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Psychiatric Nursing Care for Adult Survivors of Child Maltreatment: A Systematic Review of the Literature

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PURPOSE: To determine what is known from the literature about nursing care of psychiatric patients with a history of child maltreatment.
CONCLUSIONS: Psychiatric nurses underline the importance of a routine inquiry of child abuse on admission of patients to psychiatric care, but are reluctant to ask about child abuse. They often feel insufficiently competent to respond effectively to patients with a history of child maltreatment.
PRACTICE IMPLICATIONS: Psychiatric nurses need training in how to assess a history of child abuse and the late-life consequences of abuse in adult psychiatric patients. They also need to be trained to respond effectively to these patients.

Child maltreatment is a worldwide problem with major lifelong consequences. There are no reliable global estimates of the prevalence or incidence of child maltreatment (World Health Organization [WHO], 2010). Nonetheless, the WHO assumes that approximately 20% of women and 5–10% of men have been sexually abused as children, while 25–50% of all children have been physically abused (WHO, 2010). The WHO defines child maltreatment as "the abuse and neglect of children under 18. This concerns all types of physical and/or emotional abuse, sexual abuse, physical and emotional neglect and exploitation that results in actual or potential harm to the child's health, development or dignity" (WHO, 2010, p. 1). Exposure to domestic violence is also considered to be a form of child maltreatment (WHO, 2010). In the Netherlands, with 16 million inhabitants, the officially reported incidence of child abuse is over 100,000 cases a year (Gezondheidsraad, 2011). According to retrospective population studies Nemesis-2 (Trimbos Institute, 2010) and SOM (Ministerie van Justitie, Wetenschappelijk Onderzoek-en Documentatiecentrum, 2007), 30–37% of all participants suffered from maltreatment as a child. This implies that the actual incidence of child abuse is much higher than the reported incidence. The inconsistencies in epidemiological data can be explained by the fact that a great deal of child abuse is invisible or remains unreported.

Child maltreatment can have a very significant impact on a child's development and functioning, with major lifelong consequences (Felitti et al., 1998). Early traumatic experiences are closely associated with the onset later in life of psychotic symptomatology, addictive disorders, mood disorders,

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anxiety disorders, eating disorders, dissociation, somatization, and personality disorders (Maniglio, 2009). Child abuse victims are at risk for retraumatization in adulthood and are vulnerable to developing post-traumatic stress disorder following trauma in later life (Del Gaizo, Elhai, & Weaver, 2011). Felitti et al. (1998) also found a strong relationship between exposure to abuse during childhood and multiple health-risk factors later in life, such as ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease.

Despite the fact that many psychiatric patients were maltreated as children, there has been little nursing research conducted into the late-life consequences of child maltreatment, and nursing education and practice do not pay much attention to childhood trauma (Campbell, 2001). Agar and Read (2002) found that mental health professionals, including nurses, rarely ask about experiences of sexual abuse during childhood and also rarely intervene therapeutically if they know of previous child sexual abuse. Generally, psychiatric nurses are the group of healthcare professionals who are closest to psychiatric patients (McCay, Gallop, Austin, Bayer, & Peternelj Taylor, 1997). Denial or disregard of the post-traumatic nature of relevant symptoms copies the context of the original abuse and prevents recovery of the patient (Chu & Dill, 1990). According to Doob (1992), nurses can make a difference in the treatment of survivors of child abuse which may ultimately result in healing. Through the recognition of child abuse and its impact on adult patients, nurses can help patients gain an effective treatment perspective instead of continuing the pattern of denial.

Purpose

The purpose of this systematic literature review is to describe what is known about nursing care of psychiatric patients who experience later life consequences of child maltreatment.

Methods

Design

The literature was systematically reviewed following the Prisma Statement for reporting systematic reviews. The Prisma Statement consists of a 27-item checklist and a four-phase flow diagram and is designed to improve the reporting of systematic reviews (Moher, Liberati, Tetzlaff, & Altman, 2009).

