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Development of Post Sexual Assault Care Standardized Guideline

Elsa Gomez DNP, RN, FNP-C --- Elizabeth J. Winokur PhD, RN, CEN --- Christine Recinos, PhD, RN, FNP-BC, NEA-BC

Background

- Every 73 seconds, an American is sexually assaulted.
- 433,648 Americans 12 and older were sexually assaulted or raped in 2019.
- Sexual assaults (SA) may negatively impact victims both physically and psychologically.
- National organizations recommend treating sexual assault victims (SAVs) using the Centers for Disease Control and Prevention (CDC) guideline.
- There are various resources available for SAVs that provide an array of services such as counseling, referrals, and advocacy.
- High quality SAV care decreases sexually transmitted infections (STIs), unintended pregnancies, and mitigates psychological sequela.

Problem

- Literature demonstrates there is a lack of clinical provider awareness of SAV care.
- Clinical practice varies among providers when rendering medical care to SAVs.
- There is inadequate provider education and set guidelines at medical facilities for SAV care.

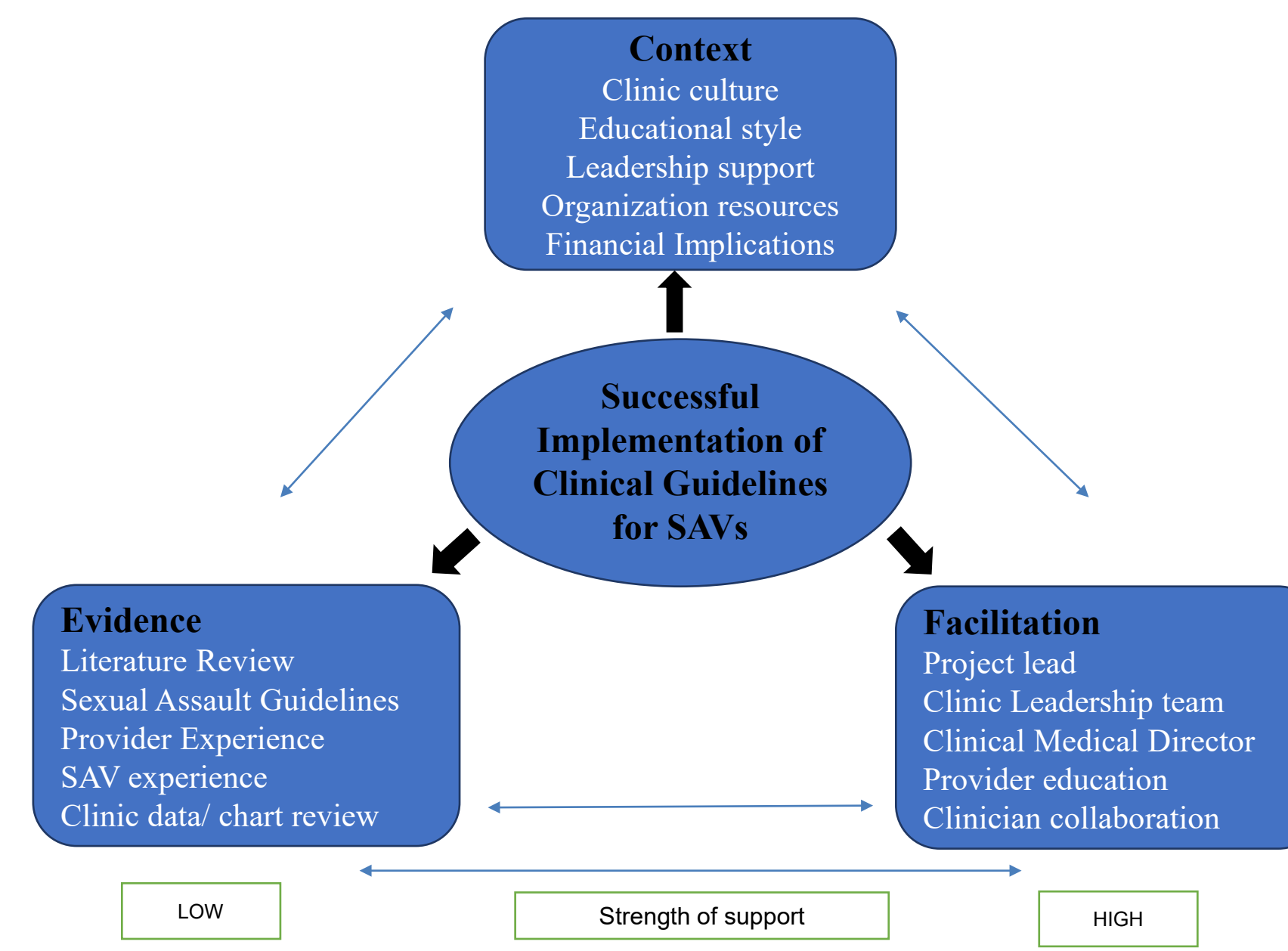
Purpose

To develop evidence-based post SA standardized clinical guidelines for STI screening, prophylactic treatment, and resource guidance to ensure victims receive recommended standardized treatment and improve SAV outcomes.

Method

- **Design:** Quality Improvement
- **Setting:** Reproductive Healthcare Organization, Orange & San Bernardino County, CA
- **Participants:** Subject Matter Experts (SMEs), consisting of MDs, NPs, and PAs
- **Data Collection:** Integration of literature review, National SA care guidelines and recommendations, retrospective SA patient visit data, provider survey, and focus group.

