Quality Improvement Project

**Strategy: Video Intervention**

- Trauma-informed "survivor informed" care after a SA
- Four components:
  - Psychoeducation, teaching self-regulation, exposure techniques, and building relationship
  - Use private room to explain the examination process
  - Perform sexual assault forensic exam
  - Explain that there will be new challenges in life and practice active listening
- Pre-Exam Assessments:
  - Brief COPE assessment, PTSD Symptom Scale-Interview (PSS-I), and previous SA
- Psychoeducational Video
  - Normal body reactions to a traumatic event
  - Effective coping strategies that do not include substance use
  - Self-regulation strategies as additional coping mechanisms
  - Introduce self-directed exposure
  - Debrief after the video; client can ask questions
- Provide resources
- Referrals as needed

**Resources:**

- SANE nurse to complete the intervention therapeutically
- Training for the SANE nurse that addresses the screening questions, video, and follow-up
- Videographer and actors to create the video
- Safe, comfortable location with a TV and DVD player
- Resource information: Handouts of the video content, support groups, counselors
- Referral agencies: Local advocacy groups, psychiatrists, medical professionals

**Plan to Sustain New Practices:**

- Respond to SANE nurse unwillingness to implement an additional intervention into routine protocol
- Open communication and feedback by SANE nurses to encourage quality improvement
- Annual education seminars and training locally
- Support from the American Forensic Nurses Association
- Address previous victimization which can decrease effectiveness of intervention
- Use initial assessment of previous SA to guide follow-up

**Evaluation Plan:**

- Brief COPE assessment and PTSD Symptom Scale-Interview (PSS-I) 6 months after by phone
- Track referrals through agency partnerships

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**Topic & Significance**

- One in five college women are sexually assaulted
- Short-term or long-term impacts of sexual assault (SA), including post-traumatic stress disorder (PTSD), are reported in 81% of women
- 90% of SA victims on college campuses do not report
- This project is meant to improve coping in PTSD vulnerable college-aged SA victims through use of a psychoeducational video at the time of a sexual assault forensic exam as evidenced by an increase in coping skills, decrease in alcohol and drug use, and a decrease in PTSD related symptoms within 6 months after the intervention

**Impacts of Problem**

- Clinical: Negative coping is related to greater PTSD symptoms in trauma-exposed populations
- Quality: College-aged women with PTSD and history of SA often use alcohol and drugs as negative coping
- Cost: Estimated $127 billion each year in medical expenses, lost earnings, and victim assistance programs

**Variances**

Alcohol use as ineffective or negative coping:
- Higher incidence of SA, PTSD, and drinking to cope
- Emergency room visits, overdoses, and revictimization
- Missing class and work
- PTSD severity is connected to academic stress and drinking to cope

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**EVALUATION PLAN:**

- Brief COPE assessment and PTSD Symptom Scale-Interview (PSS-I) 6 months after by phone
- Track referrals through agency partnerships

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**https://www.pexels.com/photo/black-and-white-woman-girl-sitting-2369/**