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EDITORIAL

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Sexual violence matters: Nurses must respond

Sexual violence in intimate relationships and families is an often-hidden form of violence that occurs across the lifespan and impacts all societies, communities, sexual and gender orientations and is a global human rights issue. Sexual violence impacts not only physical, mental and reproductive health, but also economic and life opportunities, particularly for girls. Reflecting on the scale of this problem, the United Nations has laid out several Sustainable Development Goals, with women's equality and empowerment and the elimination of all forms of violence against women and girls as one of these goals (United Nations, 2017).

Sexual violence is any sexual act that is committed against an individual's will (Centers for Disease Control and Prevention, 2022). It includes sexual harassment, assault, exploitation, rape, intimidation and unwanted sexually offensive communication. Unlike domestic and family violence, which has become more notable in the nursing literature, particularly since the onset of the COVID-19 pandemic, less attention has been paid to nursing research and scholarship on sexual violence. This is concerning as sexual violence doubles the risk of having an abortion, increases by 41% the risk of pre-term birth and increases the risk of sexually transmitted infections by 150% (WHO, London School of Hygiene and Tropical Medicine, & South African Medical Research Council, 2013). Sexual violence also amplifies the harmful health outcomes associated with partner violence (Jansen, 2020), often depriving women of education and employment (United Nations, 2017). Global estimates based on data from 57 countries also suggest that only half of all married or partnered women make decisions about their own sexual relations, contraceptive use or reproductive health care (UNFPA, 2020).

Intimate partner sexual violence (IPSV) can be perpetrated by current or past partners and may involve forced sexual activity, sexual assault, sexual coercion or sexual abuse (Bergen & Bukovec, 2006). The abuse and control tactics employed in IPSV typically do not occur in isolation. Victims experience a range of sexually violent, abusive and coercive strategies that erode their safety and their reproductive and sexual control (Bagwell-Gray, 2021). IPSV frequently co-occurs with intimate partner violence (IPV), even so, IPSV is typically not considered in nursing and medical research investigating IPV. Highlighting this incongruity, a recent systematic review of sexual and reproductive health service interventions addressing violence against women ($n = 26$) only identified three studies examining IPSV (Lewis et al., 2022). It has also been reported that IPSV is viewed by the public as a less serious offence than sexual violence against a stranger (Lynch et al., 2019).

Many individuals who experience violence may have limited access to services or may be unaware of the services available. Healthcare services that are available may not be equipped to provide care and referral for individual needs, placing individuals at risk of re-traumatisation mentally and physically, particularly in relation to sexual and reproductive health care and procedures. Further, sexual and reproductive health protective measures such as safer sex are not an option for many girls and women who experience sexual violence. Therefore, other protective contraceptive measures need to be explored and used to promote safety and well-being.

The hidden nature of sexual violence hinders the ability to the provision of healthcare and the need for assessment. For individuals, it can be difficult to comprehend sexual violence within the context of a romantic relationship, and for nurses, it is difficult to contend with the notion that outcomes of intimate relations such as a sexually transmitted infection can be an outcome of, for example, marital rape (Bellia et al., 2020; East et al., 2017). Both constructs juxtapose the provision of healthcare. Considering the mental health sequelae following sexual violence, trauma-informed physical and psychological care is needed (Mantler et al., 2022).

For too long, sexual violence and indeed sexual health and well-being have been largely ignored in nursing (East et al., 2021; Fourie et al., 2021) or have rather been confined to specific settings such as sexual health clinics and general practice. This is despite sexual health being a fundamental component of holistic care. Considering the heightened visibility and recognition of violence, it is a timely reminder for the nursing profession to overcome barriers to sexual well-being conversations and provide care in relation to sexual health care. Common misperceptions and stereotypes associated with sexual health, for example, the associations between sexually transmitted infections and promiscuity, that still exist today need to be overcome. The fact that sexual violence can be hidden and occurs in perceived loving relationships needs to be acknowledged.

Sexual violence is a major global healthcare issue. We encourage every nurse to reflect on the part they can play in addressing sexual violence. We urge nurses to upskill themselves in the identification and response to sexual violence, to initiate conversations in both the personal and public spheres in their local communities, to report workplace harassment, and hold friends, family and organizations to higher accountability for the safety of people everywhere.

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