

## Korean Nurses' Perceptions of the Seriousness of Child Sexual Abuse: A Comparison of School and Hospital Nurses

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### I. Introduction

Beginning in the 1990's, public and professional awareness of the problem of child sexual abuse grew tremendously in Korea, largely due to the occurrence of two murder cases. One case involved a college student who killed her stepfather. He had abused her sexually during 12 years of her childhood. The other is a case of a middle-aged woman that killed a man who used to be her neighbor and raped her when she was 9 years old (Sexual Violence, 1993). Child sexual abuse in school and day care centers involving teachers has also been publicized extensively by the media. Myths that child sexual abuse is extremely rare and is an issue limited to the West are beginning to be debunked.

The nature and extent of child sexual abuse in Korea has received little attention to date. Annual statistics on child sexual abuse are not available. However, the prevalence of child sexual abuse is suggested by statistics from the Korea Sexual Violence Relief Center in Seoul, Korea. At least 30% of all reported sexual assaults were against children (307 cases). In 31% of these assaults perpetrators were family

members. The rest were mostly acquaintances such as male neighbors or teachers. These statistics also indicated that 4.5% of the sexually abused children were male. Among the sexually abused children, approximately two-thirds experienced psychological problems, one-fifth manifested physical problems including pregnancy and miscarriages, and one-fourth were experiencing sociological problems such as running away, substance abuse, and prostitution (Child Sexual Abuse, 1996).

As a result of growing recognition of the seriousness of the problem of child sexual abuse in Korea, child advocates are calling for the study of child sexual abuse, and for increased emphasis on its prevention and intervention. Child sexual abuse laws were established in 1994 and recently a mandatory reporting law was established as well.

With the establishment of child sexual abuse law, currently Korean nurses constitute a major group of mandated reporters who have a legal and professional responsibility to report suspected child sexual abuse that they encounter. Campbell and Humphreys(1984) stressed nurse's strategic position in child abuse cases. They pointed out that nurses have direct contact

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with abused children and families within a variety of settings (i.e., public health nurse, pediatric nurse, school nurse, emergency room), and must be able to prevent child sexual abuse and interact therapeutically with the child and/or family when abuse has occurred. They must recognize the importance of reporting suspected child sexual abuse cases and develop skill in recognizing signs of possible sexual abuse. They must also be trained to handle sexual abuse cases efficiently and to reduce the possible harmful effects of intervention.

The first step in solving the problem of child sexual abuse requires clarity about what child sexual abuse is and how to discriminate between abusive and non-abusive sexual behavior. To be effective, nurses need to have dependable assessment criteria to help them determine how cases should be identified and treated, and very important is the degree of consensus of definition of child sexual abuse among those involved in the case(Garrett, 1982). The issue of consensus is also crucial for the researchers. Varying definitions of child sexual abuse affect research comparability and reliability, in turn, impede more precise and consistent formulation of what this phenomenon actually is.

The issue of definition is a major problem for all professionals. People may not perceive uniformly about the serious different abusive situations(Attebury-Bennett, 1987; DeWitt, 1992; Lessard, 1996). For instance, is sexual abuse of a 7-year-old victim more or less serious than sexual abuse of an adolescent victim? Is sexual abuse of a female victim more or less serious than sexual abuse of a male victim? Is sexual abuse of solicitation to engage in sexual activity more or less serious than the sexual abuse of exhibitionism?

Researchers have identified salient factors that influence the process of defining child sexual abuse. Age of the victim is the factor

cited most often, involving the question of whether adolescents should be included as children who lack the capacity to consent to sexual relationships(e.g., Briere & Runtz, 1988; Finkelhor, Hotaling, Lewis, & Smith, 1990). Also related to age is whether an abusive situation involving younger child victim is more or less serious than that of an older child victim (e.g., Atteberry-Bennett, 1987; Finkelhor & Redfield, 1984; Jackson & Nuttall, 1993).

The nature of the sexual activity is second factor. Questions center around whether noncontact experiences (e.g., exhibitionism, voyeurism, or solicitation to engage in sexual activity) should be included in child sexual abuse definitions (e.g., Bagley, 1995; Briere & Runtz, 1988) or whether such sexual activities should be considered less serious(e.g., Dewitt, 1992; Finkelhor and Redfield, 1984; O'Toole, O'Toole, Webster, & Lucal, 1994).

