

An Innovative Trauma-Informed Curriculum for Sexual Assault Care

Sarah Nathan, MS, RN, FNP-C; and Meghan Ferrara, MS, RN

ABSTRACT

Background: Sexual violence is a pervasive public health concern. The American Association of Colleges of Nursing recommends that nursing education comprehensively address this topic, yet nursing schools are inconsistent in doing so. **Method:** An innovative, holistic curriculum that includes didactic and simulation exercises was developed to educate nurses on a trauma-informed approach to providing care for individuals who have experienced sexual violence. The 2-day course trained both advanced practice nurses and advanced practice nursing students. **Results:** The course increased participants' knowledge of how to provide trauma-informed sexual assault care and increased interest in the field of sexual assault forensic nursing. **Conclusion:** A comprehensive sexual assault care curriculum and the use of standardized patients to develop trauma-informed communication skills are effective and acceptable to learners. This novel curriculum can serve as a model to incorporate sexual assault care training in nursing education. [*J Nurs Educ.* 2020;59(6):336-340.]

Sexual violence is a pervasive public health concern in the United States (Black et al., 2011; Centers for Disease Control and Prevention, 2011). The most recent report from the National Intimate Partner and Sexual Violence Survey estimates that 36.3% of women and 17.1% of men in the United States have experienced contact sexual violence (Smith et al., 2017). An estimated 19.1% of women have experienced rape, defined as completed or attempted penetration, and 1.2% of women experienced rape in the 12 months prior to taking the survey (Smith et al., 2017). Among men, 1.5% experienced rape, and 5.9% of men experienced completed or attempted forced penetration, which included oral-to-genital contact, at some time in their life (Smith et al., 2017). The impacts of sexual violence are numerous. In addition to acute health consequences, survivors of sexual assault are more likely to experience certain long-term physical and mental health conditions, such as chronic pain, substance abuse, posttraumatic stress disorder, depression, anxiety, and suicide (Black et al., 2011).

Victims of sexual assault therefore present with unique health care needs (Black et al., 2011; Smith et al., 2017). Given the prevalence of sexual assault, nurses are likely to encounter sexual assault patients and are often on the front-line of caring for these patients. In 1999, the American Association of Colleges of Nursing (AACN) issued a position statement calling for all nursing curricula to address the scope and nature of violence, including sexual assault, as well as appropriate nursing care for patients who have experienced violence. Despite this recommendation, comprehensive training on sexual assault care is lacking or inconsistent in nursing curricula (LoGiudice & Douglas, 2016; Woodtli & Breslin, 1996, 2002), and the topic is scarcely represented in the nursing education literature (LoGiudice & Douglas, 2016). These gaps in nursing education are reflected in a nation-wide shortage of sexual assault nurse examiners (U.S. Government Accountability Office [GAO], 2016). Sexual assault nurse examiners (SANEs) and other forensic examiners are specially trained to address the physical, psychological, and forensic care needs of sexual assault patients (Campbell et al., 2005). Postassault care by SANEs is associated with better patient outcomes and higher rates of prosecution of offenders (Campbell et al., 2005, 2014; GAO, 2016). Nurses, working as RNs, advanced practice nurses, or SANEs, should be prepared to provide care to vulnerable sexual assault patients.

Ms. Nathan is Assistant Clinical Professor and Nursing Doctoral Student, and Ms. Ferrara is Nursing Doctoral Student, University of California San Francisco, Family Health Care Nursing, San Francisco, California.

© 2020 Nathan, Ferrara; licensee SLACK Incorporated. This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (<https://creativecommons.org/licenses/by-nc/4.0>). This license allows users to copy and distribute, to remix, transform, and build upon the article non-commercially, provided the author is attributed and the new work is non-commercial.

The authors' faculty time for development of this project was supported by HRSA grant T96HP32507.

The authors have disclosed no potential conflicts of interest, financial or otherwise.

Address correspondence to Sarah Nathan, MS, RN, FNP-C, Assistant Clinical Professor and Nursing Doctoral Student, UCSF Family Health Care Nursing, 2 Koret Way, N411, San Francisco, CA 94143; email: sarah.nathan@ucsf.edu.