Search Strategy

Relevant articles until February 2013 were identified using five electronic databases: PubMed, Cochrane, PsycINFO, CINAHL, and Embase.

Keywords were grouped in the following three clusters:

- Domestic violence [MeSH], child abuse [MeSH], child abuse, sexual [MeSH], battered child syndrome [MeSH], physical abuse, emotional abuse, child neglect, child maltreatment, child mistreatment, household dysfunction, and childhood trauma.
- Adult [MeSH], aged [MeSH], adulthood, adults, grown-up, later life, late life, survivor, and adult survivors of child abuse.
- Nursing [MeSH], psychiatric nursing [MeSH], nurse, nurses, nursing care, nurse's role [MeSH], nursing process [MeSH], nursing standards, nursing assessment [MeSH], nursing intervention, needs assessment [MeSH], and mental health nursing.

We included all types of study design, both quantitative and qualitative, focusing on the following aspects of psychiatric nursing care: (a) attitudes of psychiatric nurses toward adult patients who experience later life consequences of child maltreatment; (b) recognition or assessment of child maltreatment in adult patients by psychiatric nurses; and (c) interventions of psychiatric nurses concerning child maltreatment in adult patients. Articles were included if the full-text version of the article was available in English or Dutch.

Search Outcome

The initial search strategy generated 1,557 articles (Figure 1). Two researchers screened these articles on title and abstract independently. After the initial screening and the removal of duplicates, the search yielded 49 articles. Forty-seven articles could be found in full-text version, of which 46 were in English. These articles were read and evaluated on the basis of the inclusion criteria and relevance to our research questions. We ultimately selected six studies that provided information related to the aim of this study. The literature lists of the included studies were inspected for relevant cross-references. No additional articles could be retrieved from these reference lists.

Results

All included articles were observational, descriptive studies. In this section, the purpose, methods, and substantive findings of the six included studies are described for each study separately.

Dickers (1992)

Dickers (1992) assessed the knowledge and perceived skills of community psychiatric nurses (CPNs) in the United Kingdom in dealing with and recognizing sexual abuse. Twenty CPNs in Birmingham and South Wales were sent a questionnaire assessing their involvement in sexual abuse cases, asking if they felt prepared working with this group of

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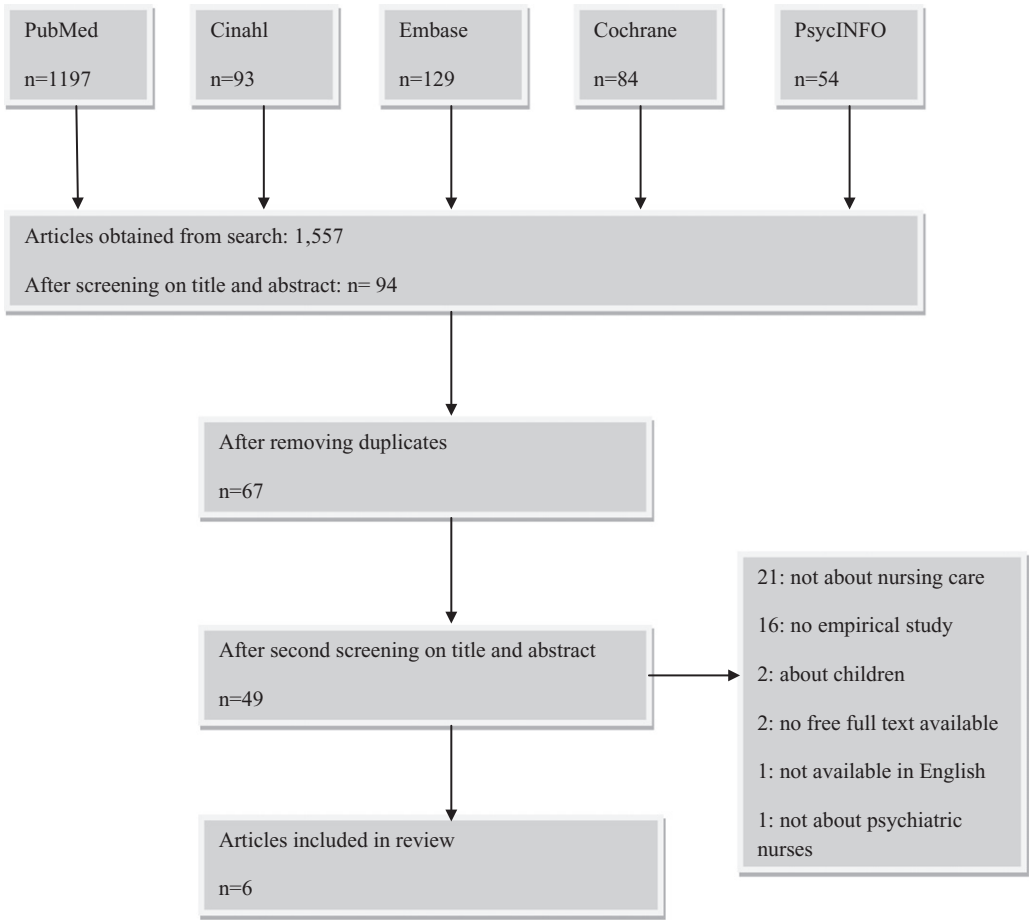

