

The Implementation and Evaluation of an Evidence-Based Treatment



Protocol for Victims of Sexual Assault



The Problem

Sexual assault is a widespread problem in the United States with 18.3% of women and 1.4% of men experiencing rape at some time in their lives (CDC, 2012). Care for victims has improved with the implementation of sexual assault nurse examiner (SANE) programs across the U.S., but continued improvements are needed (Campbell, 2008). While the components of the forensic exam and evidence collection are standardized, the treatment protocols utilized at sexual assault facilities are less formalized and can vary widely between practices. Available evidence supports a formalized practice protocol for victims of sexual assault.

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In the sexual assault nurse examiners (SANEs) at the Partnership Rape Crisis Center in Chattanooga, TN, how does the development and implementation of an evidence based treatment protocol, to include a SANE education program, compared to current practice affect provider knowledge, self-efficacy, and compliance with the protocol within a 6 month period?

The Purpose

The purpose of this study was to: 1) examine SANE knowledge and self-efficacy before and after implementation of a SANE education program, and 2) examine SANE compliance with an evidence-based practice protocol. The new evidence-based practice protocol included empiric antibiotics, emergency contraception, vaccine recommendations, pain evaluation and treatment, patient education, and medical and mental health referrals (McLean et al., 2012; U.S. Department of Justice, 2013; Workowski & Bolan, 2015). Along with education about the new protocol, the SANEs received education on methods of encouraging follow-up, techniques to provide effective patient education, and victim preferences.



Methods

The study site was an outpatient rape crisis center in Chattanooga, TN. Participants consisted of 14 SANEs who selected to participate between March and September 2016. In addition to a new protocol, standardized nursing documentation and a referral partner list were developed. Before implementation, a SANE education program was conducted and pre/post tools were administered. After implementation, chart reviews were conducted. Orlando's Nursing Process Theory was used as a theoretical framework.

Discussion

The study improved the quality of care provided to victims of sexual assault through SANE education and a new evidence-based practice protocol. In the future, work should focus on improved methods of providing patients with written educational materials and further encouraging proper use of the evidence-based protocol.

Partnership for Families, Children, and Adults
Rape Crisis Center
300 East 8th Street
Chattanooga, Tennessee 37403

Hamilton County Health Department
* for Tennessee residents age 13 and up
921 E 3rd St, Chattanooga, TN 37403
(423) 209-8250 STD Clinic (same-day or next day appointments)
(423) 209-8340 Immunization Clinic

Homeless Health Care Center
* for patients who are homeless, no appointment required
750 E 11th St
Chattanooga, TN 37403
(423) 265-5708

University of Tennessee at Chattanooga
Student Health Services
* for UTC students
McCallie Gym Room 205
615 McCallie Ave

Chattanooga CARES
1000 E 3rd St
Chattanooga, TN 37403
(423) 265-2273

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LA VIOLENCIA DE GÉNERO Y EL VIH/SIDA

Las interacciones entre el VIH/SIDA y violencia de género son numerosas y tienen consecuencias graves para la salud y el desarrollo humano, particularmente de las mujeres adultas, adolescentes y niñas. Diversas investigaciones han mostrado una relación positiva entre las experiencias de violencia sexual y doméstica y la infección por VIH/SIDA. Asimismo, algunos estudios revelan un incremento de la violencia en la vida de las personas VIH positivas, particularmente las mujeres, asociado a su condición de infectadas. Las vulnerabilidades que se relacionan con la infección por VIH/SIDA y los episodios de violencia en la vida de las mujeres están vinculadas con la falta de empoderamiento de las mujeres. El factor clave para lograr el Objetivo de Desarrollo de Milenio # 6 sobre la reducción de la propagación del VIH/SIDA, es la promoción de la igualdad entre los géneros y la autonomía de la mujer (ODM #3).

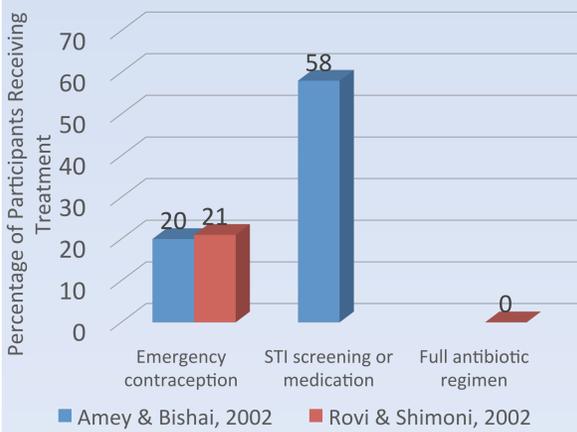
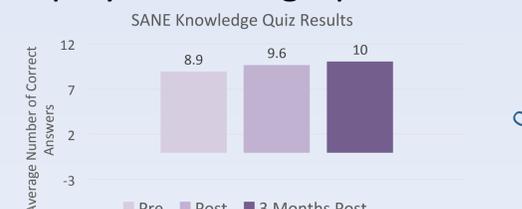
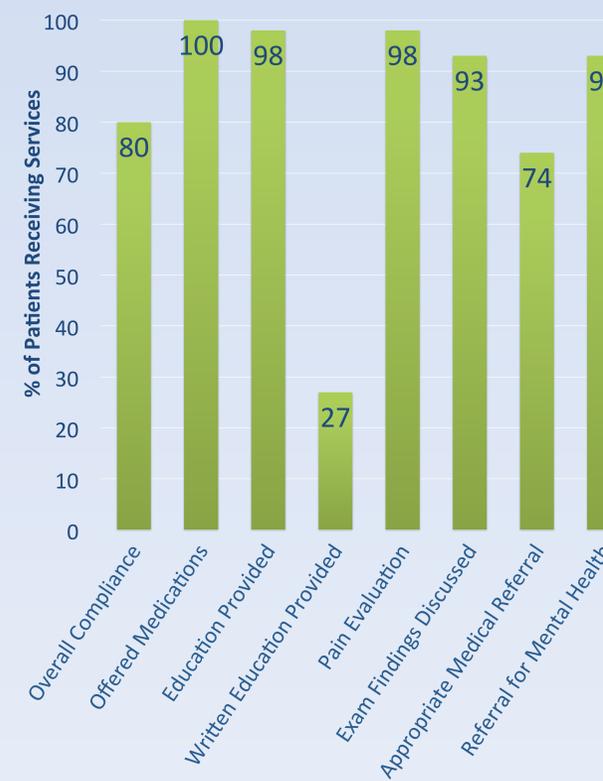
Partnership for Families, Children, and Adults
Rape Crisis Center

9. **Tetanus Prophylaxis:** (If victim received open wounds or bite marks)
 If immunizations are current (tetanus booster < 5yrs), no tetanus prophylaxis is needed.
 If tetanus booster > 5yrs or has never received Initial Tetanus series, refer for medical follow-up.

10. **Pain evaluation:**
 Patient reports no pain
 Non-pharmacological treatment for pain discussed
 Over-the-counter medications for pain discussed
 Refer for medical follow-up for evaluation

Results

Data was analyzed using independent t-tests and descriptive statistics. Following the education program intervention, SANE knowledge increased from 8.9 (pre), to 9.6 (post), to 10 (3 months post). SANE self-efficacy increased from 35.1 (pre), to 37.6 (post), to 40 (3 months post). However, the number of surveys returned for each of the pre, post, and 3 months post varied significantly (N=14 to n=3). None of the t-test results were statistically significant. Several of the results of protocol compliance, which were gathered through chart reviews, are displayed in the graph.



References and Contact Information

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