












The Role of Medical Staff (Nursing) in the Organization of Psychosocial Care for Persons Suffered by Sexual Violence

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Abstract

This article is devoted to the study of the role of a nurse in the organization of psychosocial care for women who have been subjected to sexual violence. Through visual examinations, psychological tests and psychological support, the main problems of women who have been subjected to sexual violence were identified. The article also discusses ways to solve these problems. By studying the psychosocial problems of the injured women and the results of the research, the nursing staff determined a set of necessary actions and measures of nursing care aimed at providing high-quality psychosocial care.

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Introduction

Sexual crimes are among the most unacceptable crimes, are extremely high public danger, and at the same time are the most hidden, but at the same time common type of criminal activity. Its latency is due to the fact that victims (for various reasons) mainly do not report violence or other sexual abuse to law enforcement agencies. As a result, the number of actual victims of sexual assaults on sexual freedom and integrity exceeds the number of recorded crimes [1], [2].

Sexual violence is one of the most traumatic, as well as the most common forms of violence. Women who were subjected to sexual violence are more susceptible to mental disorders and several times more often than in the population, prone to suicidal behavior [3], [4]. The victims often hide the incident, due to the high level of stigmatization of

society regarding rape, thereby depriving themselves of the opportunity to receive the necessary medical and psychological and social assistance. The psychological trauma experienced by them remains in memory for a long time, disorganizes, affects the woman's self-esteem, her development, thereby affecting the future life of the victims [5], [6], [7]. The development of such minor mental disorders as fears, increased anxiety, vegetative-vascular and emotional instability, difficulties in concentration, sleep and behavior disorders, mild depression, etc., in the future, can lead to a deterioration in the quality of life, to social maladaptation, the formation of pathological personality traits, the development of somatic diseases and suicidal behavior [8], [9], [10].

Recently, there has been a collapse of the cultural and moral values of society. There is an increase in the crisis of the institution of family and marriage, an increase in the neglect of adolescents, which also adversely affects the upbringing of the

younger generation, leads to an omission in moral and sexual education, the inability to build benevolent interpersonal relations [11], [12]. Furthermore, the moral qualities of the individual do not develop, moral and sexual education, relations between the sexes, culture of communication, interpersonal relations are poorly developed [13], [14].

Thus, to date, the topic of research the psychological and social problems of victims of sexual crimes, as well as the provision of nursing assistance to women in this situation is more relevant than ever [15]. The relevance is due to the fact that sexual crimes entail serious consequences, adversely affect the psyche and health of the injured women, adversely affect the future generation, often lead to divorce, contribute to the spread of debauchery, reduce the cultural level of society, and most importantly undermine the authority of the state.

After experiencing rape, it can be very difficult for women to return to their usual lifestyle, and relationships with society as a whole. Therefore, in my opinion, it is necessary to create institutions to support the protection of victims of sexual violence, consultations of specialists to provide them not only with psychological, but also with legal assistance [16].

Aim

The aim of the study was to study the role of nursing staff in the organization of psychosocial care to persons who have been subjected to sexual violence.

Research Methods

Clinical, psychological (using a psychological test for the diagnosis of mental states according to Eysenck H.J.), analytical, and statistical studies.

Study design

An observational, cross-sectional, and cohort study was conducted on the basis of the Institute of Forensic Expertise of Almaty region. The study involved two groups of 35 people (control and comparison group) of women who had been subjected to sexual crimes and underwent a forensic examination. The study was conducted from October 2020 to November 2021. In the process of research, physical, anthropometric, and gynecological examinations of the victims were carried out.

Inclusion criteria

All women, who have been subjected to sexual crimes and have passed a forensic-medical examination

in the office of the general expert department of the Institute of Forensic Expertise of Almaty region, aged 18–63 years.

Exclusion criteria

Underage girls (under 18 years of age) were excluded from the study.

Results

During the direct examination, the following confirming criteria of “rape” were revealed in most women: complaints and anamnesis: Pain and trauma associated with sexual violence. Anamnesis: indication of sexual violence (the nature and type of sexual contact: Vaginal, anal, and oral); bodily injuries in the form of bruises, abrasions, wounds on the body of the victims; injuries in the area of the external genitals (fresh ruptures of the hymen); damage to the anus and rectum (hemorrhages, abrasions, cracks, and wounds); and forced sexual intercourse that led to the pregnancy of the victim.

During the conversation, many women had a depressive mood background in the clinical picture, which was accompanied by a pronounced fear of a repetition of the situation of violence, anxiety, obsessive thoughts about the violence that occurred, fears that other people would treat her worse, avoidance of social contacts, suicidal thoughts. During the study, an individual approach was selected for each woman.