Figure 1. Flowchart of Including Process

patients, and asking if they had received any formal training in working with victims of sexual abuse. The response rate was 17 (85%). In this study, 8 out of the 17 participating CPNs had received training or information on the subject of sexual abuse. They indicated that they needed more training and information about sexual abuse issues.

Gallop, McKeever, Toner, Lancee, and Lueck (1995)

Gallop et al. (1995) conducted a cross-sectional study on nurses' perceptions of the contribution they can make to assist victims of childhood sexual abuse (CSA). Of a random sample of 860 nurses in Canada, 323 (38%) responded to a questionnaire especially designed for this study. Of the responding nurses, 13% were psychiatric nurses. The nurses had a choice of completing the questionnaire anonymously or being interviewed. The questionnaire contained both quantitative and qualitative questions. Each set of questionnaires sent out contained one questionnaire for nurses who themselves had been sexually abused and one for nurses who had not. Both groups were asked questions about routine inquiry of abuse and about working with clients who had histories of CSA. The results of this study showed that the reaction of both abused and non-abused nurses toward patients with CSA was to be supportive toward the victims of CSA. Another reaction frequently mentioned by abused and non-abused nurses in Gallop et al. was anger or rage toward the perpetrator. Unlike abused nurses, non-abused nurses also reported that they felt pity or sorry for the patients with a history of CSA. Abused nurses experienced feelings of helplessness and anxiety that were not expressed by the non-abused nurses. All nurses identified being nonjudgmental, empathic, respectful, and supportive as the most helpful attitudes and behaviors in effectively caring for women who had experienced CSA. Two thirds of the abused and non-abused nurses agreed that inquiry into CSA should form part of the routine nursing history check because CSA may influence a patient's current emotional, mental, and physical health. Inquiry into CSA in psychiatric care could therefore help explain current symptoms and behaviors and thus facilitate

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healing. Despite these convictions, they were reluctant to talk about CSA more comprehensively for different reasons. The reason most frequently mentioned by the participating nurses was their concern that talking about CSA could increase the distress level of the patient. The reason most frequently mentioned by the subgroup of abused nurses for not asking about CSA was that patients should decide for themselves whether or not to bring up the subject. Both abused and non-abused nurses cited the need for specific training in order to be able to respond more professionally to CSA victims.