Received: October 20, 2019; Accepted: January 17, 2020
doi:10.3928/01484834-20200520-07

The setting for this educational innovation, a school of nursing associated with an academic medical center in California, addresses sexual assault care as part of various courses throughout its curriculum but does not offer a dedicated course on the topic. Recognizing the need for comprehensive sexual assault education, faculty at the school of nursing developed a novel training course focused on trauma-informed care of sexual assault patients. By offering this course in a school of nursing, the faculty additionally aimed to increase and support nursing students' interest in becoming SANEs. This article describes the rationale, format, and pilot implementation of this training.

Background

The Sexual Assault Forensic Examiner Recruitment and Retention (SAFERR) course is a didactic and simulation curriculum designed to train advanced practice nursing (APN) students and practicing APNs on general concepts relating to forensic sexual assault care. The novel approach for simulation experiences focused on the interview of the patient, using standardized patients to train learners in trauma-informed and patient-centered techniques.

The Sexual Assault Nurse Examiner Role

When a victim of sexual violence makes a report to law enforcement, an essential component of the response is a medical forensic examination, intended to address the patient's health care needs while preserving and gathering evidence for criminal investigation (Simmons, 2014). The examination includes physical evidence collection and a detailed patient interview to obtain information on the assault. Research has demonstrated better outcomes for sexual assault survivors and for prosecution of offenders when forensic examinations are conducted by trained forensic examiners, such as SANEs (Campbell, Bybee, et al., 2012; Campbell, Patterson, et al., 2012; GAO, 2016). Introducing nursing students to the SANE role during their education may increase awareness of and interest in this career path. Survivors of sexual assault may present to health care services before reporting to law enforcement or may present in settings where a SANE is not available. In such cases, nurses are often the first to encounter survivors (Simmons, 2014), and it is important that they are able to respond appropriately (AACN, 1999).

Trauma-Informed Approach to Sexual Assault Care

The inherent, if unintended, power differential between the health care professional and the patient, as well as an invasive physical examination, can cause victims of sexual assault to reexperience the trauma of an assault during health care interactions (Li et al., 2019; Reeves, 2015; Reeves & Humphreys, 2018). In particular, the medical forensic examination and interview are invasive by nature and therefore have high potential for retraumatization. Trauma-informed care is a framework that recognizes the impact of trauma and the role of health care providers in addressing trauma with their patients (Birnbaum, 2019; Substance Abuse and Mental Health Services Administration, 2014). Trauma-informed care promotes patient safety and control by building patient-provider collaboration, with the long-term goal of supporting trauma

recovery, making it essential to quality care for sexual assault patients (LoGiudice & Douglas, 2016; Reeves & Humphreys, 2018). The University of California San Francisco (UCSF) School of Nursing has incorporated a trauma-informed care perspective throughout its curriculum, and care for patients who have been sexually assaulted is addressed in components of various courses. The course faculty therefore have extensive experience integrating these topics into existing courses and used this expertise to design the curriculum.

Simulation Experiences Using Standardized Patients

The utility of simulation in nursing education is well-recognized. Simulation in nursing education can lead to positive learning outcomes for participants and development of effective communication skills (MacLean et al., 2017; Oh et al., 2015; Shin et al., 2015). Simulation in nursing education has been shown to effectively assess clinical skills and the patient-provider relationship (Aronowitz et al., 2017). Simulation is particularly useful in building nursing student confidence around situations that are high-risk or that may be encountered infrequently or not at all during clinical education (Goodman & Winter, 2017; MacLean et al., 2017), such as those associated with sexual assault care. Standardized patients (SPs), actors trained to accurately portray certain health conditions or care scenarios (Barrows, 1993), have been used in health care education for decades (May et al., 2009). A significant body of literature focuses on the value of SPs in nursing education for the development of communication skills (Kaplonyi et al., 2017; Lin et al., 2013; MacLean et al., 2017). Although research on the use of simulation for sexual assault care education is extremely limited, the broader evidence on SPs in simulation indicates this modality is relevant and potentially effective for sexual assault care education and skills training in nursing education.

Method

Course Development

There is a need for more forensic sexual assault examiners in the United States (Patel et al., 2013). Streamlined, standardized curriculum that adequately prepares APN students and practicing APNs to provide holistic, comprehensive, and trauma-informed care to victims of sexual violence is essential. Simulation is included in this curriculum because it allows participants to practice sexual assault care in a realistic, predictable, and controlled environment. The skills learned in this training not only apply to sexual assault forensic examinations but are also essential to providing health care to all patients who have experienced trauma or sexual violence.