To determine the emotional state of each victim, the test “Self-assessment of mental states” was conducted (Eysenck H.J.). The purpose of testing was to determine the level of such mental properties as anxiety, frustration, aggressiveness, and rigidity (Figures 1 and 2).

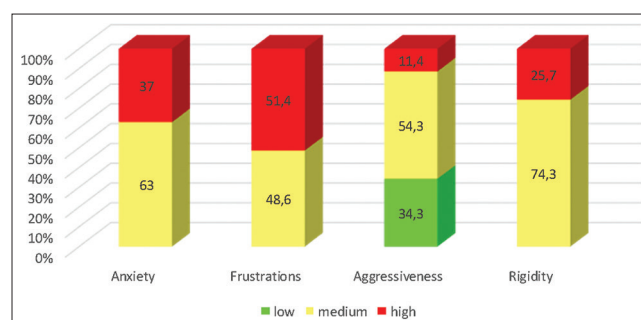


Figure 1: Assessment of test “Self-assessment of mental states” mental by Eysenck H.J. in comparison group

This test consisted of 40 statements grouped into four blocks. Each of the blocks corresponded to one of the four defined mental states (anxiety, frustration, aggressiveness, and rigidity).

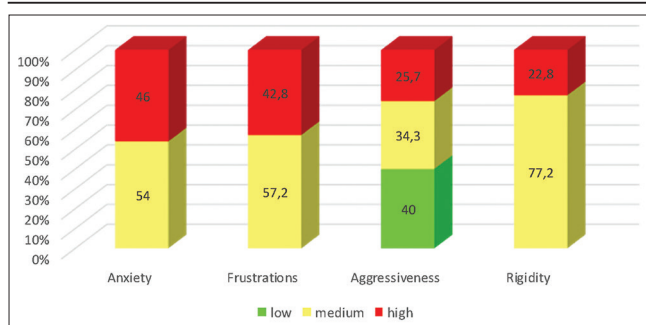


Figure 2: Assessment of test "Self-assessment of mental states" mental by Eysenck H.J. in control group.

Interpreting this test and each block separately, we obtained the following results:

Definition of anxiety: 58.6% (41 people) had an acceptable level of anxiety (from 8 to 14 points); whereas 41.4% (29 people) had a high level of anxiety.

Frustration: About 52.9% (37 people, 20 of them in the control group) had an average level of frustration (8–14 points), what is the norm. A high level of frustration was detected in almost half of the surveyed - 47.1% (33 people) who scored 15–20 points, which characterizes women with low self-esteem who avoid difficulties and are afraid of failure.

Assessment of aggressiveness

- 37.1% (26 people, of which the control group – 14 people) had a low level of aggressiveness (0 - 7 points), which indicates a calm and sustained character
- 44.3% (31 people) have an average level of aggressiveness (8-14 points)
- 18.6% (13 people, of which the control group – 9 people) had a high level of aggressiveness (15-20 points), which may indicate lack of restraint. People with a high level of aggressiveness may have some difficulties in communicating and working with people. It should be noted, that often people with a high level of aggressiveness, need of psychological correction, since they cannot further correctly build relationships with other people.

According to the assessment of rigidity, we obtained the following results: 75.7% (53 people, 27 of them in the control group) had an average level of rigidity (8–14 points), 24.3% (17 people) had a high level of rigidity (15–20 points). A high level of rigidity can manifest itself in the immutability of behavior, beliefs, views, even if they do not correspond to reality. Such people are contraindicated to change jobs, changes in the family.

Analyzing the data obtained, presented in Figures 1 and 2, it was noted that less than half of the subjects (37% - comparison group and 46% - control group) had a high level of anxiety.

Which can be expressed in increased excitement, anxiety in different life situations, as well as in anticipation of condemnation from others. More than half of the subjects (comparison group and control group) have an average level of anxiety (63% and 54%, respectively). These indicators comply with the normal.

The following results were obtained in the study of frustration: About half of the persons, both in the comparison group and in the control group, have an average level of frustration (48.6 and 57.2%, respectively), which corresponds to the norm. A high level of frustration is revealed in 51.4% and 42.8%, respectively, of the subjects. This indicates that these women are experiencing irritation, frustration, or despair. These women feel confused before the difficulties that arise, they also have low self-esteem and they try to avoid failures.

The data obtained in the study of aggressiveness, show about one-third of the sample showed a low level of aggressiveness (34.3% – comparison group and 40% – control), which indicates a stable nervous system. The average level of aggressiveness was determined in 54.3% of people in the comparison group and in 34.3% in the control group. Further, it can be seen that 11.4% and 25.7% of the women tested showed a high level of aggressiveness. This suggests that these women are easily irritable, not restrained, conflicted.