Mitchell, Grindel, and Laurenzano (1996)

The objective of the study conducted by Mitchell et al. (1996) in the United States was to determine whether an inquiry into CSA was completed on admission to acute psychiatric inpatient facilities. Self-developed survey forms were sent to nurse managers of all hospitals providing inpatient psychiatric care in the United States. Out of a total of 1,410 nurse managers, 466 (33%) responded to the survey. The survey included additional multiple-choice and open-ended questions about the value of including CSA inquiry in the routine clinical assessment, the timing and format of the assessment, the training and comfort of staff in dealing with the issue of sexual abuse, and the types of treatment or referral for patients with a history of sexual abuse. Mitchell's study revealed that 69% of the nurse managers considered CSA assessment to form part of the admission procedure and 74% indicated that most of the nursing staff in their setting were comfortable discussing CSA with patients. Nevertheless, in only 43% of the institutions, nursing admission procedures included assessment of CSA, and in 54% of these institutions the assessments were not completed all of the time. Another result of this study is that 30% of the respondents reported that all or part of the staff had received special training in the care of sexually abused patients, 33% stated that only a few staff members had received specialized training, 29% stated that none of the staff had received specific training in issues related to sexual abuse, and 8% stated that they were unsure about the degree of staff preparation in this area.

Gallop, McCay, Austin, Bayer, and Peternelj Taylor (1998)

The study by Gallop et al. (1998) aimed to assess the comfort, attitudes, identified competencies, and educational needs of Canadian nurses who work with patients with a history of CSA. Questionnaires were sent to 3,532 randomly selected participants working in psychiatric/mental health care in four Canadian provinces. Participants were nurses or "other nursing personnel" (p. 10), that is, certified nursing assistants and registered practical nurses who had had less than 1 year of training in mental health care. The respondent rate was 49.7% (1,701 respondents). The questionnaires sent included (a) the Sexual Abuse Comfort Scale, a 30-item 5-point scale to measure the comfort of nurses in dealing with clients with a history of CSA and to assess their beliefs and authority about inquiry of CSA; (b) the Sexual Attitude Scale, a 25-item 5-point scale to gather information about the relationship between nurses' sexual attitudes and their comfort to intervene in situations concerning CSA; and (c) the Questionnaire of Educational Needs, an 18-item 2-point scale with additional open-ended questions to capture the educational concerns regarding working with clients who have a history of CSA. Just like Gallop et al. (1995), Gallop et al. (1998) found that participants mentioned being nonjudgmental, empathic, respectful, and supportive as the most helpful attitudes and behaviors in the nursing care of psychiatric patients with a history of child abuse. Their study showed that registered nurses who had completed a 2-year mental health education program were significantly more comfortable with the topic of CSA than other nursing personnel. Female participants were significantly more comfortable with the topic of CSA than male participants, as were abused participants compared to non-abused participants. A significant relationship was found between more liberal sexual attitudes and increased comfort in working with clients with a history of CSA. A majority of the participants support inclusion of questions about CSA in the assessment procedures, but more than a quarter of the participants expressed reluctance about discussing CSA at acute psychiatric units.

Only 14% of all participants felt competent to carry out intervention strategies in patients with a history of CSA. For example, they considered empowering as a helpful strategy, but did not feel competent to use this strategy. Their knowledge about CSA was acquired by self-study (87%) or by working with patients with a history of CSA (70%). Only 40% of the participants acquired specific knowledge in the context of their nursing education.

