6-25-2025

Staff Education to Educate Healthcare Providers on Effective Communication and Support Strategies for Child Sexual Abuse Victims

Njideka Ajemba
Walden University

Walden University

College of Nursing

This is to certify that the doctoral study by

Njideka Ajemba

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Kristina Bohm, Committee Chairperson, Nursing Faculty
Dr. Robert McWhirt, Committee Member, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2025

Executive Summary: Staff Education Project

Staff Education to Educate Health Care Providers on Effective Communication and Support Strategies for Child Sexual Abuse Victims

by

Njideka Ajemba

MS, Walden University, 2025

BS, Walden University, 2021

Executive Summary Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

August 2025

Summary

With this project, I sought to enhance the quality of care provided to child sexual abuse (CSA) survivors by improving healthcare providers' skills in trauma-informed communication and support strategies. The project was undertaken at a large, private behavioral health facility located in the mid-Atlantic region of the United States, where an assessment of the practice environment revealed a critical gap in provider training. This gap often resulted in missed indicators of abuse, limited emotional support, and poor therapeutic outcomes for children affected by sexual abuse-related trauma. To address this, the project implemented a targeted educational intervention grounded in current evidence to equip healthcare staff with best-practice skills for engaging and supporting young CSA survivors.

Twelve healthcare providers (N = 12), including pediatric nurses, mental health nurses, social workers, and psychiatrists, participated in the staff education program. A pre- and post-test survey design was used to assess participants' baseline knowledge and evaluate learning outcomes following the training. The average pre-test score was 48%, and the average post-test score increased to 77%. A paired sample t-test was conducted to determine the statistical significance of the observed change, resulting in a p-value < .001, indicating a statistically significant improvement in participants' knowledge and confidence levels. These findings suggest that structured trauma-informed education can significantly improve the ability of mental health professionals to recognize signs of abuse, respond appropriately to trauma-related behaviors, and provide empathetic, competent care.

Background

Child sexual abuse is a significant problem in the United States. Six studies indicated a childhood sexual abuse prevalence rate of 7.5%–11.7%, which means that at least 1 in 10 children in the country have been subjected to child abuse (Helpingstine et al., 2024). Sexual abuse among minors takes the following forms: physical contact, such as inappropriate touching or intercourse, and noncontact acts, like exposing a child to sexual content, exploitation, such as child pornography, together with grooming behaviors aimed at preparing a child for abuse (Helpingstine et al., 2024).

The existing evidence shows that child sexual abuse not only causes physical injuries but also has far-reaching effects on victims' mental and emotional health. According to Hébert et al. (2021), psychologically, survivors are at an increased risk of experiencing long-term conditions, like depression, anxiety, posttraumatic stress disorder, and complex trauma, which can affect their emotional regulation and self-esteem. For instance, Li et al. (2023) showed that victims of child sexual abuse are 3.6 times more likely to develop depression than nonvictims. Furthermore, victims are 5 times more likely to experience suicidal ideations than nonvictims (Li et al., 2023). Hence, it is important for health care providers to provide optimal care to victims of child sexual abuse to minimize the risk of developing the various mental health complications that are associated with sexual abuse.

Unfortunately, at the project site, the health care providers have not received adequate training or education on how to communicate effectively with and support children who have been victims of sexual abuse. This lack of specialized skills and

knowledge has led to missed signs of abuse, insufficient emotional support, and less effective therapeutic outcomes for the affected children. The existing literature shows that without targeted training, providers often find it challenging to meet the specific needs of these vulnerable patients, which is essential for fostering a safe, supportive atmosphere that is key to their healing and overall well-being (Van Zyl-Bonk et al., 2024). Therefore, the aim of this project was to bridge the existing gap in practice as guided by the following question: How does educating health care providers on effective communication and support strategies for child sexual abuse victims increase their knowledge in this area, as observed through the results of the pre-/postintervention surveys?

Project Objectives

- Increase provider knowledge: Enhance health care providers' understanding of child sexual abuse, including its signs, symptoms, and impact on child development and mental health.
- Improve communication skills: Train providers in effective, trauma-informed communication strategies to engage with child abuse victims compassionately and sensitively.
- Strengthen identification abilities: Equip providers with skills to recognize early indicators of child sexual abuse and respond appropriately.
- Promote trauma-informed care practices: Encourage the adoption of trauma-informed care principles to create a safe and supportive environment for victims.

