

ABSTRACT

As teens exit high school, their risk of sexual assault (SA) dramatically increases from 15% for 12-17 year-olds to 54% for 18-34 year-olds ⁽¹⁾. State and federal laws severely restrict the types of sexual assault education implemented at the high school level. Therefore, teens are entering their post-high school years, especially those attending college, without foundational skills to protect themselves from sexual assault. Registered nurses encounter teens in multiple settings across the community. These nurses are educated and capable instructors for the teen population regarding sexual assault. This evidence-based project focuses on instructing the Bachelor of Science (BSN) nursing students, who are registered nurses, about ways to educate teens on recognizing, minimizing risk, and avoiding situations where sexual assault can happen.

PICO QUESTION

Do BSN nursing students (P) who participate in sexual assault prevention education (I) indicate an increase of knowledge and skills in preparation to educate teens in the community (O) than before education participation (C)?

LITERATURE REVIEW

Current high school-based sex education programs do not sufficiently educate students on SA prevention and safe relationship practices ^(2,3,4). High school sex education should include, with age-appropriate teaching, the following skills:

- communication skills and healthy relationships at an early age;
- SA prevention education;
- appropriate consent, safety, and empowerment strategies ^(5,6).

BSN nursing students can promote SA prevention education through their interactions with teens in the clinical and community settings.



monkeybusinessimages

BSN Nursing Students Educating Teens on Sexual Assault Prevention

Mindy Anderson, BSN, RN, MSN Student

PROJECT METHODOLOGY

Although the target audience is adult nursing students, the needs and learning styles of teens must be considered in the curriculum development of this project. Teens have stated that they want SA awareness programs to discuss communication skills, decision-making skills, and ways to resist peer pressure. Learning enhancement centered on educating student nurses to teach teens strategies to prevent sexual assault. The main learning tool for education focused on using the phrase "The ABCs of Teen Sexual Assault Prevention."

IMPLEMENTATION

The development of deliverables focused on instructing BSN nursing students on educating teens in their community about SA prevention.

- Deliverables included pre- and post-quizzes, an educational presentation, and case study discussions.
- Deliverables were organized into a lesson plan incorporated into the Nursing 4700 Forensic Nursing courses.
- Emphasis was place on creating relatable scenarios, various cultural examples, and multiple opportunities for student feedback.

PROGRAM

- Student nurses participated in pre-and post-quizzes to assess knowledge before and after participation in SA prevention education.
- Student nurses viewed a narrated educational presentation on methods to teach teens how to keep themselves safe from SA, focusing on alcohol use, bystander awareness, and understanding consent, which are the three most common behaviors that teens can modify to reduce their SA risk ⁽¹⁾.
- Class participants chose one of six case studies to read, answer accompanying questions, participate in an online discussion, and provide feedback to peers' case study postings.

EVALUATION

Project evaluation was conducted through pre-and post-quizzes.

- Student nurses rated their agreement with the statement: "I feel prepared to talk to teens about sexual assault prevention." Pre-instruction percentages for "agree" or "strongly agree" averaged 19%. Post-instruction percentages for "agree" or "strongly agree" averaged 81.5%.
- Nurses who participated in the learning module showed an increased understanding of SA prevention education. Online comments illustrating increased understanding included "it is important to educate...on the ABCs with an emphasis on bystander awareness"; and "consent cannot be assumed, and a verbal yes is best."



CC BY-SA 3.0 Nick Youngson

THEORETICAL FRAMEWORK

The Iowa model of evidence-based practice guides this project development ⁽⁷⁾. The model uses the following steps: priority, appraisal of evidence, intervention design, sustainability, and dissemination.

Initially, this project was to be implemented in secondary school. The administrators at the high school level did not view SA prevention as a priority, the first step of the model. Therefore, using the model, the project was redesigned to educate current BSN students on SA prevention. These students work as registered nurses and can teach SA prevention to teens in the community.

CONCLUSIONS

Evidence indicates the lack of SA prevention education at the high school level.

- Teens are entering their post-high school years without the concepts and skills to keeps themselves safe from potential SA.
- Many teens lack a well-developed understanding of consent and how to utilize consent in their relationships.

Registered nurses are in a unique position to interact with teens in the healthcare setting and their local communities.

- With proper education, nurses are appropriate and influential educators for teens and young adults.
- Nurses who participated in the SA prevention education that focused on safe alcohol use, bystander awareness, and understanding consent felt more prepared to discuss SA prevention with teens in their community

REFERENCES

1. RAINN. (2018). *Victims of sexual violence: Statistics*. <https://www.rainn.org/statistics/victims-sexual-violence>
2. Hall, K. S., Sales, J. M., Komro, K. A., & Santelli, J. (2016). The state of sex education in the United States. *The Journal of Adolescent Health : Official Publication of the Society for Adolescent Medicine*, 58(6), 595-597. <https://doi.org/10.1016/j.jadohealth.2016.03.032>
3. Santelli, J. S., Grilo, S. A., Choo, T.-H., Diaz, G., Walsh, K., Wall, M., Hirsch, J. S., Wilson, P. A., Gilbert, L., Khan, S., & Mellins, C. A. (2018). Does sex education before college protect students from sexual assault in college? *PLoS ONE*, 13(11). <https://doi.org/10.1371/journal.pone.0205951>
4. Senn, C. Y. (2013). Education on resistance to acquaintance sexual assault: Preliminary promise of a new program for young women in high school and university. *Canadian Journal of Behavioural Science / Revue Canadienne Des Sciences Du Comportement*, 45(1), 24-33. <https://doi.org/10.1080/00084033.2013.750000>
5. Shapiro, S., & Brown, C. (2018). Sex education standards across the states. *Center for American Progress*. <https://files.eric.ed.gov/fulltext/ED602826.pdf>
6. Willis, M., Jozkowski, K. N., & Read, J. (2019). Sexual consent in K-12 sex education: An analysis of current health education standards in the United States. *Sex Education*, 19(2), 226-236. <https://doi.org/10.1080/14680896.2018.1500000>
7. Lloyd, S. T., D'Errico, E., & Bristol, S. T. (2016). Use of the Iowa model of research in practice as a curriculum framework for doctor of nursing practice (DNP) project completion. *Nursing Education Perspectives (National League for Nursing)*, 37(1), 51-53. <https://doi.org/10.5480/14-1364>