Austin, Gallop, McCay, Peternelj Taylor, and Bayer (1999)

The purpose of the study of Austin et al. (1999) was to assess the ability of Canadian psychiatric nurses to nurse patients with a history of CSA in an environment of cultural differences. Two questions derived from the Questionnaire on Educational Needs (Gallop et al., 1998) were sent to 1,701 participants working in psychiatric or mental health care. Participants were registered psychiatric nurses, registered nurses, certified nursing assistants, and registered practical nurses. The two questions were open ended and focused on the provision of nursing care to patients with a history of CSA across different cultures. The respondents recognized a history of CSA as a significant issue in the care for psychiatric patients and stressed the need for sensitive listening and being

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thoughtful and respectful. Four themes concerning nursing psychiatric patients with a history of CSA when cultural differences are present were identified: (a) "culture is not the problem" (p. 14), because participants feel they lacked competence with sexual abuse issues in all cultures; (b) "culture is not an issue" (p. 15), because "cultural difference has no significance for me; sexual abuse is sexual abuse" (p. 15); (c) "culture influences perspectives and responses" (p. 16), so culture is always an issue; (d) "culturally specific competence" (p. 17), participants believe that their sense of competency depends on the particular culture of the CSA victim. When cultural differences were present, only 4.6% of the participants felt very competent to work with patients with a history of CSA. They found fluency in the patient's language to be essential and reported that the use of a translator could increase the difficulties in discussing sensitive issues like CSA. Participants identified a need for more knowledge about cultural beliefs, norms, practices, and customs in order to help them become more effective and provide appropriate care to patients from a different culture who had a history of CSA.

Lab, Feigenbaum, and De Silva (2000)

The study of Lab et al. (2000) aimed to test the hypothesis that mental healthcare professionals in the United Kingdom do not ask male patients about possible histories of CSA. It also aimed to assess the attitudes and practices of mental healthcare professionals to the issue of male sexual abuse. In this study, 179 randomly selected psychiatrists, psychologists, and psychiatric nurses from one hospital in London were sent the Attitudes and Practice to the Assessment of Sexual Abuse in Men; 111 responded (62%). This questionnaire was based on the questionnaire developed by Mitchell et al. (1996) and included multiple-choice and open-ended questions about attitudes and practice to the assessment of sexual abuse in male patients. This study found that after a history of CSA was assessed, nurses tended to discuss the patient's CSA with their colleagues more frequently than with the patient: about 80% of the nurses reacted by discussing it with another professional while about 40% claimed to address the issue with the patient. Another result was that a structured assessment of CSA was carried out in only a minority of cases, 33% of the staff reported that they never asked about CSA in male patients and 49% of the staff reported that they asked only one of four patients. If staff inquired about CSA, it was done unsystematically: 46% started inquiry after the patient brought it up first and 34% asked when it came to mind. Of the nurses, 28% believed that men should always be asked about CSA, but only 5% of the nurses actually did. Most nurses had not received any specific training in assessment or intervention strategies for patients with CSA. They perceived themselves as in need of more training to inquire about CSA in male patients.

Discussion

In this review, the findings of observational studies were presented to provide an overview of what is known about the nursing care of psychiatric patients with a history of child maltreatment. All included studies revolved around the nursing care of psychiatric patients with a history of CSA. No studies concerning the nursing care of patients with a history of specifically physical or emotional abuse were found.

The findings of this review show that nurses or other nursing personnel consider sensitive listening, support, and respect as the most helpful attitudes toward patients with a history of CSA (Austin et al., 1999; Gallop et al., 1995, 1998). These attitudes are important in terms of the trust that patients have in nurses. Another important factor that contributes to a patient's trust in the nurse is therapeutic presence (McAllister et al., 2001). If the patient experiences the nurse "being there," the patient can learn to trust the nurse when going through extreme emotions and irrational behavior, without feeling abandoned.

This review also shows the importance that nurses and nurse managers attach to a CSA assessment in the psychiatric admission procedure (Gallop et al., 1995, 1998; Lab et al., 2000; Mitchell et al., 1996). Nevertheless, the same studies suggest a significant discrepancy between the importance attributed to the assessment of a patient's history of CSA and the actual actions taken to obtain information about that history. This is in line with the findings of Campbell (2001) and Agar and Read (2002) that nurses rarely ask about CSA or intervene when they hear about CSA. Explanations provided by participants for not inquiring or talking about CSA are their concern about increasing the patient's distress (Gallop et al., 1995) and reluctance to talk about the subject of CSA (Gallop et al., 1998; Lab et al., 2000; Mitchell et al., 1996).

