

# Beneath the Serenity: the Lived Experience of Nurses Assigned in the Care of Sexually Assaulted Patients

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## ABSTRACT

*The study explored the lived experience of registered Filipino nurses who are assigned in the care of sexually assaulted patients using an interpretative phenomenology while utilizing Gadamer's Hermeneutic Circle and Van Manen's Philosophy of the Four Lived Worlds. Five informants were selected and interviewed using a semi-structured interview guide, four major themes of the study have emerged, namely: (1) "The Coming of the Storm" with the subthemes: (a) A Cloud of Uncertainty and (b) Awaiting What Lies, (2) "Bracing for Impact" with the subthemes: (a) Closing In, (b) Land fall, and (c) Surviving What Has Now Come, (3) "Amidst the Heavy Rains" with the subthemes: (a) Swallowed by the Tides and (b) Emerging from Water, and (4) "Rising of the Sun" with the subthemes: (a) Shelter from the Storm and (b) The Parting Clouds. Findings revealed that even in the face of uncertainty, the lack of trainings or preparation, the impact of the patient's narratives, the resolve to give quality care to sexually assaulted patients, the various coping mechanisms, enabled the informants of in meaning in diverse influences that are brought by the positive and negative experiences during their care while handling sexually assaulted patients.*

**Keywords:** Sexual assault, sexual violence, Lived experience, phenomenology, Gadamer, hermeneutics, van Manen

## INTRODUCTION

"There are at least twenty cases of rape reported daily to the police, and the commission of sexual abuse remains high with at least one woman or child being raped every seventy-two minutes in the country" (Rosario, 2019). Patients who have been sexually assaulted are a unique type of case. With sexual assault or violence there is more than just the physical aspect of a person that needs to be treated. Nurses who provide care for these patients do not only treat the wounds and restore the body; the trauma and the pain that was inflicted goes deeper than the flesh. Rape victims require medical, emotional, and legal requirements (Emergency Nurses Association, 2010). Rape cases are so unique that they require a particular set of protocols that should be strictly followed by nurses who are in direct contact with these cases. In the Philippines, the Women and Children Protection Program, which was established by the DOH as a response to the increasing number of women and children reporting having experienced violence, rape, incest, and other related cases.

With rape cases, ideally a specially trained nurse is required to provide rape victims with healthcare services since they have undergone said training to provide culturally sensitive, developmentally appropriate, trauma- formed, and patient-specific evaluations and treatments. However, in the Philippines there are no standardized trainings that prepare the nurses that have been assigned to provide care to sexually assaulted patients. This means that nurses here in the Philippines may not be properly equipped to handle these certain patients. A study made by Shana Maier (2011), findings show that Sexual Assault Nurse Examiners (SANE) have shown symptoms of vicarious trauma and burnout as a result of the continuous exposure to traumatic narratives. The researchers would want to explore the lived experiences of these nurses who have provided care to sexually assaulted patients here in the Philippines. There are no interpretative phenomenological studies that give focus to the experiences of the Sexual Assault Nurses themselves, providing an opportunity to explore and understand the experiences of the nurses and the meanings they give these experiences.

## BACKGROUND

Sexual Assault Nurses are constantly faced with traumatic narratives from their patients during their interaction since these nurses are responsible for gathering the history, conducting an assessment and implementing interventions. With the increased demand for emotional responses and the repeated exposure to the said traumatic events there has been evidence that there was a presence of secondary traumatic stress with the nurses (Raunichetal., 2015). Due to these stresses, it has caused a strain on the healthcare provider's emotional capacity leading to burnouts, and Vicarious Trauma. The healthcare professionals with higher loads of work, meaning increased exposure to sexual assault cases, have been found to exhibit symptoms of Vicarious trauma, post-traumatic stress disorder, and disrupted beliefs in people (Schauben and Frazier, 1995).

## THE STUDY

### Aim

The researchers undertook this study with the aim of exploring how the informants give meaning to their lived experiences as nurses that cater to sexually assaulted victims.

