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## Training Sexual Assault Nurse Examiners (SANE) and Patient Advocates to Improve Utilization of the Alabama Crime Victims Compensation Commission (ACVCC) Program for Sexual Assault Victims

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**Training Sexual Assault Nurse Examiners (SANE) and Patient Advocates to Improve  
Utilization of the Alabama Crime Victims Compensation Commission (ACVCC)  
Program for Sexual Assault Victims**

A DNP Project Submitted to the  
Graduate Faculty  
of Jacksonville State University  
in Partial Fulfillment of the  
Requirements for the Degree of  
Doctor of Nursing Practice

by

Erica Starling

Jacksonville, Alabama

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## **Abstract**

**Background:** Sexual assault is a nationwide problem that often goes unreported. According to the Rape, Abuse and Incest National Network (RAINN), every 68 seconds an American is sexually assaulted. One out of every six women has been a victim of sexual assault in their lifetime. Sexual violence has long-term effects on victims including post-traumatic stress disorder, suicidal ideations and/or attempted suicide, substance use disorder, work and/or family life struggles, unplanned pregnancy, and/or sexually transmitted infections (STI).

**Purpose:** The purpose of this project is to improve the utilization of the Alabama Crime Victims Compensation Commission Program (ACVCC) for victims of sexual assault.

**Methods:** The quality improvement project consisted of a didactic program offered to all nurses and patient advocates providing instruction on the proper application and utilization of the Alabama Crime Victims Compensation Commission Program. The utilization of the ACVCC program was evaluated through use of pre- and post-education surveys.

**Results:** There were 19 individuals educated. Prior to the educational session, the ACVCC program was not utilized by the staff of the sexual assault clinic. After the educational session, all advocates and nurses began using this program to aid victims of sexual assault. The advocates and nurses began incorporating the application process into their sexual assault examinations at a 100% utilization rate.

**Conclusion:** The ACVCC program is an invaluable resource that was not utilized by the clinic. After educating the staff, the program was integrated into the use for the advocates and nurses who assist with victims of sexual assault.

*Keywords: sexual assault, nurses, patient advocates, Alabama Crime Victims*

*Compensation Commission Program, rape, sexual assault examination*

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**Training Sexual Assault Nurse Examiners (SANE) and Patient Advocates to Improve  
Utilization of the Alabama Crime Victims Compensation Commission (ACVCC)  
Program for Sexual Assault Victims**

Sexual assault victims are considered an underserved population due to the challenges they face in receiving care following an assault. Once an assault occurs, it is often a difficult process for the victim to receive care. Sexual assault clinics are designed to help ease the stress and anxiety resulting from an assault by providing medical care and referrals. Trained sexual assault nurse examiners (SANE) within clinics speak with the patient, refer them to appropriate follow-up resources, and complete sexual assault examinations. Patient advocates provide support and aid victims in any way needed. One of the resources patients from Alabama may consider is the Alabama Crime Victims Compensation Commission (ACVCC) program. ACVCC is a valuable yet underutilized program that assists victims in securing funds for follow-up medical appointments, mental health care, funeral costs, work loss compensation, victim rehabilitation, and legal fees and representation.

For the DNP project, the focus was the underutilization of the ACVCC program at a sexual assault clinic. The victims of assault are rarely assisted in the application process for the ACVCC which led to an underutilization of the services offered. The victims were not receiving the compensation available, which created an opportunity for this quality improvement project. The project focused on training sexual assault nurse examiners and patient advocates in the correct application process for this vital resource.

## **Background**

According to the Rape, Abuse, and Incest National Network (RAINN, 2021), “every 68 seconds an American is sexually assaulted” (para. 1). However, despite these high statistics, only 25 out of 1,000 assailants will be sentenced to prison. It is estimated there are 433,648 sexual assaults each year. RAINN defines sexual assault as nonconsensual sexual contact or behaviors. Sexual behaviors can include fondling, unwanted touching, attempted rape, oral sexual acts, and penetration of the victim’s and/or perpetrator’s body. Rape is a legal term which describes a type of sexual assault that includes penetration of the vagina and/or anus with any object and/or body part or oral contact with genitals without consent of the victim. Statistics indicate approximately 15% of individuals who are sexually assaulted are age 12-17 years, 54% are age 18-34 years, 28% are age 34-64 years, and 3% are age 65 years and above. RAINN also reports one of every six women has been a victim of rape or sexual assault in her lifetime with 90% of rape victims being female (RAINN, 2021).