Several studies found that patients with a history of CSA needed to talk about their past abuse to facilitate their recovery (Doob, 1992; Chu & Dill, 1990). These studies found that not asking questions about CSA or ignoring the abuse might further victimize the patients and prevent their recovery. The nurses' concerns about increasing a patient's distress by talking about CSA, as reported in this review, contradict these findings.

The reluctance of nurses to talk about CSA corresponds with the findings of Gallop, McCay, Guha, and Khan (1999), who studied experiences of women with histories of CSA who were hospitalized in psychiatric settings. The patients described their experiences with nurses who did not want to hear or talk about the abuse. It made them feel ignored and feel like their life events were not considered important or validated. Even though the included studies do not expressly state so, some nurses may doubt the credibility of patients'

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memories of CSA. Delayed memories in particular may be attributed to a false memory syndrome (Hall & Kondora, 1997). Another reason for reluctance to talk about CSA may be the incompetence that nurses feel to inquire about CSA. The most important finding in all six studies is that participants believe they lack adequate knowledge or skills to assess for CSA and to provide adequate care for patients with a history of CSA. Improved nursing competence to care for patients with a history of childhood abuse is likely to have a direct and significant effect on the quality of psychiatric nursing care for this patient group (McAllister et al., 2001).

Only one of the included studies focused (partially) on the nursing treatment of patients with a history of CSA (Mitchell et al., 1996), yet no concrete information about this treatment was provided in this study. In Gallop et al. (1998), participants mentioned empowerment of patients as an important intervention strategy, but again, no information was given about the specific nature of these empowering interventions. We may conclude that the concretization of nursing interventions in the treatment of patients with a history of abuse is still to a large extent missing.

Despite the different populations of the studies, the findings were rather consistent. A majority of the participants considered assessment of CSA to be important, but only a minority performed any such assessment. All studies found nurses to have a lack of knowledge and skills in how to assess CSA and how to respond adequately to patients with a history of CSA.

Strengths and Limitations

This systematic review has some limitations. First, all included studies used self-report questionnaires with an average response rate of 45%. Possible forms of bias in using self-report questionnaires are:

- Self-report data of staff concerning their attitudes and practices toward CSA do not necessarily reflect genuine attitudes and practice. Socially desirable answers may result in an overstatement of how often professionals ask about CSA, the importance they attach to assessment, or the training they had.
- Some of the questionnaires (in Gallop et al., 1995, 1998; Lab et al., 2000; Mitchell et al., 1996) provided for partially forced choices and, therefore, did not allow for detailed exploration, as an interview would have.
- All were postal questionnaire studies and therefore involved the risk of sampling bias. Whether the study population can be treated as a representative sample of the total population remains unresolved. Nurses with experience or interest in patients with a history of CSA are more likely to respond, and this will probably lead to overestimating the inquiring of CSA and the training nurses had.

Second, the systematic literature search yielded only a small amount of articles about nursing care for our target group. Besides, five of these studies included only partially psychiatric nurses. Studies found dated back to the year 2000 and before. The included studies only studied sexual abuse. There were no studies found about nursing care concerning the late-life consequences of physical abuse during childhood or child neglect. Besides the small amount of studies on this topic, studies were partially conducted by the same authors. A strength of this review is our systematic approach when searching for, and selecting articles for this review, following strictly the Prisma Statement, thus limiting the chance of missing any relevant articles in relation to the central research questions.