Course Structure

The SAFERR course incorporates a mix of educational modalities, including simulations with SPs, lectures, and interactive group role-play. Aligned with the UCSF School of Nursing's mission to train providers to care for a medically vulnerable and underserved patient population, the training focuses on providing a trauma-informed framework for individuals who have been sexually assaulted. The first day of the training focuses on didactic presentations pertaining to sexual assault care and

TABLE 1
Pre- and Postcourse Comparison of Self-Reported Knowledge and Awareness of Course Topics

Topic	Average Score ^a		Difference	SE	SD	95% CI	p	n
	Precourse	Postcourse						
Consent and confidentiality	4.00	4.15	0.15	0.20	0.88	(-0.26, 0.56)	.226	20
Trauma-informed care	3.33	4.38	1.05	0.26	1.20	(0.5, 1.6)	.000	21
Conducting a trauma-informed pelvic examination	1.86	4.24	2.38	0.27	1.24	(1.81, 2.95)	.000	21
Relationship-centered communication	3.19	4.10	0.90	0.27	1.22	(0.35, 1.46)	.001	21
Working with patients who identify as gender nonbinary or transgender	3.10	3.95	0.86	0.23	1.06	(0.37, 1.34)	.001	21
Evidence-based practice for sexually transmitted infection prophylaxis in sexual assault care	2.62	4.33	1.71	0.27	1.23	(1.15, 2.27)	.000	21
Strangulation	1.38	3.67	2.29	0.21	0.96	(1.85, 2.72)	.000	21
Sex trafficking	2.00	4.10	2.10	0.26	1.18	(1.56, 2.63)	.000	21

^a Using a 5-point Likert scale, with higher scores indicating greater agreement.

interactive role-play designed to teach skills on communicating with patients using a trauma-informed and patient-centered approach. The second day focuses on special topics related to sexual assault care, the forensic sexual assault interview, and navigating effective communication through simulations.

Didactic

By including didactic content on trauma-informed care as well as important topics that dovetail with this work, the course provides a holistic approach to sexual assault care. The 1-hour lectures include the following topics: trauma-informed care overview, sex trafficking, evidence-based practice for sexually transmitted infection prophylaxis in sexual assault care, relationship-centered communication, strangulation, working with patients who identify as gender nonbinary or transgender, trauma-informed pelvic examination, and consent and confidentiality.

Simulation

An important component of the course is the innovative educational modality of simulation experiences. Simulation in this course included using actors as SPs. To develop cases for the simulation exercises, faculty partnered with members of local Sexual Assault Response Teams who provide forensic sexual assault examinations in the community. The faculty member, a family NP and trained forensic medical examiner, trained the SPs on each case and the appropriate responses to learners' questions during the simulation. The university's simulation laboratory allows learners to be observed from a separate room during the simulation. Each learner participated in two cases. Learners had 12 minutes for the encounter, with 5 minutes to complete a self-assessment questionnaire that asked them

to answer the questions, "What do I think went well during the encounter?" and "What would I improve for next time?"

The SPs then provided 5 minutes of feedback to the learners, focusing on effectiveness of communication and generally how the SPs felt about the interaction as a patient. This feedback gave learners a unique opportunity to understand the interaction from a patient perspective and learn how to apply the feedback to a real patient. Participants then had an 8-minute debriefing session with an expert faculty or community sexual assault forensic examiner who had observed the entire interaction. Using a feedback form developed for the course, faculty or the sexual assault forensic examiner discussed the learner's technique, emphasizing building rapport and empathy, as well as general feedback on strengths and areas for improvement.

Results

Participants

A total of 21 APNs and APN students participated in the inaugural course in May 2019. The total number of individuals who applied to participate in the program was 58, indicating that the course content is of interest. Of those selected, none of the participants worked as forensic nurses, but they indicated an interest in pursuing forensic work. Enrollment in the course was limited due to space constraints in the simulation laboratory.

Course Evaluation

Both the didactic and simulation components of the course were evaluated using a pre- and postcourse survey. The evaluation tool assessed the effectiveness of the didactic and simulation content, as well as individual change in perceived knowledge of content areas. For the didactic sessions, participants

were asked to evaluate each topic in terms of the following: impact on participants' knowledge and awareness of sexual assault care, the quality of speaker, the selection of the topic, and the likelihood that the content would result in changes in the participant's practice. Each element was rated on a 5-point Likert scale, with higher scores indicating greater agreement. The 2-day course was highly rated by the participants: 90% of the participants gave each component for all of didactic modules a score of four or five, and 90% of the participants agreed or strongly agreed that the simulation experiences increased their knowledge of how to conduct a sexual assault interview.