A third factor concerns consensual sexual interactions, where disagreement centers on whether experiences that the victim claims were wanted should be considered abuse(e.g., Fromuth & Burkhart, 1987; Haugaard & Emery, 1989), or whether there should be victim resistance during sexual interaction before considering acts abusive(e.g., Broussard & Wagner, 1988; Waterman & Foss-Goodman, 1984). A fourth factor is the relationship between the perpetrator and the victim(e.g., Allen & Lee, 1992; DeWitt, 1992). The issue in this area is whether a sexual contact occurring within the family should be viewed as more abusive than one occurring outside the family (e.g., Atteberry-Bennett, 1987; Dewitt, 1992; Finkelhor & Redfield, 1984; Jackson & Nuttall, 1993; Kelley, 1990).

A fifth factor is the frequency of abuse(e.g., DeWitt, 1992; Hartman, Karlson, & Hibbard, 1994) where questions focus on whether a sexual act that occurs on multiple occasions

should be viewed as more abusive than an act occurring on a single occasion. Yet another factor concerns gender of victim and perpetrator. Atteberry-Bennett(1987) found that the combination of the genders of victim and perpetrator had a significant effect on ratings of abusiveness, whereas Finkelhor & Redfield (1984) earlier found no significant gender effect.

Currently, there is little data available about Korean nurses' definitions of child sexual abuse. This present study is designed to identify characteristics of Korean nurses' perceptions about the child sexual abuse, perceptions that underlie their definitions. More specifically, this study focuses on the degree of consensus among the perceptions of child sexual abuse between hospital and school nurses. A second focus of this study is to clarify the relative importance of the various characteristics of child sexual abuse incidents to Korean nurses as they determine the seriousness of these incidents. Information obtained from this study will provide a basis for training Korean nurses who will take their professional responsibility to act as gatekeepers in the recognition and treatment of child sexual abuse.

## II. Method

### Design

A vignette design was used in this study to assess Korean nurses' perceptions of child sexual abuse. In the vignettes, respondents were given hypothetical situations of sexual interaction involving children and others, and were asked to rate these examples according to perceived degree of seriousness. Seven variables were selected for vignette construction: 1) age of victim, 2) age of perpetrator, 3) cross-gender combinations of perpetrator and victim, 4) victim resistance, 5) relationship between victim

and perpetrator, 6) frequency of sexual abuse, and 7) sexual act. Categories for each variable are listed in <Table 1>.

<Table 1> Variables and their Levels Used in Vignette Construction

Variables	Levels <sup>a</sup>
Victim age	Child (1), Adolescent (2)
Perpetrator age	Adolescent (1), Adult (2)
Cross-gender abuse (victim/perpetrator)	Female, Male (1) Male, Female (2)
Victim resistance	Does not object (1), Objects (2)
Relatedness	Family (1), Neighbor (2)
Frequency	Once (1), Several times (2)
Sexual act	Verbalization (1), Exhibitionism (2), Touch (3), Vaginal intercourse (4)

<sup>a</sup> The level is indicated by (1), (2), etc

Each level of each variable was combined with each level of every other variable to create a condition of complete orthogonality among all seven variables. Sexual abuse involving penetration was limited to sexual (vaginal) intercourse. Since for some gender combinations sexual intercourse is not possible, only cross-gender perpetrator-victim combinations were included in the vignettes. All variables were dichotomous except sexual act, a four-level variable. The full combination of levels and factors yields 256 vignettes (six variables with 2 levels and one variable with 4 levels a 2x2x2x2x2x2x4 design).

To reduce the number of possible vignette combinations, a one-fourth fractional factorial design was followed for this study. This design requires only 64 of the 256 possible vignettes. However, 64 vignettes are still too many for a respondent to address in a single administration of a questionnaire. Respondents instead were

given random samples of 16 of the 64 vignettes. The construction of the random samples of vignettes was accomplished with a computer program created for this task. This procedure generated a randomly selected and randomly ordered set of 16 vignettes for each respondent. The one-fourth fractional factorial design, coupled with the one-fourth random assignment of the vignettes, allowed statistical independence of the characteristic variables of abusive situations to be maintained.