The Alabama Department of Public Health (ADPH) reported approximately 321,500 sexual assaults in Alabama each year with only 1,890 reported to law enforcement. Out of the assaults that occur each year, it is estimated that 80% of the victims knew or were related to their assailant. Unfortunately, it is estimated only 32% of all sexual assaults are reported to law enforcement (ADPH, 2019).

Sexual assault can affect more than just American women. RAINN (2021) conveyed, approximately 3% of American males have been a victim of sexual assault. College age men, 18 to 24 years of age, have a five-time greater risk of being a victim of rape or sexual assault than men in other age groups. Indigenous people have the highest sexual assault statistics of all ethnic groups. Indigenous people ages 12 years and older experience almost 6,000 sexual

assaults each year. Sexual assault also affects individuals of the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community. Approximately 21% of LGBTQ college students have been sexually assaulted. Individuals in the military and prison system are also at a greater risk of sexual assault than the general population; approximately 20,500 active-duty individuals and 80,600 inmates are assaulted each year (RAINN, 2021).

Sexual violence has both short-term and long-term effects on victims; these can include post-traumatic stress disorder (PTSD), suicidal ideations and/or attempted suicide, substance use disorder, work and/or family life struggles, unplanned pregnancy, and/or sexually transmitted infections (STIs). Victims routinely feel ashamed, embarrassed, scared, anxious, guilty, angry, and/or sad following an assault (RAINN, 2021).

Tull (2022) indicated that approximately 70% of sexual assault victims suffer from trauma with 45% having symptoms of PTSD. PTSD can manifest through subjective symptoms such as body aches, fatigue, headaches, insomnia, nightmares, negative thoughts, flashbacks, being on edge or easily startled, and/or avoiding reminders of the assault. Victims of sexual assault are also at higher risk of developing different forms of autoimmune arthritis and/or osteoarthritis, chronic pelvic pain, premenstrual dysfunction, psychosomatic dysfunction such as seizures, and intestinal dysfunctions (Tull, 2022).

A common effect of sexual assault on victims are the reactions to extreme and uncommon events, labeled as *rape trauma syndrome*. There are three phases of rape trauma syndrome: the acute phase, the outward adjustment phase, and the resolution phase. The acute phase develops after the assault occurs and can last weeks. During this phase, the victim has either expressed reactions where victims are openly emotional or hysterical, controlled reactions where victims appear calm and without emotion, or shocked disbelief where victims

have disorientation, difficulty performing daily tasks, and/or difficulty concentrating. The outward adjustment phase occurs once the victim has returned to daily life; however, continues experiencing internal distress. This phase consists of the following five coping mechanisms: minimalization, dramatization, suppression, explanation, and flight. Symptoms commonly occurring in conjunction with these coping mechanisms are anxiety, mood swings, helplessness, fear, depression, rage, insomnia, eating difficulties, denial, withdrawal, hypervigilance, fear of leaving their home, sexual dysfunction, flashbacks, and/or difficulty concentrating. The final phase is the resolution phase. In this phase, the victim accepts the assault is part of their life and chooses to move on (RAINN, 2021).

On a national level, there are 19 grant programs authorized by the Office of Violence Against Women (OVW) for assistance with victims of sexual violence. “The OVW is responsible for creating programs, setting parameters, qualifications, eligibility, and deliverables in accordance with the authorizing legislation” of the state (para. 1). “The OVW also manages a technical assistance program that provides grantees with the training, expertise, and problem-solving strategies needed to meet the challenges of addressing sexual violence, domestic violence, dating violence, and stalking” (para. 2). The OVW invests over \$476 million in grants to address sexual violence. In the fiscal year 2022 budget, there is a proposed \$1 billion in grant funding to be administered by the OVW with \$153 million awarded to each state and territory to help end sexual violence (OVW, 2021).

According to the Code r. 262-X-1-.01, the ACVCC provides financial assistance for victims of violent crime who have suffered personal or psychological injury, or death. If the victim had any involvement in a crime that led to the violent encounter, compensation could

be reduced or denied. If the victim has already received compensation from a collateral source, the ACVCC does not award compensation (LII, 2021, p. 1-2) (see Appendix A).

The ACVCC's mission is to provide efficient and timely assistance to victims of violent crime. The ACVCC provides compensation for qualified expenses and treats victims with fairness, compassion, and respect. The Commission also works with others in the victim service community to be advocates for the victim's rights and other issues (ACVCC, 2021, p. 4) (see Appendix B).