- Evaluate educational impact: Measure improvements in provider confidence, knowledge, and skills through pre- and post-training assessments.

Evidence Summary

The provision of provider education on effective communication and support strategies for child sexual abuse victims is highly supported by the existing literature. Li et al. (2023) established that guilt, suicidal thoughts, worry, and depressive mood are highly prevalent among victims of child sexual abuse. Hence, they recommended that the affected children should be provided with targeted psychotherapeutic interventions to address the identified psychiatric complications (Li et al., 2023). This is further supported by Zaydlin et al. (2021), who assessed the role of psychiatry in the management of sexual assault and established that postponing adequate psychiatric diagnosis and treatment significantly harmed the victims' mental health, exacerbating their trauma and mood symptoms. The benefits of effective psychiatric care in responding to victims of child sexual abuse were brought forward by McElvaney et al. (2023) who established that the engagement that characterizes psychotherapy helps victims of child sexual abuse to feel heard and understood, and this helps in addressing the general fear and mistrust that arises following sexual abuse, hence contributing to more positive social interactions.

Therefore, considering that the cited studies have demonstrated the importance of mental health services among victims of child sexual abuse, it is crucial to educate mental health practitioners on how to deliver these services effectively. According to Panagopoulou et al. (2023), organized and focused training about child sexual abuse is fundamental for ensuring comprehensive and effective care provision toward facilitating

the full recovery of the victims. The staff education program should include topics such as recognizing signs of child sexual abuse, effective communication techniques with victims, trauma-informed care practices, the psychological impacts of abuse, and strategies for providing emotional support and appropriate psychiatric interventions. Likewise, Van Zyl-Bonk et al. (2024) found that health care providers can be effectively trained to recognize and discuss past sexual abuse through a combination of various active and passive training techniques, allowing for feedback and the sharing of personal experiences. The provision of staff education is highly effective in improving health care providers' measured and self-perceived confidence, skills, and knowledge in attending to children exposed to sexual abuse.

One area that staff education should focus on is trauma-informed care. According to Hailes et al. (2019), trauma-focused cognitive behavioural therapy interventions are highly effective in preventing the onset of depressive, anxiety, and posttraumatic stress disorder symptoms among children who have been subjected to child sexual abuse. The need for trauma-informed care is further supported by Kamke et al. (2023), who established that children and adolescents subjected to sexual abuse are often unwilling to receive health services due to fears related to retraumatizing medical treatments, breach of privacy and confidentiality, and stigmatization. Hence, the provision of trauma-informed practice is crucial in facilitating adherence to the prescribed treatment plan among victims of child sexual abuse.

The literature review for this project incorporated a range of evidence levels, evaluated using the Johns Hopkins Nursing Evidence-Based Practice (JHNEBP) Model.

This instrument classifies evidence into tiers according to study design and methodological validity, with Level I signifying the highest quality evidence derived from experimental studies and meta-analyses, and Level V signifying expert opinion or qualitative studies.

To start with, the umbrella review by Hailes et al. (2019) represents Level I evidence because they synthesized findings from multiple meta-analyses to assess long-term outcomes of childhood sexual abuse, thereby offering the highest level of empirical support. On the other hand, Level III evidence is represented in studies, such as Kamke et al. (2023) and Li et al. (2023), that used observational and cross-sectional designs to analyze barriers to care and the psychological impact among survivors of childhood sexual abuse. Furthermore, McElvaney et al. (2023) provided Level V qualitative evidence through a study exploring adolescents' experiences with psychotherapy, adding valuable context to the lived experiences of survivors. In addition, Panagopoulou et al. (2023) used survey-based methods to assess knowledge, training, and attitudes among health care professionals, which also aligns with Level III evidence due to its descriptive and correlational design. Van Zyl-Bonk et al. (2024) contributed Level V scoping review evidence, offering a comprehensive overview of training approaches used to educate health professionals on sexual abuse, thus informing the educational design of this project. Lastly, Zaydlin et al. (2021) presented a Level V case series, highlighting the role of psychiatry in managing sexual assault cases, which provided clinically relevant but lower-level evidence.