In order to ensure that respondents would start from the same reference point, four additional vignettes that were identical for all respondents were placed at the beginning of the vignette questionnaire section, before the 16 random vignettes. The seriousness of sexual abuse represented by these four vignettes was designed to range from not serious to very serious. Each respondent was asked to indicate for each of the 20 vignettes (4 fixed, 16 random) in the degree of seriousness of the sexual abuse situation portrayed in the vignettes. Seriousness ranged on a continuum from 0= Not sexual abuse to 9= Extremely serious sexual abuse.

### Sample

Korean registered nurses comprise the sample of this study. A total of 1,102 questionnaires were distributed, of which 1,030 were returned (an overall response rate of 93.5%). Of these, 552 questionnaires were distributed to the hospital nurses in the five hospitals and 504 were returned (a hospital nurse response rate of 91.3%). Another 550 questionnaires were distributed during class in continuous education courses for school nurses. Of these, 526 questionnaires were returned (a school nurse response rate of 95.6%). One questionnaire was eliminated because of missing data, leaving a

total of 1,029 questionnaires that were coded and entered for analysis. The final sample consisted of 503 hospital nurses and 526 school nurses.

### Procedure

For hospital nurses, four large hospitals in one urban area and one large hospital in another were selected. Questionnaires were distributed to the head nurses in each hospital by the respective hospital nursing directors. These nursing directors selected all nursing units in their respective hospitals, excluding units that do not directly interact with patients (intensive care unit, supply unit, operating unit, etc.). Head nurses in each unit distributed questionnaires to the nurses in their units, along with a cover letter explaining the study and an envelope in which participants could return the questionnaire. For school nurses, the respective directors of the continuous education courses distributed questionnaires during continuous education classes held at three urban locations. Continuous education classes are designed for school nurses who want to advance in their employment positions. These classes are held every year for five weeks from July through August. After respondents filled out the questionnaire, they returned it sealed in a provided envelope to their respective nursing or continuous education director. Arrangements were then made for the questionnaire to be returned to the investigator for analysis.

### Independent Variables: Characteristics of child sexual abuse incidents.

Seven variables were included as characteristics of child sexual abuse incidents in the vignettes: age of victim, age of perpetrator, cross gender abuse (perpetrator/victim pairing),

<Table 2> Socio-Demographic Characteristics of Respondents

Variables	School Nurses	Hospital Nurses
	Nurses	
Number of respondents	526	503
Age (mean)	37.1yrs	29.2yrs
Education		
High school graduates	0.2%	1.1%
3yrs nursing college graduates	44.1%	57.6%
Bachelor's degree	47.2%	35.7%
Master's degree	8.5%	5.6%
	100.0%	100.0%
	(n=472)	(n=465)
Years of nursing Experiences (mean)	11.5yrs	7.2yrs
Size of community in which the respondent grew up		
County/Township/Village	23.5%	22.9%
Small/Medium city	22.2%	22.8%
Large city	54.3%	54.3%
	100.0%	100.0%
	(n=472)	(n=471)
Media exposure about child sexual abuse issues		
Never	0.8%	2.2%
Seldom	21.9%	26.9%
Sometimes	50.0%	56.8%
Often	27.3%	14.1%
	100.0%	100.0%
	(n=524)	(n=502)
Marital status		
Never married	11.6%	55.4%
Married	87.5%	44.2%
Other b	0.9%	0.4%
	100.0%	100.0%
	(n=473)	(n=471)

<sup>a</sup> ns vary due to missing responses.

<sup>b</sup> Other includes divorced, separated, and widowed.

victim resistance, relationship of perpetrator to child, frequency of sexual act, and sexual act.

Victim age. This variable is divided into two categories, a 7-year-old child and an adolescent of unspecified age.

Perpetrator age. This variable consists of two categories, an adolescent of unspecified age and an adult.

Cross-gender abuse. This variable is categorized as either female victim with male perpetrator or male victim with female perpetrator.

Victim resistance. This variable is defined as

victim's response to initiation of sexual activity by the perpetrator. It is categorized as victim objects or victim does not object. For example, the girl did not object, and the girl objected strenuously.