Implications for Further Research

This review provides direction for further research. There is limited research in the nursing care of patients with a history of CSA and no research in the care of patients with a history of physical or emotional abuse. Nursing research is important in this area because of all healthcare professionals, nurses spend the most time with the patients (McCay et al., 1997), and nurses can make a difference in the treatment of survivors of child abuse which may ultimately result in recovery (Doob, 1992). Further qualitative research can contribute to a better understanding of the patients' perspectives and needs. From the patients' perspectives, we can also learn what interventions are—perceived to be—most helpful in their recovery process. Such interventions are essential given the complexity of child maltreatment and its late-life consequences. New nursing interventions to care for psychiatric patients with a history of child maltreatment need to be developed and tested on efficacy.

Implications for Nursing Practice

Being nonjudgmental, empathic, respectful, and supportive appear to be the most helpful attitudes in nursing patients with a history of child maltreatment. A prerequisite for good nursing care is that the patient has confidence in the nurse and feels safe in the nurse–patient relationship. Nurses need to be unconditionally present for their patients, inviting them to share emotions and thoughts related to child maltreatment, which is often experienced as very burdensome and shameful by the patient. If these conditions are met, opportunities can be created to openly discuss the delicate subject of child maltreatment.

Caring for patients with a history of child maltreatment calls for nurses who are stable and composed and who have sufficient strength and control of their own emotions to endure the intense stories and emotions of the patient. To

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help nurses feel more comfortable in their relationships with these patients, attention to the nurse's burdening and needs is of great importance. Nurses have to be aware of how the patients' stories affect themselves and they should be allowed to share the ensuing emotions with their colleagues. Especially for nurses who are themselves abused, this is of great importance. Intervision and supervision in an atmosphere of trust and safety is an important prerequisite for the emotional and practical support of nurses. Male nurses, who are found to be even more uncomfortable with patients with a history of child maltreatment, might feel more shame because the perpetrators are often men. In the context of intervision and supervision, these and other gender-specific issues should also be addressed. To increase competence, psychiatric nurses need more training and education in how to assess for child maltreatment in adult psychiatric patients and how to respond professionally to patients with a history of child maltreatment.

References

Agar, K., & Read, J. (2002). What happens when people disclose sexual or physical abuse to staff at a community mental health centre? *International Journal of Mental Health Nursing*, *11*(2), 70–79. doi:10.1046/j.1440-0979.2002.00230.x

Austin, W., Gallop, R., McCay, E., Peternelj Taylor, C., & Bayer, M. (1999). Culturally competent care for psychiatric clients who have a history of sexual abuse. *Clinical Nursing Research*, *8*(1), 5–23. doi:10.1177/105477389900800102

Campbell, J. C. (2001). A celebration of nursing research on violence. *Canadian Journal of Nursing Research*, *32*(4), 3–9.

Chu, J. A., & Dill, D. L. (1990). Dissociative symptoms in relation to childhood physical and sexual abuse. *American Journal of Psychiatry*, *147*(7), 887–892.

Del Gaizo, A., Elhai, J., & Weaver, T. (2011). Posttraumatic stress disorder, poor physical health and substance use behaviors in a national trauma-exposed sample. *Psychiatry Research*, *188*(3), 390–395. doi:10.1016/j.psychres.2011.03.016

Dickers, A. (1992). CPNs and adults sexually abused in childhood. *Nursing Times*, *88*(4), 45.

Doob, D. (1992). Female sexual abuse survivors as patients: Avoiding retraumatization. *Archives of Psychiatric Nursing*, *6*(4), 245–251. doi:10.1016/0883-9417(92)90068-T

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., . . . Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, *14*(4), 245–258. doi:10.1016/S0749-3797(98)00017-8

Gallop, R., McCay, E., Austin, W., Bayer, M., & Peternelj Taylor, C. (1998). A survey of psychiatric nurses regarding working with clients who have a history of sexual abuse. *Journal of the American Psychiatric Nurses Association*, *4*(1), 9–17.

