experience (53.3%, n=16), followed by those with 6–10 years of experience (33.3%, n=10).
5. Primary Source of Information: The majority of the participants relied on mass media/internet (40.0%, n=12) and hospital SOPs/manuals (30.0%, n=9) for protocols regarding sexual abuse examinations.
6. Previous Training Exposure: The majority of the participants had heard about forensic training but had not attended formal training (33.3%, n=10), while 23.3% (n=7) reported no exposure. See table 3 for the presentation of data.

Table 3: Socio-demographic Characteristics

Demographic Variable	Category	Frequency (f)	Percentage (%)
Age in Years	Below 22 years	1	3.3
	22 – 25 years	14	46.7
	26 – 30 years	6	20
	Above 30 years	9	30
Gender	Male	18	60
	Female	12	40
Educational Qualification	GNM	12	40
	B.Sc. / P.B.Sc. Nursing	18	60
Clinical Specialty / Area of Posting	OBG / Labor Room	7	23.3
	Emergency / Casualty	14	46.7
	General Ward	3	10
	Other	6	20
Total Clinical Experience	Less than 5 years	16	53.3
	6 – 10 years	10	33.3
	11 – 15 years	3	10
	Above 15 years	1	3.3
Previous Forensic Training	Formal Training (Workshop/Seminar)	**5**	**16.7**
	Informal Exposure	8	26.7
	Heard About It / No Training	10	33.3
	No Exposure	7	23.3

Assisted in SAE (sexual abuse examination)	Never	19	63.3
	1 – 5 times	11	36.7
Primary Information Source	Nursing Curriculum	8	26.7
	Hospital SOPs / Manuals	9	30
	Mass Media / Internet	12	40
	No Information	1	3.3

Level of Knowledge Regarding Sexual Abuse Examination findings indicate that the majority of nursing officer facilitators $(63.30\%, n = 19)$ possessed a moderate level of knowledge, with a mean score of 17.93 ± 4.76. However, a notable proportion $(26.70\%, n = 8)$ demonstrated inadequate knowledge (<50%), while only 10.00% $(n = 3)$ achieved adequate knowledge levels (>75%). See table 4 for the presentation of data.

Table 4: Level of knowledge regarding sexual abuse examination among nursing officers

Knowledge level category	Score range	Frequency (f)	Percentage (%)
Inadequate Knowledge	<50% (<15 marks)	8	26.7
Moderate Knowledge	50%–75% (15–22 marks)	19	63.3
Adequate Knowledge	>75% (>22 marks)	3	10

Attitude Level Regarding Sexual Abuse Examination findings reveal that the majority of nursing officer facilitators $(63.30\%, n = 19)$ held a favourable attitude toward sexual abuse examinations, with a mean attitude score of 76.60 ± 10.97. Furthermore, 36.70% $(n = 11)$ demonstrated a neutral attitude, and no participants (0.00%) maintained an unfavourable attitude. See table 5 for the presentation of data.

Table 5: attitude level regarding sexual abuse examination among nursing officers

Attitude Level Category	Score Range	Frequency (f)	Percentage (%)
Unfavourable Attitude	Below 50	0	0
Neutral Attitude	50-75	11	36.70
Favourable Attitude	Above 75	19	63.30

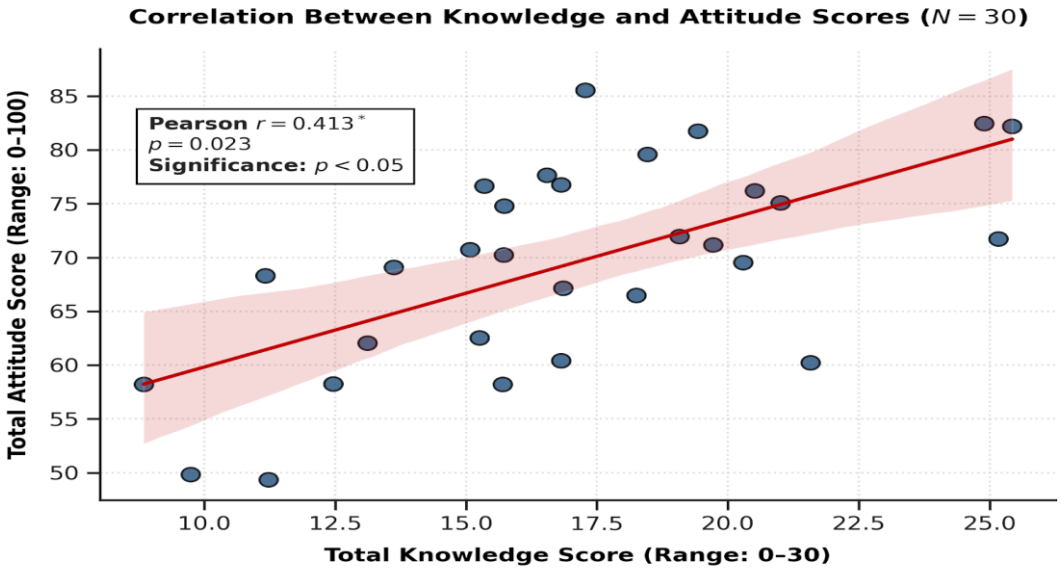
Correlation Between Knowledge and Attitude Scores: Pearson's correlation coefficient was computed to determine the relationship between knowledge and attitude scores regarding sexual abuse examinations among nursing officer working in district hospital of jodhpur $(N = 30)$. The analysis yielded a correlation

coefficient of $r = 0.413^{*}$ with a p-value of 0.023 (significant at the 0.05 level). A statistically significant positive correlation between the two variables, indicating that higher knowledge scores correspond to more favourable professional attitudes toward managing sexual abuse examinations. See table 6 and figure 1 for the presentation of data.

Table 6: knowledge & attitude correlation

Variables	Correlation Coefficient (r)	p-value	**Significance**
Knowledge Attitude	0.413*	0.02	**Significant**

Figure 1: Level knowledge & attitude correlation



5. Conclusion

1. The pilot study confirms a prominent gap in technical knowledge regarding sexual abuse examinations among nursing officers, with an encouragingly positive professional attitude.
2. These results reveal a critical baseline gap in forensic proficiency among clinical staff. Because healthcare facilitators frequently manage sensitive forensic cases, these findings underscore the urgent need for structured in-service training programs, clinical workshops, and dedicated educational manuals to bridge existing knowledge deficits.
3. This high level of professional favourability indicates a strong readiness and positive mindset among clinical staff. Although technical knowledge gaps exist, this receptive workforce provides an ideal foundation for implementing structured forensic training workshops and educational booklets.

6. Recommendations

1. Pre-service and in-service education programs should integrate dedicated, comprehensive training modules on forensic nursing and standardized sexual abuse examination (SAE) protocols.
2. Nursing school curricula must actively address clinical and legal procedures to bridge baseline knowledge gaps identified among nursing professionals.
3. Hospital administrators should ensure that standard operating procedures (SOPs) and informational manuals regarding sexual abuse examinations are strategically placed and rigorously followed in emergency and OBG clinical units.
4. Similar studies can be replicated on a larger sample size across multi-center settings to allow for broader generalizability of the findings..

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