Relationship of perpetrator to victim. This variable is the relationship between victim and perpetrator, categorized as within the family or neighbor (outside the family). If the level of relationship is family and the level of perpetrator age is adolescent, then relationship is represented in the vignettes by sibling relationship. For example, a female adolescent

exposed herself to her 7-year-old brother, or a male adolescent exposed himself to his 7-year-old sister. If the level of relationship is family and the level of perpetrator age is adult, then relationship is represented by a parent-child relationship in the vignettes. For example, a mother touched her adolescent son in a sexual way, and a father touched his adolescent daughter in a sexual way. If the level of relatedness is outside family, it is represented by neighbor. For example, a male adolescent had intercourse with a 7-year-old girl, who was his neighbor.

Frequency of sexual act. This variable is defined as the number of occurrences of sexual contact, dichotomized as once and several times.

Sexual act. This variable is defined as the degree of contact involved in the sexual activity, grouped into four levels of increasing intrusiveness: talking in sexually suggestive ways, exhibitionism, touching, and sexual vaginal intercourse.

Following is an example of a complete vignette incorporating all seven variables: A female adult talked in sexually suggestive ways to a male adolescent, who was her neighbor, several times. She did this even though the boy objected.

### Dependent Variable

Perceived seriousness of child sexual abuse incidents. The dependent variable of this study is perceived seriousness of sexual abuse situations involving children portrayed in the vignettes, and ranges from 0 to 9. A rating of 0 indicates that respondent considered the activity to not be sexual abuse. A rating of 1-3 indicates the activity was perceived to be least serious, 4-5 moderately serious, 6-7 quite serious, and 8-9 extremely serious sexual abuse.

## III. Results

A total of 16,464 rated vignettes was obtained from the 1,029 respondents in the sample as the unit of analysis. First, to examine whether there is difference in the perceived seriousness of child sexual abuse incidents between hospital nurses and school nurses, a one-way ANOVA was performed. Then, to determine the extent to which each sexual abuse incident variable affects perceived seriousness of child sexual abuse incident by hospital nurses and school nurses respectively, seriousness ratings were regressed on the sexual abuse incident characteristic variables. Because the dependent variable of perceived seriousness of child sexual abuse incidents was highly skewed and non-normally distributed, logistic regression was used for the analysis. Logistic regression is particularly robust with respect to violations of multivariate normality (Hosmer & Lemeshow, 1989). The median split was used to determine the two categories of the dependent variable (0-7 low to quite serious sexual abuse, 8-9 extremely serious sexual abuse). An alternate dichotomizing strategy was also considered based on the theoretical midpoint (0-5 for low seriousness, 6-9 for high seriousness). However, this mid-point cutting produced very poor classification tables due to the highly skewed distribution of the dependent variable, whereas results using the median split produced excellent classification tables.

### Type of Nurse and Perceived Seriousness of Child Sexual Abuse Incidents

Results from the one-way ANOVA indicate that there is no significant difference between hospital nurses and school nurses on the perceived seriousness of child sexual abuse incidents ( $F = .99$ ;  $df = 1/16462$ ;  $p = .32$ ).

<Table 3> ANOVA Table of Differences between School and Hospital nurses on the Perceived Seriousness of Child Sexual Abuse Incidents.

	Squaress	Sum of df	Mean Square	F	Sig.
Between Groups	4.56	1	4.56	0.99	0.32
Within Groups	75552.72	16462	4.59		
Total	75557.28	16463			

Abusive Incident Characteristics and Perceived Seriousness of Child Sexual Abuse Incidents.

Even though there are no differences in perceptions of the seriousness of child sexual abuse for Korean school and hospital nurses, it is possible that different characteristics of the abuse situations influence their perceptions. Table 4 present the results of the simultaneous logistic regression of the seven abusive incident characteristic variables on the perceived seriousness of child sexual abuse incident by school nurses and hospital nurses respectively. Results indicate that the seven characteristic variable model is highly significant for the school nurses (Model Chi-Square=1947.02;  $p = .001$ ) and hospital nurses (Model Chi-Square =1338.38;  $p = .001$ ). Pseudo- $R^2$  values of 16.7% and 12.0%, respectively, indicate that more of the association in perceived seriousness of child sexual abuse incidents is accounted by the seven child sexual abuse characteristic

variables for school nurses than for hospital nurses.