Participants

The participants of this project were 12 health care providers at the facility, specifically those who work closely with children and adolescents. This group comprised paediatric nurses, mental health nurses, social workers, and psychiatrists. By engaging these multidisciplinary professionals in the project, I aimed to provide targeted education and training that supports comprehensive, coordinated care for child sexual abuse victims, ultimately enhancing the team's collective capability to address abuse sensitively and effectively within the hospital setting.

Procedures Used for Developing and Implementing the Project

I carried out the development and implementation of this project in several structured phases to ensure a comprehensive approach to educating the participants.

Phase 1: Needs Assessment and Planning

The project began with a needs assessment to identify gaps in providers' knowledge and skills related to child sexual abuse support. This included reviewing current practices, examining incident reports, and gathering feedback from staff and organizational leaders through informal interviews. Based on the acquired feedback, I developed specific objectives, including goals to enhance provider knowledge, improve comfort levels in discussing sensitive topics, and foster a supportive environment for abuse victims.

Phase 2: Educational Material Development

Founded on evidence-based resources, I developed training materials to address identified gaps. This included creating a PowerPoint presentation covering key topics,

such as child sexual abuse recognition, trauma-informed care, and effective communication techniques. The project site facility's quality assurance and research team reviewed the educational materials for relevance and accuracy, thus ensuring they aligned with best practices and met the unique needs of the hospital's staff.

Phase 3: Training Delivery

I delivered the education program in the form of a PowerPoint presentation. The training session allowed for interactive discussions and personalized feedback. Furthermore, the session combined passive learning, such as reviewing slides, with active learning, including group discussions and scenario-based brainstorming, to reinforce understanding and build confidence in handling abuse cases.

Phase 4: Evaluation and Follow Up

After the training sessions, I analyzed data from the pre- and post-intervention surveys to assess the training's effectiveness. The evaluation focused on whether providers showed increased knowledge and improved communication skills when interacting with child abuse victims. Feedback from participants was also gathered to identify areas for further improvement.

Collection of Evidence

I collected evidence for this project primarily through pre- and post-intervention surveys completed by the participating health care providers. These surveys were designed to capture baseline knowledge, attitudes, and perceived competence in managing and supporting child victims of sexual abuse. The preintervention survey focused on evaluating providers' understanding of trauma-informed care principles,

knowledge of abuse indicators, comfort in communicating with victims, and familiarity with supportive interventions. Additionally, the surveys included questions about current practices, perceived barriers to effective support, and the level of confidence in handling sensitive discussions with children.

Analysis of Evidence

I began the analysis of the evidence by comparing pre- and post-intervention survey results to assess the impact of the training on providers' knowledge and skills. Quantitative data from the surveys were analyzed using descriptive statistics to identify improvements in understanding and confidence levels after the training. Key metrics included increases in knowledge of abuse indicators, confidence in engaging with abuse victims, and awareness of trauma-informed care strategies. I used statistical analysis to measure the significance of changes across these areas, providing a clear view of the program's effectiveness. Additionally, qualitative responses from open-ended survey questions and in-session feedback were coded and thematically analyzed. This qualitative analysis identified recurring themes, such as perceived benefits, challenges in applying learned skills, and any remaining discomfort or knowledge gaps among participants.

Results

The pre- and post-test scores demonstrate a substantial improvement in participants' knowledge following the intervention (see Table 1). Their average score increased from 48% on the pretest to 77% on the posttest, indicating a meaningful gain in understanding. The lowest score also improved significantly, from 24% to 63%, suggesting that even participants with initially lower knowledge benefited from the

training. Additionally, the highest score rose from 64% to 90%, highlighting that participants across all knowledge levels showed positive growth (see Table 2).

Table 1

Pre- and Post-test Scores

Participant	Pretest scores	Post-test scores
1	55%	78%
2	55%	86%
3	32%	86%
4	63%	78%
5	24%	78%
6	47%	70%
7	32%	63%
8	63%	63%
9	39%	78%
10	48%	74%
11	50%	80%
12	64%	90%

Table 2

Averages

	Pretest	**Post-test**
Lowest score	24%	63%
Average score	48%	77%
Highest score	64%	90%

The statistical analysis yielded a *p value* of 0.0000311, which is far below the commonly used alpha threshold of 0.05, thus signifying that the observed improvements are statistically significant. This finding suggests that the educational intervention effectively enhanced the participants' knowledge of the subject matter, providing evidence that the program was a valuable tool for training health care providers.