### Design/Methodology

The researchers utilized a qualitative research design, specifically using the interpretive phenomenology while incorporating Gadamer's Hermeneutic Circle and Van Manen's Philosophy of the Four Lived Worlds. Through interpretive phenomenology, it grants the researchers to take part in the process of interpretation of the lived experiences along with its informants. Not only had the study described the experiences but allows the researchers to extract the essence to the meaning that has been imposed by the informants to their lived experiences. Furthermore, to elicit comprehensive and valuable information, an interview guide consisting of open-ended questions was utilized in interviewing informants that have been identified through purposive sampling.

### Setting/Sample/Participants

The primary research setting was conducted within the Philippines that catered to sexually assaulted patients. A purposive sampling was used to ensure that the 5 informants accurately represents the total population, and the inclusion criteria were as follow: [1] registered Filipino nurse; [2] based in the Philippines; [3] assigned in the care of sexually assaulted patients; and [4] with at least 6 months of experience. Exclusion criteria were as follows: [1] nurses who rendered their care outside the Philippines; and [2] nurses who rendered their care not within authorized facilities.

### Data Collection/Instrument

This study has been approved by the Velez College Ethics Review Committee. Before data collection, a self-awareness activity with the researcher adviser was conducted, followed by a mock interview.

After the informants gave their permission to participate in the study, the interview was then scheduled. The consent form included a detailed explanation of the potential benefits and possible risks involved in discussing previous experiences of handling sexually assaulted patients, such as the possibility of recalling experiences of vicarious trauma. After verifying the informant's understanding and voluntary participation of the study, the interview was then commenced using the aid of a semi-structured interview guide with the grandeur question, "Can you describe your experience as a nurse while handling for a patient who has been sexually assaulted?"

During the interview, all of the researchers were present and took part in the interview process. One of the researchers setup the recording equipment needed. Lastly, the researchers thanked the informants with an online monetary transaction.

### Ethical considerations

An informed consent was notified and provided the general nature of the study, detailing how privacy and confidentiality would be maintained in handling of any information and data regarding the informants. Furthermore, the informants' rights to anonymity and confidentiality, benefits, and risks of the study were explained in the consent form. It was also made sure that the informants were aware that the participation in the study was completely voluntary and that they could withdraw from the study anytime.

### Data analysis

The analysis was grounded on Van Manen's Philosophy of the Four Lived Worlds: [1] lived body (corporeality), [2] lived relations (relationality), [3] lived space (spatiality), and [4] lived time (temporality). Through this, it allows immersion into the world of lived experience, which gains the researchers insight into the essence of the daily lives of the individuals. Moreover, interpretive phenomenology utilized these lived worlds as a basis for questioning, reflecting, and writing.

## RESULTS/FINDINGS

Analysis of the data gathered from the five (5) informants yielded four (4) major themes

### Theme1: "The Coming of the Storm"

Caring for sexually assaulted patients requires special preparations to be able to provide optimum quality care for these types of patients. On the other hand, most of these nurses are not aware that the encounter or narratives of sexual assault patients would bring various influences in them that likened to a storm. Due to the lack of awareness some nurses do not regard training as much and this is one of the reasons behind their struggles while taking care of sexually assaulted patients. In subtheme, (a) "A Cloud of Uncertainty", the discomfort brought by the unfamiliarity of the situation paved the way for struggles, as verbalized by Pablo, "*Nag struggle gyud ko at first because I really don't know how to intervene sa mga ing-anang cases...*" [I struggled at first, because I don't know how to intervene in these types of cases...]. On the other hand, in subtheme, (b) "*Awaiting What Lies*", most of the informants stressed the need and importance in undergoing preparations such as training to be able to render

appropriate care to sexually assaulted patients, as Uring verbalized, "*Kailangan talaga you have a training groundkasi hindi ka lang basta pweding pumasok ng isang area or isang specialist a na wala kang among knowledge.*" [You really need to have a training ground because it is not possible for you to enter an area or a field of specialty if you do not have the knowledge for it.]