Gallop, R., McCay, E., Guha, M., & Khan, P. (1999). The experience of hospitalization and restraint of women who have a history of childhood sexual abuse. *Health Care for Women International*, *20*(4), 401–416. doi:10.1080/073993399245683

Gallop, R., McKeever, P., Toner, B., Lancee, W., & Lueck, M. (1995). Inquiring about childhood sexual abuse as part of the nursing history: Opinions of abused and nonabused nurses. *Archives of Psychiatric Nursing*, *9*(3), 146–151.

Gezondheidsraad. (2011). *Behandeling van de gevolgen van kindermishandeling [Treatment of the consequences of child maltreatment]*. Retrieved from http://www.google.nl.proxy.library.uu.nl/url?sa=t&rct=j&q=rapport%20gezondheidsraad%20kindermishandeling&source=web&cd=2&cad=rja&ved=0CDgQFjAB&url=http%3A%2F%2Fwww.gezondheidsraad.nl%2Fsites%2Fdefault%2Ffiles%2F201111kindermishandeling.pdf&ei=_kxVUcPHO_I0AWP9IHQDA&usg=AFQjCNGjNAeuwHxrq89IfjWytePxk-ofDQ

Hall, J. M., & Kondora, L. L. (1997). Beyond "true" and "false" memories: Remembering and recovery in the survival of childhood sexual abuse. *Advances in Nursing Science*, *19*(4), 37–54.

Lab, D. D., Feigenbaum, J. D., & De Silva, P. (2000). Mental health professionals' attitudes and practices towards male childhood sexual abuse. *Child Abuse & Neglect*, *24*(3), 391–409. doi:10.1016/S0145-2134(99)00152-0

Maniglio, R. (2009). The impact of child sexual abuse on health: A systematic review of reviews. *Clinical Psychology Review*, *29*(7), 647–657. doi:10.1016/j.cpr.2009.08.003

McAllister, A., Higson, D., McIntosh, W., O'Leary, S., Hargreaves, L., Murrell, L., . . . O'Brien, J. (2001). Dissociative identity disorder and the nurse–patient relationship in the acute care setting: An action research study. *Australian and New Zealand Journal of Mental Health Nursing*, *10*, 20–32.

McCay, E., Gallop, R., Austin, W., Bayer, M., & Peternelj Taylor, C. (1997). Sexual abuse comfort scale: A scale to measure nurses' comfort to respond to sexual abuse in psychiatric populations. *Journal of Psychiatric and Mental Health Nursing*, *4*(5), 361–367.

Ministerie van Justitie, Wetenschappelijk Onderzoek-en Documentatiecentrum. (2007). *Scholieren over mishandeling [Students talking about maltreatment]*. Retrieved from http://www.google.nl/url?sa=t&rct=j&q=som-onderzoek%20%20scholieren%20over%20mishandeling&source=web&cd=3&sqi=2&ved=0CD4QFjAC&url=http%3A%2F%2Fwww.rijksoverheid.nl%2Fbestanden%2Fdocumenten-en-publicaties%2Frapporten%2F2007%2F04%2F25%2Fonderzoek-vu-2007-scholieren-over-mishandeling%2Fra-mishandeling-vu.pdf&ei=QuhbUaizFZSk0AWB14GQDg&usg=AFQjCNEM5e-dyPTxvyRHsDadDSQ88dMW7g

Mitchell, D., Grindel, C. G., & Laurenzano, C. (1996). Sexual abuse assessment on admission by nursing staff in general hospital psychiatric settings. *Psychiatric Services*, *47*(2), 159–164.

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Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA Statement. *Journal of Clinical Epidemiology*, *62*(10), 1006–1012. doi:10.1016/j.ijsu.2010.02.007

Trimbos Institute. (2010). *The Nemesis-2 Study*. Utrecht: Trimbos Institute. Retrieved from http://www.trimbos.nl/~/media/af0898%20nemesis%20ii.ashx

World Health Organization. (2010). *Child maltreatment. Fact sheet N150*. August 2010. Retrieved September 13, 2013, from http://www.who.int/mediacentre/factsheets/fs150/en/

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