For the school nurses, sexual act has the greatest impact on the perceived seriousness of child sexual abuse ( $B = .88$ ). Victim resistance has the second greatest impact ( $B = .70$ ), followed by cross-gender abuse ( $B = -.41$ ) and frequency of sexual act ( $B = .36$ ). Variables with less impact, though still highly significant, are perpetrator age ( $B = .26$ ) and victim age ( $B = .16$ ). The variable of relationship of perpetrator to victim did not show a significant effect on the perceived seriousness of child sexual abuse for school nurses.

For the hospital nurses, victim resistance has the greatest impact on the perceived seriousness of child sexual abuse ( $B = .83$ ). The sexual act has the second greatest impact ( $B = .68$ ) followed by cross-gender relationship ( $B = -.39$ ), frequency of sexual acts ( $B = .33$ ), and perpetrator age ( $B = .22$ ). Victim age and

<Table 4> Logistic Regression of Child Sexual Abuse Incident Characteristics on Perceived Seriousness of Child Sexual Abuse

Variables	School Nurses	Hospital Nurses
	B	B
Victim age	.157**	.053
Perpetrator age	.261***	.215***
Cross-gender abuse	-.413***	-.388***
Victim resistance	.702***	.826***
Relationship	.083	.011
Frequency of act	.362***	.325***
Sexual act	.877***	.675***
Constant	.053	.110
N	8416	8048
Model Chi-Square	1947.02	1338.38
Pseudo-R2	.167	.120

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$

relationship of perpetrator to victim were not significant.

#### IV. Conclusions and Implications

The most important finding of the study is that hospital nurses and school nurses showed consensus on the perceived seriousness of child sexual abuse incidents. However, the relative impact of characteristic variables of child sexual abuse incidents on the perceptions of child sexual abuse did differ in some areas. Findings in Table 4 seem to indicate that the sexual act has much more important on perception of child sexual abuse for school nurses than for hospital nurses. The same is true for victim age. Victim resistance, in contrast, has more important for hospital nurses than for school nurses. The impact of perpetrator age, cross-gender abuse, frequency of act, and relationship are relatively similar.

For both school nurses and hospital nurses, sexual act, victim resistance, cross-gender abuse, frequency of sexual acts, and perpetrator age are important factors when they determine seriousness of child sexual abuse incidents. The relationship of perpetrator to victim does not show significant effect on the Korean nurses' perceptions. The impact of victim age for school nurses is modest. For hospital nurses it is not significant.

For the most part, findings with this Korean sample of nurses are similar to those found with US samples(e.g., Dewitt, 1992; Eisenberg, Owens, & Dewey, 1987; Finkelhor & Redfield, 1984; Hartman, Karlson, & Hibbard, 1994). In both US and this Korean sample, perceptions of more serious abuse were related to more intrusive levels of sexual act, resistance by the victim, female victim with male perpetrator abuse, multiple occurrences of abuse, and adult perpetration. No relationship exists for

intrafamilial versus extrafamilial abuse (Finkelhor & Redfield, 1984; Kelley, 1990). Only victim age showed a relationship opposite to US patterns. Korean nurses are slightly more likely to perceive situations involving adolescent victims as serious than those involving younger victims.

The findings that Korean nurses tend to perceive child sexual abuse situations as more serious when the victim objected to the perpetrator's sexual advances, and where the sexual interaction involved a female victim and male perpetrator have important implications. Educational programs may need to be developed to help Korean nurses become aware of victims who do not resist but remain passive. Some victims may unintentionally encourage encounters in their attempts to receive love and warmth that has been denied(Broussard & Wagner, 1988). Korean nurses should be also helped to become aware that child sexual abuse incidents among male victims and female perpetrators are not rare occurrences(Broussard et al., 1991) and that males appear to suffer the same psychological trauma as females(Rogers & Terry, 1984).

Korean nurses did not make distinctions between family perpetrators and neighbors when considering the seriousness of child sexual abuse incidents. This finding is consistent with findings of U.S. samples, where a weak distinction between intrafamilial and extrafamilial relationships on the perceived seriousness ratings has typically been obtained(Finkelhor & Redfield, 1984; Kelley, 1990). However, further research is needed to take into account distinctions respondents may make between family members and other adults who have more distant relationship than neighbor.

