

## Introduction

Childhood sexual abuse occurs in girls (~25%) and boys (~8%) and can result in a host of negative outcomes later in life. For survivors of sexual trauma, reluctance to engage in physical activity can lead to decreased physical and psychological well-being and reduced participation in life activities.

Against this backdrop, a new instrument (Sexual Abuse Assessment Tool; SAAT) was developed and pilot tested to assess the knowledge base and competency of exercise professionals to incorporate sensitive training practices when interacting with women who have experienced sexual abuse.

## Overview of Methods

Phase 1: The SAAT features five broad domains of competent exercise professionals. To ensure content validity, content experts reviewed initial assessment items based on competency descriptors. Content validity indices were calculated for 64 items, five scale domains, and the overall SAAT.

Phase 2: The SAAT was pilot tested to address reliability or readability concerns prior to evaluating the competency of exercise instructors who conduct individualized or group training with female survivors of sexual abuse.

## Participants

Phase 1: Twelve subject matter experts [SME] (11 women, 1 male; mean age = 39.5 yrs; age range = 30 to 59 yrs) were identified to determine the content validity of the SAAT. Of the 12 SMEs, four primarily identified as survivors of past sexual abuse, four primarily identified as exercise professionals, and four primarily identified as therapists or counselors.

Phase 2: Participants ( $N = 32$ ) were self-reported exercise professionals who prescribe exercise to adult clientele. Descriptive data indicated that participants were predominantly female (90%), with a college education (87%), group fitness instructors (55%) who reported having worked in a gym or community center (68%).

## SAAT DOMAINS

Background Knowledge and Attitudes Toward Sexual Abuse and Extent of Sexual Abuse

Sexual Abuse and Health Concerns

Barriers to Exercise Among Women Who Have Experienced Sexual Abuse

Environmental and Interpersonal Emotional Triggers in Exercise Settings and During Exercise Programming

Sensitive Behaviors of the Exercise Professional

## Procedures

Phase 1: Each SME rated each SAAT item for subject matter content. Responses concerning the relevance of each assessment item to a given domain, competency, and descriptor were marked on a Likert-type scale. Open-ended questions were also included to enable SMEs to suggest additional assessment items or provide editorial comments. Based on feedback provided by the SME group, assessment items deemed to be non-relevant were revised or eliminated, resulting in a new iteration of the SAAT. A stratified and randomized sample of six SMEs reviewed each modification of the SAAT. Five iterations of the SAAT were required to complete the content review process.

Phase 2: The pilot survey was conducted online using the Qualtrics survey platform. Participants were professional or personal contacts who met inclusion criteria (see Participants, Phase 2) and were recruited using snowball sampling.

## Results

Phase 1: Item content validity index values for the SAAT ranged from 0.75 to 1. For the five domains, domain content validity indices values ranged from 0.86 to 0.87. The scale content validity index of the SAAT was 0.87.

Phase 2: The average SAAT score for pilot participants was 198.66 ( $\pm 21.79$ ). A preliminary examination of Cronbach's alpha revealed an estimate of .88.

## Discussion

Exercise instruction often involves personal connections and close physical proximity between practitioners and clients. For some survivors of sexual abuse, professional practices associated with exercise instruction may become physically or emotionally triggering. Exercise professionals who incorporate informed and sensitive practices when working with clients have the potential to avoid retraumatization and encourage exercise adherence among females who have experienced abuse.

Results of our preliminary study indicated that the SAAT demonstrated acceptable levels of validity, reliability, and readability. Future research efforts should be aimed at developing criterion-based scoring instructions for the SAAT, exploring the possibility of creating a shorter version of this assessment, and administering the SAAT to a broad spectrum of fitness leaders and clinicians who wish to incorporate a trauma-informed, best-practices approach to providing exercise instruction for adults who have been abused sexually.

## References

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