Framework

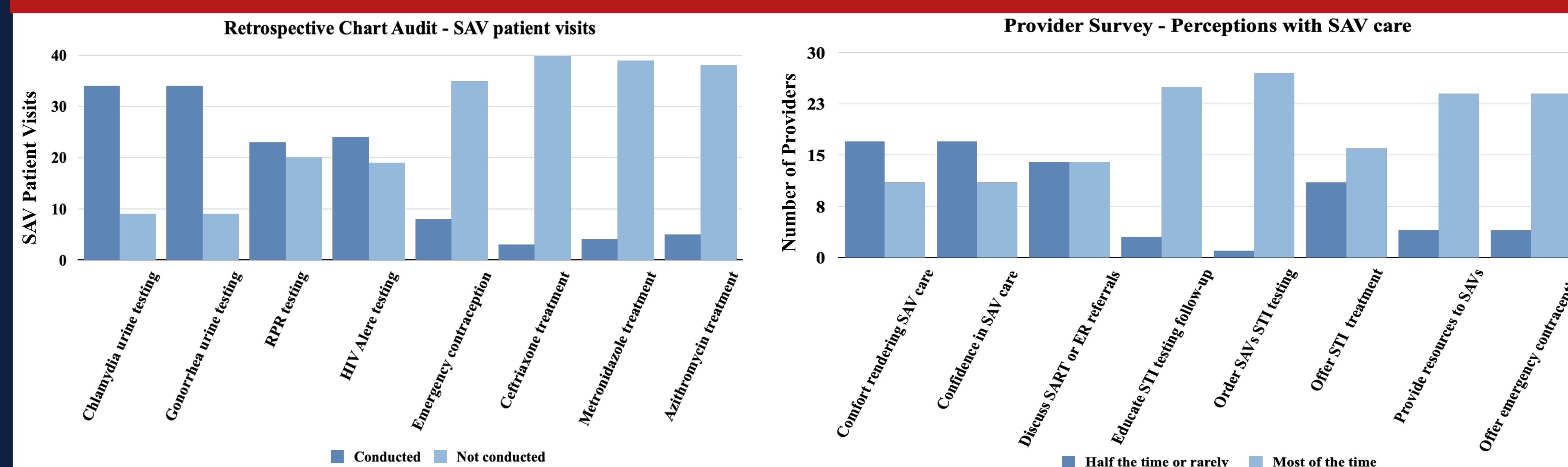


Integration of PARIHS Framework

Data Collection

- **National Guidelines:** Recommendations from AAP, ACOG, and CDC as well as with local and national national SAV resources were analyzed and utilized to formulate the SAV care guideline.
- **Retrospective Data:** De-identified data from visits with SA diagnosis from three months prior to start of project were retrieved and analyzed to assess if STI screening, STI prophylactic treatment, and emergency contraception were rendered.
- **Clinical Provider Survey:** Evaluated provider perceptions and adherence to SAV recommended care and treatment using Qualtrics. 27 surveys completed. Likert-like scale utilized for survey response.
- **Focus Group:** Recruited by email and in person. Four SMEs participated, including three NPs and one PA in a one-hour zoom meeting. Common themes were identified based on SME feedback. Recommendations from SMEs were utilized to refine and modify guideline.

Results



Focus Group Questions and Common Themes

Have you received prior training in SAV care?	Type of training that would be helpful in increasing knowledge in SAV care?	When rendering SAV care what guidelines do you use?	Do you provide SAVs with resources?	What resources do you consider essential for SAVs?	What additional feedback would you like to provide?	What else what you like to share regarding SAV care useful for the guideline?
None of the SMEs received formal SAV care education. Never received training or education in school or workplace.	Clinical webinar to be conducted at the workplace.	No specific guidelines used.	Provide with online resources found on the web.	Mental health and counseling resources.	Include an easy-to-follow guideline of recommended STI testing, treatment, and follow-up.	Include a pamphlet to provide to SAVs with resources listed and follow-up.
Lack of training/ education contribute to lack of CDC guidelines awareness for SAV care.	Educational seminar to provide clinicians with SAV care guidelines and knowledge.	Sometimes consultation with MD or other providers regarding plan of care.	Unfamiliar with what specific resources to provide SAVs.	SAV organizations and assistance available for sequela effects from SA.	Formulate an algorithm for SAV treatment.	Provide more information on trauma informed care and how to speak to SAVs.
SAV care knowledge came from providing direct care to patients after a SA.	Provide clinicians with formulated guideline and resource list.	Do not use guidelines because unfamiliar with them.	Unaware of recommended SAV resources.	List of resources to hand out to SAV patients. Provide hardcopy and downloadable form.	Make guidelines web accessible and easy to access.	Conduct an all-clinician educational webinar to introduce and review completed guideline.

Discussion

- There is a lack of knowledge among providers in rendering SAV care.
- Retrospective clinical data and survey responses found that many SAVs did not receive prophylactic STI treatment.
- Many providers do not feel confident providing SAV care.
- Two main barriers in SAV care include provider lack of awareness and training.
- National recommendations along with SME feedback were utilized in the development of the SAV care guideline.

Limitations

- Short duration: post guideline implementation data to be collected in phase two (3rd quarter 2022)
- Decrease generalizability: one organization
- Focus group meeting & provider survey: response bias
- Small focus group: may not represent target population

Clinical Implications

- Increase provider awareness of SAV care
- Development of provider educational training
- Phase Two: Implement guideline into practice
- Continued data analysis post guideline implementation to validate effectiveness & make necessary revisions
- Disseminate project data to other organizations
- Increase community awareness of SAV services

Conclusion

- Lack of set clinical SAV care guidelines and provider education and awareness lead to inadequate SAV care.
- Implementation of guidelines and education will prepare providers to render high quality comprehensive SAV care
- Clinical guidelines improve patient care and outcomes.
- Healthcare organizations providing services to SAVs should address the physical and psychological needs post SA and adopt guidelines into practice.

References

