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Improved Coping in Post-Traumatic Stress Disorder Vulnerable Sexual Assault Victims

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Abstract

Background:

One in five college women are sexually assaulted (National Sexual Violence Resource Center [NSVRC], 2015). As a result of sexual assault (SA), short-term or long-term impacts, including post-traumatic stress disorder (PTSD), are reported in as many as 81% of women (NSVRC, 2015). Sadly, about 90% of SA victims on college campuses do not report the assault to the police which can interfere with SA statistics (NSVRC, 2015). This project is intended to improve coping in PTSD vulnerable college-aged SA victims through use of a psychoeducational video at the time of a SA 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.

Literature Review:

There are clinical, quality and cost impacts of negative coping in college-aged women who have been sexually assaulted and are vulnerable to PTSD. Clinically, negative coping is related to greater PTSD symptoms in trauma-exposed populations (Read, Griffin, Wardell, & Ouimette, 2014; Ullman & Peter-Hagene, 2014). College-aged women with PTSD and history of SA often use alcohol and drugs as negative coping which affects quality of life (Bedard-Gilligan, Cronce, Lehavot, Blayney, & Kaysen, 2014; Hannan, Orcutt, Miron, & Thompson, 2017; Walsh et al., 2014). The cost of SA, estimated to be $127 billion each year, includes medical expenses, lost earnings, and victim assistance programs (NSVRC, 2015).

The variances found in the literature for this population focus on alcohol use as ineffective or negative coping. Alcohol-related consequences are associated with higher incidence of SA, PTSD, and drinking to cope (Hannan et al., 2017; Stappenbeck, Bedard-Gilligan, Lee, & Kaysen, 2013). Substance abuse can lead to emergency room visits, overdoses, and revictimization (Stappenbeck et al., 2013; Walsh et al., 2014). In college-aged individuals, consequences of drinking include missing class and work (Stappenbeck et al., 2013). PTSD severity in this population is connected to academic stress and drinking to cope (Woolman, Becker, & Klanecky, 2015).

Recommendations:

This quality improvement project is a video intervention. It focuses on improving negative coping in college-aged SA victims vulnerable to PTSD. The intervention is an implementation of trauma-informed care and "survivor informed" care after a SA (Kirkner, Lorenz, & Ullman, 2017). There are four identified components in an effective PTSD intervention: Psychoeducation, teaching self-regulation, exposure techniques, and building relationship (Gentry, Baranowsky, & Rhoton, 2017).

This intervention begins at the initial encounter with a sexual assault nurse examiner (SANE nurse) at a hospital after a SA. First, the SANE nurse will use a private room to explain the examination process followed by the sexual assault forensic exam. Next, the SANE nurse will transition to the intervention through an explanation that there will be new challenges in life. Questions will then be asked to the client by the SANE nurse who will practice active listening (Kirkner et al., 2017). The pre-intervention assessments include the Brief COPE assessment and PTSD Symptom Scale-Interview (PSS-I) which are
both valid and reliable (Carver, 1997; Foa, Riggs, Dancu, & Rothbaum, 1993). The SANE nurse will also ask the client about any previous SAs.

The psychoeducation video will then be played for the client. This will include normal body reactions to a traumatic event, effective coping strategies that do not include substance use, self-regulation strategies as additional coping mechanisms, and it will introduce self-directed exposure (Miller, Cranston, Davis, Newman, & Resnick, 2015; Walsh et al., 2017). A debrief will take place after the video where the client can ask questions. Resources will be provided, and referrals will be given as needed (Eisenberg, Lust, Hannan, & Porta, 2016; Stappenbeck et al., 2013).

Resources are essential to the implementation of this video intervention. A SANE nurse will be needed to complete the intervention therapeutically (Gentry et al., 2017; Kirkner et al., 2017; Miller et al., 2015; Walsh et al., 2017). There will be training for the SANE nurse that addresses the screening questions, video, and follow-up. To create the psychoeducational video, a videographer and actors will be used. A safe, comfortable location with a TV and DVD player will be the setting in which the intervention is carried out. Resource information needed includes handouts of the video content, support groups, and counselors. Referral agencies that should be included in this intervention are local advocacy groups, psychiatrists, and medical professionals.