Korean school nurses tend to perceive child sexual abuse incidents involving adolescents as more serious than those involving 7-year-old



children, though victim age contributed least to the Korean school nurses' perceptions of child sexual abuse. This finding is contrary to most U.S. studies where younger victims are considered to be more abused. However, the finding is consistent with results of Atteberry-Bennett(1987) study, though her study focused only on intrafamilial sexual abuse. Further research may be needed to determine if perceptions of seriousness vary according to whether victims are intrafamilial or extrafamilial or more victim age differential.

In conclusion, nursing must more clearly develop and specify its role in prevention and treatment programs for child sexual abuse. There is a real need to provide nursing services to the abusive families(Misener, 1986), and nurses may begin to play a larger role in treatment and intervention efforts. To provide successful programs, it is crucial that various professionals involved in child sexual abuse cases communicate effectively with one another so that a definition that all can agree upon can be identified.

Fortunately, the results of this study suggest that although there are differences in a few key aspects, Korean school nurses and hospital nurses make judgments on the seriousness of potential child sexual abuse cases somewhat similarly. An important step towards helping Korean nurses fulfill their legal and professional responsibility to report child sexual abuse, work with its victims and their families is to recognize child sexual abuse in a like manner. Further research about definition of child sexual abuse is needed with more practice specialty groups among Korean nurses.

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- 국문초록 -

주요 개념 : 아동성폭력, 인식, 일치, 양호교사, 병원간호사

## 한국 간호사의 아동성폭력 상황에 대한 심각성 인식: 양호교사와 병원간호사의 인식 비교

고정미\*

본 연구의 목적은 아동성폭력의 정의에 대한 한국간호사들의 인식의 특성을 알아보는 것이다. 보다 구체적으로, 양호교사와 병원간호사 간의 인식의 일치정도를 밝히고, 간호사들이 아동성폭력의 심각도를 판단함에 있어, 아동성폭력과 관련된 다양한 변수들의 상대적 중요성을 규명하는데 초점을 두고 있다.

이를 위하여 503명의 병원 간호사와 526명의 양호교

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사를 대상으로 한 vignette디자인 설문조사를 실시하였다. 아동성폭력 상황을 구성하는 일곱 개의 변수 (성폭력 행위, 성폭력 빈도, 피해자의 연령, 피해자의 저항, 가해자의 연령, 가해자와 피해자의 교차성별, 가해자와 피해자의 관계)의 조합을 통해 64개의 vignettes를 만들었는데, 이는 1/4 factorial 디자인의 결과이다. 각 설문 대상자에 대해 64개의 vignettes가운데 16개의 vignettes를 무작위로 추출하고, 그 vignettes에 나타난 각 성폭력상황들의 심각 정도를 표시하도록 하였다.

연구결과에서 양호교사와 병원간호사는 아동성폭력의 심각도 인식에 있어 일치를 나타냈다. 각 상황변수들이 미치는 영향에 있어서는 양호교사와 병원간호사 간에 다소 차이를 보였으나, 성폭력 상황을 정의함에 있어서는

근본적인 인식에 일치를 보였다. 두 집단 모두에서 성폭력행위, 피해자의 저항, 가해자와 피해자의 교차성별, 성폭력 빈도, 가해자의 연령이 아동성폭력 인식에 영향하는 주요 요인으로 나타났다. 한편, 가해자와 피해자의 관계는 주요 영향요인이 아닌 것으로 나타났다. 피해자의 연령은 양호교사 집단에서는 어느 정도 영향을 미치는 변수로, 병원간호사 집단에서는 별다른 영향이 없는 변수로 분석되었다.

결론적으로, 양호교사와 병원간호사는 잠재되어 있는 아동성폭력의 심각도에 대해 동일하게 판단한다. 본 연구결과는 법적, 전문가적 의미에서 아동성폭력 신고자로서의 의무를 지닌 한국간호사들의 아동성폭력에 대한 인식일치가, 그 역할 수행에 도움이 될 수 있음을 시사한다.