Table 3

Healthcare Providers' Mean Scores Pre and Posttest and p *Value*

Healthcare providers	Pretest	Posttest	*p* value
12	48%	77%	0.0000311

Note. Alpha = 0.05.

Implication to the Organization

The implementation of this staff education project had a meaningful and multidimensional impact on the project site organization. To start with, since the staff participants reported increased awareness and confidence in discussing sensitive issues related to victims of child sexual abuse, this will lead to improved patient-provider communication and more empathetic, informed interventions. Additionally, the project will help standardize the organization's approach to child sexual abuse disclosures, thus aligning with current evidence-based guidelines and ethical standards. This consistency will support a safer, more supportive environment for child survivors, which will contribute to improved engagement and retention in care. In addition, from an organizational development perspective, the initiative will also foster interprofessional collaboration and initiate conversations about the need for ongoing training and policy updates regarding sexual trauma. Ultimately, the project strengthened the organization's capacity to deliver trauma-informed care, enhanced staff preparedness, and positioned the facility as a leader in addressing adverse childhood experiences within the mental health setting.

Importance Beyond the Local Site

This project carries significance that extends well beyond the local site because it addresses critical gaps in the care and support provided to child sexual abuse survivors, which is a public health and societal concern that resonates globally. Health care providers across many settings often lack specific training in trauma-informed approaches that are essential for working effectively with vulnerable populations like child sexual abuse survivors (Van Zyl-Bonk et al., 2024). Therefore, by implementing evidence-based training on effective communication and support strategies, this project improves care within the local site and sets an example for broader initiatives to elevate the quality of care for these vulnerable patients. Expanding this model could inform standards of practice for other organizations, encouraging an enhanced commitment to the mental and emotional well-being of child abuse survivors.

Furthermore, beyond direct patient care, this project contributes to the development of a trauma-informed workforce within health care, which is crucial for addressing the long-term impacts of childhood trauma on health and well-being. Evidence has shown that child sexual abuse is linked to numerous adverse outcomes, including chronic mental health issues, physical health problems, and higher health care utilization rates later in life (Hailes et al., 2019). By equipping health care providers with the skills and confidence to identify, support, and care for these patients more effectively, this project has the potential to contribute to more positive long-term outcomes, ultimately decreasing the societal and economic costs associated with untreated trauma.

Additionally, this project underscores the need for institutional and systemic change in the way child sexual abuse survivors are managed across health care settings. It highlights the importance of integrating trauma-informed education and practices into health care curricula and continuous professional development, advocating for a shift toward more comprehensive, compassionate, and evidence-based care for abuse survivors. As this model gains traction, it could inspire similar programs and policy updates in health care facilities worldwide, fostering a more supportive environment for all trauma survivors and advancing global health equity.

Limitations

Though the project was found to be effective in attaining its primary objective of improving providers' knowledge and confidence in supporting victims of child sexual abuse, there were evident limitations. One notable limitation was the relatively small sample size of 12 participants, which is likely to reduce the generalizability of findings to a broader health care provider population (see Andrade, 2020). Another limitation was the self-reported nature of the knowledge assessments in the pre- and posttests, which could introduce response bias because participants may have over- or underestimated their knowledge levels (see Andrade, 2020). Additionally, the relatively short duration between pre- and postintervention testing may have impacted the assessment of long-term knowledge retention and practice change (see Andrade, 2020). Lastly, the study's focus on a single organization may limit the applicability of findings to other settings because organizational culture and specific practices might vary significantly (see Andrade, 2020). Therefore, future studies should mitigate these limitations by increasing the

sample size, incorporating objective measures of knowledge and practice change, and implementing extended follow-up periods to better assess lasting impacts.