Analyzing the data of the rigidity study, 74.3% and 77.2% of women have an average level of rigidity, which shows that they can easily change their habits and plans. Also, we can say that less than a quarter of the subjects (22.8% and 25.7%, respectively) have a high level of rigidity. Such women find it difficult to rearrange their plans; they are fixed on certain goals.

Thus, summarizing the data obtained, we can say that about half of women showed a high level of anxiety and frustration.

After the tests, a psychological, consultative conversation was conducted with the comparison group, which consists in the following:

- Establish emotional contact and trusting relationships to ensure self-acceptance, active listening and identification of the main problems
- Formation of an adequate understanding of what happened in women
- Conducting a conversation that promotes self-esteem, identifying and strengthening the strengths of the victim
- Assistance in drawing up a plan of behavior in circumstances related to violence (information about medical procedures, necessary consultations of specialists, etc.)
- Recommendations for the provision of specialized psychological assistance (calls to the hotline, helpline, and psychological consultation).

To identify the statistical difference between the mental state before and after the psychological,

counseling conversation, a comparative analysis was conducted. The authors used the Student's paired t-test, the results are shown in Table 1.

Table 1: Comparative analysis of the level of self-assessment of mental states, after the conversation

Scales	Designation	Average	p-value
Anxiety	Before the conversation	14.3	p = 0.005
	After the conversation	11.4	
Frustrations	Before the conversation	14.6	p < 0.003
	After the conversation	13	
Aggressiveness	Before the conversation	13.5	p < 0.01
	After the conversation	11.1	
Rigidity	Before the conversation	15.2	p < 0.01
	After the conversation	13.4	

*p < 0.005.

Thus, analyzing the data obtained in table, it can be seen that:

1. Before the conversation, the average value of the anxiety level was 14.30, and after the conversation, the average value decreased to 11.40. These differences are statistically significant ($p < 0.01$), which indicates a decrease in the level of anxiety, therefore, women began to feel less anxious
2. The data obtained during the study of the level of frustration showed that the average value before the conversation was 16.40, then after the conversation it dropped to 13.00, thus, the consultative conversation helped women to find a solution in difficult life situations and the ability to solve them
3. Having studied the results obtained in the study of the level of aggressiveness, it can be seen that the average value before the conversation was 13.50, then after the conversation the average value was 11.10. The differences are statistically significant at a high level of significance ($p < 0.01$). The data obtained show that women, after a conversation with them and recommendations, began to feel more restrained and less irritable
4. The decrease in the level of rigidity shows that women after the conversation have become calmer, more confident in themselves and are ready to perceive life adequately. Since the average value before the conversation was 15.20, and after that the average value dropped to 13.40.

Thus, summarizing the data obtained, it can be seen that after a corrective psychological conversation in the comparison group, the indicators of anxiety, frustration, aggressiveness, and rigidity are lower than in the control group.

Discussion

Interpreting the results of the test, the following conclusions are made that women who have suffered

from sexual violence experience various fears, anger, depression, problems with self-esteem, a variety of psychosomatic symptoms. As a reaction to what has happened, there are problems of loneliness, alienation and emptiness, feelings of lack of future and life prospects, loss of control, ignorance of one's own desires and loss of interest in life, self-doubt, problems of relationships with others. However, after a conversation conducted in an atmosphere of trust and openness, with a discussion of the analysis of the identified problems, recommendations and tips for their elimination, the mood of the women in the comparison group became more positive. Most of the women after the conversation noted peace of mind, as well as some self-confidence.

The conducted studies have shown that all the women studied have both psychological and social problems. Thus, raped women need immediate psychological help, and in some cases, long-term psychological help, including from highly qualified specialists. An important stage of psychological assistance is to help the victim to return to normal life as soon as possible, and the sooner the woman receives the necessary psychosocial assistance, the sooner the rehabilitation period and return to normal life will come. An important role in this case is played by a nurse who, having studied the psychosocial portrait of the victim, has the idea and the opportunity in each specific case or in each specific situation, to recommend appropriate help to such women (to seek advice from the hotline by helpline, the regional women's support center, consultation of the necessary specialists - gynecologist, psychologist, and psychotherapist). Early detection of signs of psychological distress and mental disorders in women victims of sexual violence, as well as timely provision of medical and psychological assistance to them will prevent the development of all kinds of mental and behavioral disorders and, thereby, will lead to early adaptation and rehabilitation.

Conclusions

1. Psychosocial support is an important link in solving problems to improve the quality of life of women victims
2. It is necessary to train women to manage their feelings and reactions in overcoming the consequences of trauma
3. A nurse should find an individual approach to each woman, create trusting relationships, while observing medical ethics and deontology
4. Introduce special courses for nursing staff on the treatment and methods of providing assistance to victims of sexual violence.

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