### Theme2: "Bracing For Impact"

Before the nurses enter the patients' rooms they have to prepare themselves for what lies beyond the door. To brace for impact is a way of preparing the self for the damage a storm can bring in order to be able to cushion the blow or mitigate the harm that the storm can bring. Nurses deal with different patients that come from all walks of life, meaning that the individual the nurse is going to be caring for will be a unique experience, with different needs to be met, plans of care, and even the interaction will be unique from patient to patient, furthering the need for the informants to prepare themselves before the beginning of every interaction. In subtheme (a) "Closing In", the nurses are performing their self-awareness activities and conditioning themselves for the interaction that is going to happen. The separation of the personal and the professional is evident, we also get to see the stigmas, personal thoughts, and biases that the nurses have of their patients, as verbalized by Uring, "*For me, you just have to be open kasilike for me I also have my own biases before when I started on sexual violence. I would like to give an example if it's okay? Like for example may mga patient kamina mgapokpokor GRO or prostituteka hit mga bata nag pipimp so diba minsan maisip mo bakit ko gagamutin tu e babalik at babalik yan kasi yan ang trabaho nya yan ang life dyan sa kumukuha nang ibubuhay sa sarili nya. Minsan maiinis ka bakit ba ko sya e treat e ginusto naman nya yan. SotalagangnungtimenaI was really involved with it nakailanganmagkaroonkanang state of heart at the same time state of perspective.*" [For me, you just have to be open because, like, I also have my own biases before when I started on sexual violence. I would like to give an example if it's ok? Like for example, we have patients that are tramps, GROs (Guest Relations Officer; sex workers), or prostitute, even children that are pimping (arrange clients with sex workers), so sometimes we think, "Why do I have to treat this individual? They will just keep coming back because it's their job, that's where they will get their source of income to support them. Sometimes, you will get irritated, "Why do I have to treat this patient?, it's just what they wanted" So that really was the time that I really involved myself with it, that I needed to have a state of heart at the same time a state of perspective.]. In subtheme (b): "Landfall", the interaction begins and the nurse is now struggling to create a therapeutic nurse-to-patient relationship, trust building and establishing rapport as verbalized by Yolanda, "*Pay attention to the smallest detail, samga actions ordilisiguronilamae story a, while nag interview but then makita bitaw nimo sa ilang mga actions like nervous kaayo sila while gi interview like, ilangkamotdilimahimutang,ilangtiil.Asanurse masensenimonga "naasyaykahadlokan"or something nga dili niya ma ingun ug gi unsa gyu dsiyalike that. Be more sensitive and pay more attention samga nonverbal cues.*" [Pay attention to the smallest details, to the actions or the things that they may not be able to say while conducting the interview, but then, you can see it in their actions, like if they are very nervous during the interview, like their fingers are fidgeting, their feet (restless). As a nurse, you can sense that they are "fearful" or something that they cannot say like what really happened to them. Be more sensitive and pay more attention to the nonverbal cues.]. In subtheme (c): "Surviving What Has Now Come", the nurse uses the tools that have been given to them and the skills that have been taught are now being utilized, just like being in a storm we use the resources that we have with the skills that we have to be able to survive the raging storm, as verbalized by Ondoy, "*if the patient is sexually assaulted regardless if there is penetration or not and there's sperm introduction in the vagina for examples of there are chances of the victim to get pregnant so you will be preventing that aspect. We're not saying that were endorsing abortion or something like that, the medications provided is like an emergency contraceptive so it'll prevent the patient from getting pregnant at the same time for example, with std we provide them antibiotics and other prophylaxis that will prevent them from having std...So, it is rewarding because in a sense that you will be preventing other infectious example STD, tetanus and the other infections... we ensure that our patients are in good hands*".