The Alabama Legislature passed the ACVCC Law in June of 1984. This law includes multiple expenses and is the only substantial financial compensation for victims of not only sexual assault but any violent crime. According to the 2020 annual report, from October 1, 2019, to September 30, 2020, a total of \$2,045,088.12 was provided to victims of violent crimes. Since the inception of the program in 1984, \$116,641,395 has been provided to victims of violent crimes. The ACVCC Program has funds available to assist with medical care (outpatient and inpatient care, dental expenses, prescription cost, and medical supplies), counseling, funeral expenses, work loss (for both the victim and immediate family members), rehabilitation, property, moving costs, future economic loss, replacement services loss, and travel costs. In the annual report, it is recorded there were 1,034 sexual assault claims received; however, only 738 were approved (ACVCC, 2021).

### **Needs Assessment**

According to the National Association of Crime Victim Compensation Boards (NACVCB), compensation programs offer financial assistance to victims of violence which can be crucial following assaults. By providing financial assistance, it can assist in restoring both the victims' physical and mental health by replacing lost income and/or funding for care

received (NACVCB, 2021). A needs assessment was conducted using evidence-based research and conducting both a Gap Analysis and SWOT analysis at the project site. The needs assessment focused on the compensation program available for victims of sexual assault in Alabama.

According to the Office of Disease Prevention and Health Promotion (ODPHP), there are many different Healthy People 2030 goals that can be applied to this DNP project (ODPHP, 2022). Objectives such as mental health and mental disorders, health and wellbeing promotion for women, and injury and/or violence prevention can be applied to this project. The target population can include both males and females in any age group, as sexual violence can occur at any age. This project can encompass the five social determinants of health as sexual assault can affect economic stability, education access and/or quality, healthcare access and/or quality, neighborhood and/or built environment, and social and/or community context. Victims of sexual assault can suffer from lost wages and/or work, school dysfunction, lack of quality healthcare, and social issues due to trauma related to the incident (ODPHP, 2022).

### **Gap Analysis**

The urban sexual assault clinic is an invaluable resource for the northwestern Alabama area. The clinic provides safe, confidential, trauma focused care for individuals who have been victims of sexual assault. Currently, there is an underutilized resource available for victims of sexual assault. The ACVCC has a grant in place which assists victims of sexual assault with financial compensation for various expenses that accumulate after they have been assaulted. In the state of Alabama, there were 1,075 sexual assault claims made to the ACVCC with \$527,895 paid via the compensation program (ACVCC, 2021). In the clinic's

individual county, there were 77 sexual assault claims made with \$75,946.13 approved for use (ACVCC, 2021).

According to the director of the sexual assault clinic, the ACVCC program was not being utilized by staff to provide information on and assist victims in the application process (B. Maddox, personal communications, January 2022). Without the staff and advocates informing the victims, they were unaware of this valuable resource available to them. This led to an underutilization of the compensation benefits available for victims. Utilization of the ACVCC program will lead toward improving the patient experience and health of the population, as well as reducing the cost of healthcare.

### **SWOT Analysis**

To assess for current internal strengths and weaknesses in addition to external opportunities and threats, a SWOT analysis was performed (see Appendix A).

The largest strength of this clinic included the director being very involved with the clinic and the daily tasks; she helped to integrate the DNP Project Manager and education program seamlessly. Another strength of this clinic was the consistent availability of continuing education and learning opportunities for staff. The staff of this clinic were receptive to change and thrived on education and learning opportunities. There were many different individuals of varying disciplines at this clinic which was also a major strength. There were nurse practitioners, nurses, patient advocates, counselors, and therapists to assist the victims through the healing process.

Weaknesses could be avoided by utilizing the internal strengths this clinic had such as support from the staff, primarily the director of the clinic. Weaknesses identified included a small number of employees which resulted in a potential strain on the current staff. The



nurses and advocates were at the forefront of patient care and assisted these victims through the healing process. Insufficient staffing could lead to burnout and emotional distress amongst the nurses and advocates as well.

Opportunities could be determined by examining other sexual assault programs. There were areas for improvement throughout other clinics around the United States; this clinic could take information from other facilities to help continue to ensure they provided the best care for their victims. Sexual assault follow-up care should be standardized throughout the country to include appropriate medication administration for sexually transmitted diseases (STD) prophylaxis and pregnancy prevention.

The largest external threat was the lack of reporting of sexual assault. It is estimated that only 310 out of 1,000 sexual assaults are reported to the police. It is also estimated that, of the 1,000 reported sexual assaults, 975 assailants would not be incarcerated (RAINN, 2021) (see Appendix C).