Overall feedback indicated 95% of participants agreed or strongly agreed that the course positively impacted their nursing practice, the simulations added value to the training, and the course included a high quality of overall instruction. One participant commented:

The course was well organized, topics were all useful, and presenters were excellent. I registered for the course because I am interested in becoming certified in forensic exams, and after the course, I am not only still interested but more motivated and passionate about it.

Change in participants' self-reported knowledge, awareness of, and attitude toward topics covered were analyzed using a paired *t* test (Table 1). In all but one of the topics covered, there was a statistically significant change ($p = .01$, 95% confidence interval [CI]) in participants' self-reported knowledge and awareness of the topics covered, indicating the course was successful in delivering the content. An additional component evaluated was change in the participants' attitudes of practicing trauma-informed care, a cornerstone topic for the course. The results were statistically significant ($p = .01$, 95% CI) for a change in participants' self-reported attitudes toward providing trauma-informed care. Participants reported the most change from pre- to postcourse as reflected in the following statements: "I can explain to patients the nature of trauma and its effects," and "I have a good understanding of what trauma-informed care means." A significant change in participants' agreement with these statements indicated that after the training, participants had greater self-confidence in these topics.

The SAFERR course was designed to provide a holistic practice for providing sexual assault forensic examinations. An essential component of providing this care is understanding trauma and how to better serve individuals who have been traumatized. The course was overwhelmingly successful in increasing knowledge on topics involving trauma-informed sexual assault care, as well as increasing interest in the sexual assault examiner field.

Conclusion

Given the high prevalence of sexual assault and its consequences on health, most nurses will encounter patients who have experienced sexual assault. The widespread public health impact of sexual assault makes it imperative to integrate this topic into nursing education at all levels. With the goal of increasing the number of practicing SANEs, participants also were given a stipend to complete an additional certification course to become a forensic nurse. The future plan is to offer this course as an ongoing elective in the school of nursing curriculum, making

it available to more students. The content, structure, and conceptual framework for this novel standardized curriculum can serve as a model for integrating sexual assault care training into nursing education more broadly. Evaluation results indicate that a comprehensive sexual assault care curriculum and the use of SPs to develop trauma-informed communication and interview skills are effective and acceptable to learners.

References

- American Association of Colleges of Nursing. (1999). *Violence as a public health problem*. American Association of Colleges of Nursing. <https://www.aacnnursing.org/News-Information/Position-Statements-White-Papers/Violence-problem>
- Aronowitz, T., Aronowitz, S., Mardin-Small, J., & Kim, B., (2017) Using objective structured clinical examination (OSCE) as education in advanced practice registered nursing education. *Journal of Professional Nursing*, 33(2), 119-125.
- Barrows, H.S. (1993). An overview of the uses of standardized patients for teaching and evaluating clinical skills. *Academic Medicine*, 68(6), 443-451.
- Birnbaum, S. (2019). Confronting the social determinants of health: Has the language of trauma informed care become a defense mechanism? *Issues in Mental Health Nursing*, 40(6), 476-481.
- Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, I., & Stevens, M.R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 summary report*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf
- Campbell, R., Bybee, D., Kelley, K.D., Dworkin, E.R., & Patterson, D. (2012). The impact of Sexual Assault Nurse Examiner (SANE) program services on law enforcement investigational practices: A mediational analysis. *Criminal Justice and Behavior*, 39(2), 169-184. 10.1177/0093854811428038
- Campbell, R., Bybee, D., Townsend, S.M., Shaw, J., Karim, N., & Markowitz, J. (2014). The impact of Sexual Assault Nurse Examiner programs on criminal justice case outcomes: A multisite replication study. *Violence Against Women*, 20(5), 607-625. 10.1177/1077801214536286
- Campbell, R., Patterson, D., & Bybee, D. (2012). Prosecution of adult sexual assault cases: A longitudinal analysis of the impact of a Sexual Assault Nurse Examiner Program. *Violence Against Women*, 18(2), 223-244. 10.1177/1077801212440158
- Campbell, R., Patterson, D., & Lichty, L.F. (2005). The effectiveness of Sexual Assault Nurse Examiner (SANE) programs: A review of psychological, medical, legal, and community outcomes. *Trauma, Violence, & Abuse*, 6(4), 313-329. 10.1177/1524838005280328
- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. (2011). *National data on intimate partner violence, sexual violence, and stalking*. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. <http://www.cdc.gov/violenceprevention/pdf/nisvs-fact-sheet-2014.pdf>
- Goodman, J.H. & Winter, S.G. (2017). Review of use of standardized patients in psychiatric nursing education. *Journal of the American Psychiatric Nurses Association*, 23(5), 360-374. 10.1177/1078390317712697
- Kaplonyi, J., Bowles, K.A., Nestel, D., Kiegaldie, D., Maloney, S., Haines, T., & Williams, C. (2017). Understanding the impact of simulated patients on health care learners' communication skills: A systematic review. *Medical Education*, 51(12), 1209-1219.
- Li, Y., Cannon, L.M., Coolidge, E.M., Darling-Fisher, C.S., Pardee, M., & Kuzma, E.K. (2019). Current state of trauma-informed education in the health sciences: Lessons for nursing. *Journal of Nursing Education*, 58(2), 93-101. 10.3928/01484834-20190122-06
- Lin, E.C.L., Chen, S.L., Chao, S.Y., & Chen, Y.C. (2013). Using standardized patient with immediate feedback and group discussion to teach interpersonal and communication skills to advanced practice nursing students. *Nurse Education Today*, 33(6), 677-683. 10.1016/j.nedt.2012.07.002