### Theme3: "Amidst Heavy Rains"

During their stay in the facility wherein they render their care to sexually assaulted individuals, like in the event of heavy rains, its downpour has brought diverse effects to the people affected, embodying both negative elements and positive elements. In the subtheme, (a) "Swallowed by the Tides", the negative side of their experience included being physically and emotionally drained. As Yolanda verbalized, "*Oo, you can't help na siguro ig abot nimo sa last patient di naka ingon as energetic same as sa katongimongfirstinterviewsiguro...Unasigurois emotional nya once ma emotional kay mo follow dayon ang physical. So if kapoy na si mind, mo follow sad ang physical ma affected na imong interview kanang hapit na mo end imong shift medyokapoyna.*" [You can't help that when your last patient comes, you are not as energetic compared to your first interview...Your emotions will be affected first then your physical will then follow. So if your mind is already tired, your physical will then follow and it will affect your interview nearly at the end of the shift because you are already tired]. Conversely, in the subtheme, (b) "Emerging from Water", the informants were also able to receive emotional rewards. As Pablo stated, "*kuangyudsyakanang fulfillment gyud sya sa akoang part kay na kuan gyud nako sya na "hila" ba.*" [It is really a fulfillment on my part because I was able to pull my patient back up].

### Theme4: "Rising of the Sun"

In order to carry on with these negative implications, the nurses have enlisted coping strategies that served as their light as they embarked to a path filled with uncertainty and negativity. The rising of the sun connotes the passing of the storm, similarly when nurses who render in the care of sexually assaulted patients could see the



brighter side of the negative response during the interaction with the patients or the workplace itself. In the subtheme, (a) "Shelter from the Storm", *Debriefing sessions* are one of the most common methods of coping used by the informants. Uring stated, "So during at the end of the day we usually do debriefing sessions kasi both of us are trained in mental health para hindi mo talaga maiuwe yung sobraangburnout." [So at the end of the day, we usually do debriefing sessions because both of us are trained in mental health for us to not bring the problem home like being burnout.] In the subtheme, (b) "Parting of the Clouds", being a good and attentive listener is one of the qualities developed by some of the informants during their course of care. As Yolanda verbalized, "Dapat kabalo ka mo empathize, kay lahi manang empathize and sympathize. Good listener ka, kabawkamolisten, dilikaygain interview-interview langkajustforthesake, kayangubanana, they just want to be heardba, empathizegyudkanila. More one mapthy. Saemotionalkayma sensitive ko after sakong rotation kay maka sense ka if imong friend kay is depressed or undergoing something or the way motubagangmgatawoba or kanang "ngano kaha ni sya gi abuse noh?"... Mas sensitive naka and mas cautious naka karon. Socially, mas sensitive ko sa mga needs, saakoangmgamembers, saimong friends. Mas mo listen nako if ever naa silay ma chika and I tend to listen and read between the lines. Maka read ka gamay og nonverbal cues. For me, mas more grateful ko sa akoang life experiences na thankful kongawalakoyabuserkanang physical or emotional experience." [You should know what's the difference between being empathetic and sympathetic. If you're a good listener then you know how to listen well if someone's talking. If you're being interviewed then, you should listen attentively, not just for the sake of it, that's what they need -to be heard and always put empathy on the patient. More on empathy. For the emotional aspect, I consider myself as sensitive type person especially after my rotation because you can sense that your friend if she 'depressed or undergo one any changes in his/her life and also the way he/she answer your questions and because of that you're now cautious enough in your actions and also in the way you talk. For the social aspect of my life, I am more sensitive to the needs of the individual, if they say something to me, I always listen to them and also I tend to read between the lines. Also read and notice nonverbal cues.]

Table 1. Demographic of Informants.

Name	Gender	Age	Years of Experience as a Sexual Assault Nurse
Yolanda	Female	40	2 years
Rolly	Female	37	6 years
Pablo	Male	36	1 year
Uring	Female	38	1 year
Ondoy	Male	42	2 ½ years

## DISCUSSION

*The Coming of the Storm.* Pomare and colleagues (2018) defined uncertainty in the healthcare system as an "ubiquitous and dynamic presence throughout healthcare systems and encounters, affecting the quality and safety of care. There is discomfort from unfamiliarity related to the diverse patient population, staff, unit, and the processes to work in a different department. Working in an unfamiliar a remakes nurses uneasy by not knowing what to expect (Bitanga, n.d.). In working in an unfamiliar area, most especially in an area where nurses would handle sexually assaulted patients, training would make sense because sexual assault survivors are at risk for several mental and physical health problems, including posttraumatic stress disorder and anxiety (Price, Davidson, Ruggiero, Acerno, & Resnick, 2014). Based on the findings of a study by Martin, S. and colleagues (2007) on Health care-based interventions for women who have experienced sexual violence, they found that clinicians often need training in providing sexual assault care and that not all emergency departments have sexual assault care protocols.