Conclusions

This DNP staff education project successfully addressed a critical gap in trauma-informed care by enhancing health care providers' knowledge, sensitivity, and clinical response to childhood sexual abuse within a behavioral health facility. Through a structured educational intervention grounded in current evidence and best practices, the project empowered frontline staff to better recognize the complex mental health needs of childhood sexual abuse survivors and respond with increased competence and compassion. Postimplementation feedback and assessment data demonstrated improvements in staff confidence, communication skills, and alignment with ethical and professional care standards. Therefore, the project's outcomes not only support the well-being and safety of a vulnerable patient population but also contribute to a more informed, resilient, and prepared workforce.

Looking ahead, several recommendations will further sustain and expand the project's impact. These include integrating trauma-informed care principles into ongoing staff development programs and incorporating child sexual abuse-related content into new staff orientation. Lastly, in terms of implications for nursing practice, the project will ensure that nurses influence care models that prioritize safety, trust, and empowerment. Furthermore, the initiative supports positive social change by promoting a health care culture grounded in empathy and respect.

References

Andrade, C. (2020). Sample size and its importance in research. *Journal of Psychological Medicine*, *42*(1), 102–103. https://doi.org/10.4103/ijpsym.ijpsym_504_19

Hailes, H. P., Yu, R., Danese, A., & Fazel, S. (2019). Long-term outcomes of childhood sexual abuse: an umbrella review. *Lancet Psychiatry*, *6*(10), 830–839. https://doi.org/10.1016/S2215-0366(19)30286-X

Helpingstine, C. E., Jadue Zalaquett, V. C., Murphy, C. A., Merrick, M. T., Fickler, W., Bernier, J., & Klika, J. B. (2024). Prevention of child sexual abuse in the United States: Scoping review. *Child Abuse & Neglect*, *152*. https://doi.org/10.1016/j.chiabu.2024.106747

Hébert, M., Smith, K., Caouette, J., Cénat, J. M., Karray, A., Cartierre, N., Veuillet-Combier, C., Mazoyer, A. V., & Derivois, D. (2021). Prevalence and associated mental health outcomes of child sexual abuse in youth in France: Observations from a convenience sample. *Journal of Affective Disorders*, *282*, 820-828. https://doi.org/10.1016/j.jad.2020.12.100

Kamke, K., Mullin, T. M., & Goodman, K. L. (2023). Barriers to seeking medical care among youth victims of sexual violence. *Journal of Adolescent Health*, *73*(6), 1077–1082. https://doi.org/10.1016/j.jadohealth.2023.06.034

Li, J., Jin, Y., Xu, S., Luo, X., Wilson, A., Li, H., Wang, X., Sun, X., & Wang, Y. (2023). Anxiety and depression symptoms among youth survivors of childhood sexual abuse: A network analysis. *BMC Psychology*, *11*(1). https://doi.org/10.1186/s40359-023-01275-3

Li, J., Jin, Y., Xu, S., Luo, X., Wilson, A., Li, H., Wang, X., Sun, X., & Wang, Y. (2023). Anxiety and depression symptoms among youth survivors of childhood sexual abuse: A network analysis. *BMC Psychology*, *11*(1). https://doi.org/10.1186/s40359-023-01275-3

McElvaney, R., Monaghan, A., Treacy, C., & Delaney, N. (2023). Adolescents' experiences of psychotherapy following child sexual abuse. *Research in Psychotherapy: Psychopathology, Process and Outcome*, *26*(2). https://doi.org/10.4081/ripppo.2023.630

Panagopoulou, K., Gkentzi, D., Fouzas, S. F., & Mentis, M. (2023). Child abuse experience, training, knowledge, and attitude of healthcare professionals in sixty hospitals in Europe. European Review for Medical and Pharmacological Sciences *27*(2), 659-672. https://doi.org/ 10.26355/eurrev_202301_31068

Van Zyl-Bonk, F., Lange, S., Lagro-Janssen, A., & Teunissen, T. (2024). Diagnosing and discussing sexual abuse: A scoping review on training methods for health care professionals. *Advances in Medical Education and Practice*, *15*, 243-255. https://doi.org/10.2147/amep.s444718

Zaydlin, M., Pérez-Laras, L., & Laras, L. (2021). The role of psychiatry in the management of sexual assault: A case series. *Cureus*, *20*. https://doi.org/10.7759/cureus.13644