- LoGiudice, J.A., & Douglas, S. (2016). Incorporation of sexual violence in nursing curricula using trauma-informed care: A case study. *Journal of Nursing Education*, 55(4), 215-219. 10.3928/01484834-20160316-06
- MacLean, S., Kelly, M., Geddes, F., & Della, P. (2017). Use of simulated patients to develop communication skills in nursing education: An integrative review. *Nurse Education Today*, 48, 90-98. 10.1016/j.nedt.2016.09.018
- May, W., Park, J.H., & Lee, J.P. (2009). A ten-year review of the literature on the use of standardized patients in teaching and learning: 1996-2005. *Medical Teacher*, 31(6), 487-492. 10.1080/01421590802530898
- Oh, P.J., Jeon, K.D., & Koh, M.S. (2015). The effects of simulation-based learning using standardized patients in nursing students: A meta-analysis. *Nurse Education Today*, 35(5), e6-e15. 10.1016/j.nedt.2015.01.019
- Patel, A., Roston, A., Tilmon, S., Stern, L., Roston, A., Patel, D., & Keith, L., (2013). Assessing the extent of provision of comprehensive medical care management for female sexual assault patients in US hospital emergency departments. *International Journal of Gynecology and Obstetrics*, 123(1), 24-28.
- Reeves, E. (2015). A synthesis of the literature on trauma-informed care. *Issues in Mental Health Nursing*, 36(9), 698-709. 10.3109/01612840.2015.1025319
- Reeves, E.A. & Humphreys, J.C. (2018). Describing the healthcare experiences and strategies of women survivors of violence. *Journal of Clinical Nursing*, 27(5-6), 1170-1182. 10.1111/jocn.14152
- Shin, S., Park, J.H., & Kim, J.H. (2015). Effectiveness of patient simulation in nursing education: Meta-analysis. *Nurse Education Today*, 35(1), 176-182.
- Simmons, B. (2014). Graduate forensic nursing education: How to better educate nurses to care for this patient population. *Nurse Educator*, 39(4), 184-187. 10.1097/NNE.0000000000000047
- Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 state report*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>
- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. (SMA) 14-4884). Substance Abuse and Mental Health Services Administration
- U.S. Government Accountability Office. (2016, March). *Sexual assault: Information on training, funding, and the availability of forensic examiners* (GAO-16-334). <https://www.gao.gov/assets/680/675879.pdf>
- Woodtli, M.A., & Breslin, E.T. (1996). Violence-related content in the nursing curriculum: A national study. *Journal of Nursing Education*, 35(8), 367-374.
- Woodtli, M.A., & Breslin, E.T. (2002). Violence-related content in the nursing curriculum: A follow-up national study. *Journal of Nursing Education*, 41(8), 340-348.