*Bracing for Impact.* Self-awareness is defined as the ability to look into one self and engage in a reflective awareness (Riopel, 2020). There is a need to be able to separate the personal and the professional when dealing with the patients. There was admission of prejudice and biases towards the patients. Prejudice can be defined as the attitude towards a social group and its members that is expressed in either a positive or negative manner (Dovidio, 2019). If one fails to do so they may not be aware that they are incorporating their own biases into the care that they provide, causing a strain in the relationship that has been built and can cause patients to delay or entirely avoid seeking medical healthcare services (Nyblade, 2017). The informants have made sure that they are constantly ware of what they say, think, or do so that they are able to create a trusting, the therapeutic nurse-to-patient relationship and to provide the patients with the highest quality of care they deserve regardless of their circumstances or backgrounds.

*Amidst Heavy Rains.* Workplace stress can influence healthcare professionals' physical and emotional well-being by curbing their efficiency and harming their overall quality of life (Koinis et al., 2015). Empathy Fatigue, which is also known as the "cost of care" mainly impacts health care professionals who are repeatedly exposed to stressful or traumatic events, leaving them susceptible to becoming traumatized themselves by what they experience or feel through others (Maslowski, 2020). Conversely, in a study conducted by Donoso et al. (2015) stated that the nursing profession's emotional demands could act as challenges that promote motivation and well-being, especially if internal emotional resources become available. Similarly, these informants have chosen to endure the struggles (negative implications) to see their patients empowered in the end.



*Rising of the Sun.* Coping refers to an individual's constantly changing cognitive and behavioral efforts in managing his or her external and internal stimuli that are perceived to be above his or her resources (Lazarus & Folkman, 1984). According to Lazarus and Folkman (1987), coping strategies are classified into two dimensions: problem-focused and emotion-focused coping. Problem-focused coping refers when an individual is equipped to take responsible actions in changing the environment in the future, such as controlling the stressful environment. Whereas, emotion-focused coping is used when emotions can respond better in reducing the emotional discomfort of individuals in a stressful environment (Lazarus & Folkman, 1984). As they reflect on their experiences, most informants have observed to become more empathetic and understanding. According to Kerasidou and colleagues (2020), empathy is related with a variety of positive results in healthcare, both for patients and healthcare professionals. The greater empathy can shield them from distress, burnout, and help them construct better communication links with patients (Kerasidou et al., 2020).

## CONCLUSIONS

Like any other nurses assigned in the care of sexually assaulted patients, nurses are specifically in tasked to stress on the importance of maintaining professional is m and on conveying an attitude that is free of any judgment and criticism. They practiced on maintaining an unbiased and accepting attitude wherein personal biases, opinions and advices are held in check prior to their interaction as it is believed to have profound effects on how they render their care. However, beneath the calm surface that these nurses are trying to portray when dealing with their patients, the study was able to unwrap that there exists a diverse influence brought by the experience to the nurse in which they try to suppress in order to continuously render their care effectively. Despite the negative implications that were brought by the experience that has caused profound effects on how nurses go about their everyday life, they still continue to prioritize their patient's needs, setting aside their own, and found individualized measures to cope with it.

The researchers recommend that government agencies and private organizations ensure in providing appropriate trainings to their nurses on how to effectively deal with sexually assaulted patients prior to their exposure. That other nurses in general and those currently assigned in the care of sexually assaulted patients remind themselves that there is no harm in taking time for themselves every once in a while, and seek individualized measures that work for them. They should be well equipped and guided with principles of Psychiatric Nursing and of the use of therapeutic communication to efficiently establish therapeutic relationships. That community may become aware of their misconceptions they have regarding sexual assault nurses and be more respectful to them as they recognize their significant roles. That future researcher may also investigate the lived experiences of the other healthcare workers in sexual assault facilities such as the social workers, psychologist, and police women.

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