### **Problem Statement**

Sexual assault is a significant problem in the United States (U.S.). There are over 320,000 rapes each year in the U.S. and over 1,800 in Alabama. The Alabama Crime Victims' Compensation Commission Act was passed in 1984 by the Alabama Legislature. This was the 40<sup>th</sup> state to pass a compensation law for victims of violent crimes. Funding is available to victims to assist with medical, funeral, and counseling expenses along with expenses for lost wages, moving, and prescriptions (ACVCC, 2021). By ensuring that each patient is assisted with the application process, the clinic staff can be assured the patient has a positive experience and will have assistance options following the assault. This will also help

in boosting the health of the affected population and reduce the future costs of healthcare by ensuring more resources are available to the victims following an assault.

The PICO asked and answered during this project was: “Does educating sexual assault nurse examiners (SANE) and patient advocates (P) about the Alabama Crime Victim’s Compensation Commission (ACVCC) program (I) compared to provision of no education (C) increase utilization of the ACVCC program by victims of sexual assault (O)?”

### **Aims and Objectives**

The project focused on the correct application and usage of the ACVCC program. The preceptor and student worked closely to develop educational materials for staff. The staff participated in a pre- test and after the educational session, they participated in a post- test. The objectives identified for utilization in this DNP project focused on the clinic nurses and advocates being able to:

- Complete an educational course supported by evidence to improve their knowledge of and skills in using the ACVCC program.
- Describe how to utilize the ACVCC program.
- Employ the application techniques learned to assist victims of sexual assault to correctly apply for the ACVCC program.
- Prioritize the use of the ACVCC program application immediately following the educational intervention.
- Modify current practice to include the application of the ACVCC program (include follow up to verify the victim achieving approval or denial status).
- Achieve at least 90% on the post-test after the educational session.

- Obtain 100% compliance in the application and utilization of the ACVCC program within two months of education.

### **Review of Literature**

A literature review was performed with the following primary considerations: best practice in caring for victims of sexual assault, compensation programs available for victims, and general sexual assault considerations.

The databases used were CINAHL and PubMed utilizing headings and key words with recommendations by the Professor of Health and Services Librarian at the Houston Cole Library for Jacksonville State University. The following key words were utilized in both CINAHL and PubMed: sexual assault, compensation, sexual assault nurse examiner, sexual assault victims, SANE, reporting. Results were narrowed by utilizing peer-reviewed, academic journal limits, and publication within the past ten years.

Unfortunately, there was not literature specifically related to the ACVCC and its use in sexual assault programs. Therefore, the literature review focused on sexual assault victims, how formulated programs assist victims, and other compensation programs in the country that aid victims in order to assist with the development of and teaching related to this DNP project.

Osterloth (2016) conducted a process improvement project focused on the improvement of sexual assault nurse examiner programs at community hospitals. Osterloth utilized servant leadership and provided information to improve reporting services for patients regarding sexual assaults. The project was implemented at the local hospital where the author worked with a local sexual assault response team (SART); this included prosecutors, detectives, law enforcement, victim advocates, sexual assault nurses, and

medical responders. Improvements such as reorganization of supplies, streamlined photo transferring, staffing changes, and training for additional sexual assault nurses helped to advance the program. After the program was improved, post-data was collected and analyzed; results were found to be both reliable and clinically significant. The level of evidence was clinically significant as it found that formulated sexual assault programs improved both patient's physical and emotional outcomes by having a streamlined assault response with availability to resources provided. This is relevant to the current project as it demonstrates that sexual assault programs need continual improvement which supports the incorporation of the ACVCC program into the SAFE center (Osterloth, 2016).

Thiede and Miyamoto (2021) facilitated a qualitative content analysis focused on the rural availability of SANEs in Pennsylvania. Authors found that there were 49 trained SANEs with only eight located in rural counties, which placed sexual assault victims at high risk of receiving inadequate sexual assault care. The data evaluated was clinically significant as it validated that victims should be evaluated by trained SANEs. At the SAFE center, all victims are evaluated by SANEs and have patient advocates available for assistance. By having SANEs and advocates available, it ensures that the ACVCC program is a resource to be utilized by all victims (Thiede & Miyamoto, 2021).

Farrell et al. (2021) performed a process improvement project which assessed the benefit of sexual assault examinations on victim outcomes and sustained community-based interventions for survivors of sexual assault. The authors attended sexual assault response team meetings from various clinics throughout the United States and found there was a consistent emphasis on supporting survivors, shared research and knowledge, improved communication, and collaboration between agencies. The author's also determined funding

was a critical component of survival of sexual assault clinics. External funding, grants, and donations made up a large part of financing for sexual assault clinics. The findings were clinically significant by identifying gaps in care, such as lack of funding and lack of inclusiveness, that could be improved. The clinical data was able to identify a lack of inclusiveness and funding and identified what areas should be expanded to be inclusive. This is relevant to the SAFE center as a majority of funding is from external sources and grants (Farrell et al., 2021).