Conclusion:

The plan to sustain the video intervention addresses potential barriers. First, respond to SANE nurse unwillingness to implement an additional intervention into routine protocol through open communication and feedback to encourage quality improvement. Annual education seminars, local training, and support from the American Forensic Nurses Association will increase willingness to add a new step into the care of SA victims. Secondly, address previous victimization which can decrease effectiveness of the intervention by using the initial assessment of previous SA to guide follow-up (Clinton-Sherrod, Morgan-Lopez, Brown, McMillen, & Cowell, 2011; Miller et al., 2015).

Evaluation of the video intervention will be done by phone 6 months after the intervention. The Brief COPE assessment and PTSD Symptom Scale-Interview (PSS-I) will be compared to the baseline assessments completed before the video intervention (Carver, 1997; Foa et al.,1993). Further evaluation will be done by tracking the use of referrals through agency partnerships.

Title:
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Keywords:
Post-Traumatic Stress Disorder, Psychoeducation and Sexual Assault

References:


**Abstract Summary:**
This project intends to improve coping in college-aged sexual assault victims at risk for PTSD. Through the use of a psychoeducational video, at the time of forensic exam, a reduction in PTSD symptoms, an increase in adaptive coping strategies, and a decrease in alcohol and drug use is expected.

**Content Outline:**

1. Background
1. One in five college women are sexually assaulted \(^1\)
2. Short-term or long-term impacts of sexual assault (SA), including post-traumatic stress disorder (PTSD), are reported in 81% of women \(^1\)
3. 90% of SA victims on college campuses do not report the incident to the police \(^1\)
4. 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

2. Literature Review
   1. Impacts of Problem
      1. Clinical: Negative coping is related to greater PTSD symptoms in trauma-exposed populations \(^2,^3\)
         1. The PTSD symptoms are consistent with the DSM-IV criteria since the research was conducted before the DSM-V was published
      2. Quality: College-aged women with PTSD and history of SA often use alcohol and drugs as negative coping \(^4,^5,^6\)
      3. Cost: Estimated $127 billion each year in medical expenses, lost earnings, and victim assistance programs \(^1\)
   2. Variances
      1. Alcohol use as ineffective or negative coping:
         1. Higher incidence of SA, PTSD, and drinking to cope \(^5,^7\)
         2. Emergency room visits, overdoses, and revictimization \(^6,^7\)
         3. Missing class and work \(^7\)
         4. PTSD severity is connected to academic stress and drinking to cope \(^8\)
   3. Recommendations
      1. Quality Improvement Project: Video Intervention
         1. Trauma-informed “survivor informed” care after a SA \(^9\)
         2. Four components:
            1. Psychoeducation, teaching self-regulation, exposure techniques, and building relationship \(^10\)
         3. Use private room to explain the examination process
         4. Perform sexual assault forensic exam
         5. Explain that there will be new challenges in life and practice active listening as part of building a therapeutic relationship with the client \(^9\)
      6. Pre-Exam Assessments:
         1. Brief COPE assessment \(^11\)
         2. PTSD Symptom Scale-Interview (PSS-I) \(^12\)
         3. Previous SA
      7. Psychoeducational Video
         1. Normal body reactions to a traumatic event \(^13,^14\)
         2. Effective coping strategies that do not include substance use \(^13,^14\)
         3. Self-regulation strategies as additional coping mechanisms \(^13,^14\)
         4. Introduce self-directed exposure \(^13,^14\)
      8. Debrief after the video; client can ask questions
      9. Provide resources \(^15\)
     10. Referrals as needed \(^7\)
   2. Resources
      1. SANE nurse to complete the intervention therapeutically \(^9,^10,^13,^14\)
      2. Training for the SANE nurse that addresses the screening questions, video, and follow-up
      3. Videographer and actors to create the video
      4. Safe, comfortable location with a TV and DVD player
      5. Resource information
         1. Handouts of the video content, support groups, counselors
      6. Referral agencies
         1. Local advocacy groups, psychiatrists, medical professionals
4. Conclusion
   1. Plan to Sustain New Practice
      1. Respond to SANE nurse unwillingness to implement an additional intervention into routine protocol
         1. Open communication and feedback by SANE nurses to encourage quality improvement
         2. Annual education seminars and training locally
         3. Support from the American Forensic Nurses Association
      2. Address previous victimization which can decrease effectiveness of the intervention \(^{14, 16}\)
         1. Use initial assessment of previous SA to guide follow-up and address past coping mechanisms
   2. Evaluation Plan
      1. Administer the brief COPE assessment \(^{11}\) and PTSD Symptom Scale-Interview (PSS-I) \(^{12}\) 6 months after the video intervention by phone
      2. Track referrals through agency partnerships to determine the client’s use of additional resources

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