Maier (2012) facilitated a quantitative content analysis related to funding challenges faced by sexual assault programs. The evaluated sexual assault clinics had financial concerns regarding the longevity and security. The sexual assault clinics were widely funded from grants and assistance programs. In this study, 72% of program directors out of four states indicated that funding continued to be a large concern related to program sustainability. In addition to the uncertainty of program sustainability, there was also a lack of proper training, education throughout the community, and continuing education opportunities. There were also concerns for lack of funding related to training additional nurses, purchasing equipment, and lack of compensation. The study was found to be clinically significant through identification of what areas require larger funding to provide appropriate care for victims following assault. This is applicable to the project because it verified that there should be continuing education available to staff and education available to the community (Maier, 2012).

Campbell et al. (2014) conducted a multisite evaluation and replication study of the impact of sexual assault programs on justice case outcomes. The authors found there was not a statistical or clinical difference in prosecution of sexual assault crimes prior to or after

incorporation of a sexual assault program, regardless of size. At the SAFE clinic, the SANEs and advocates do not encourage prosecution but will assist victims in the prosecution process if needed (Campbell et al., 2014).

Cybulska (2013) performed a content analysis on medical care following sexual assault. Examinations should be offered immediately regardless of law enforcement reporting status with safety and privacy as the immediate concern. Examinations could be offered in various settings such as sexual health clinics, general practice offices, emergency departments, and/or gynecology offices. Victims should receive treatment for injuries, STIs, and prevention of unwanted pregnancy; victims should also be screened for coping mechanisms and suicide risk. The Criminal Injuries Compensation Board (CICB) offered financial compensation to sexual assault victims; however, it advised to prolong applications until after a criminal trial has been completed to prevent delays in prosecution. This was clinically significant as it identified that individuals should receive sexual assault care and receive compensation regardless of prosecution status. The ACVCC is different than the CICB as there are no recommendations to wait until after a trial has been completed to apply for compensation (Cybulska, 2013).

Walsh and Bruce (2014) performed a quantitative content analysis on reported decisions after sexual assault. Lack of reporting lead to underutilization of the available compensation programs. Out of 834 male and female participants, the reporting percentage was less than 30%. The information was clinically significant as it underlined the lack of reporting and underutilization of compensation programs (Walsh & Bruce, 2014).

Giardin (2005) performed a quality improvement study, regarding training of SANE who aided victims of assault who previously reported to the emergency department for

forensic examinations and medical treatment. There were a multitude of problems with victims being seen in the emergency department such as prolonged wait times, lack of sufficient psychological treatment, lack of proper follow up referrals, and rushed examinations. Also, emergency department (ED) physicians and nurses were not specially trained to assist victims of sexual assault. The information provided was clinically significant as it determined that SANEs have taken victims out of the ED and assisted them in a calmer, more appropriate atmosphere which allowed these patients the necessary tools to heal from their trauma. This information supports the project as it verifies victims should be evaluated in a safe space outside the emergency department. The SAFE clinic is available for victims in a safe, non-threatening environment which ensures they will receive the appropriate care and be assisted in the application process for compensation (Giardin, 2005).

Paulson et al. (2017) completed a quality improvement study regarding the training of SANEs who conduct forensic medical examinations and provide expert witness testimonies. The SANE was an unbiased, attentive, and supportive individual for the victim; this individual also collected evidence, completed narratives, and coordinated with law enforcement and/or investigators. This quality improvement study was found to be clinically significant as it proved that SANEs were an invaluable resource for victims, law enforcement, and healthcare providers. The SAFE clinic utilizes both SANEs and advocates; SANEs and advocates continue to provide excellent care to victims and are an imperative part of the sexual assault examination (Paulson et al., 2017).

Greeson and Campbell completed an empirical review on the process and use of SARTs. In the history of sexual assault clinics, there were an inadequate and uncoordinated response regarding legal, medical, advocacy, and incorporation of mental health systems.

SARTS have been developed to help combat these issues. SARTs assist with building positive relationships and promoted collaboration among individuals who cared for sexual assault victims. This project was clinically significant as it found SARTs were invaluable to bridge the gap between the patient, medical professionals, and law enforcement personnel. This information is relatable to the project because, as the SAFE center is always improving its education, it encourages the use of SART clinics which could be later integrated (Greeson & Campbell, 2012).

Key findings of this literature review were that sexual assault victims rarely receive all the care required. These victims often do not receive appropriate medical care, forensic care, or legal care. There was also a severe lack of utilization of compensation programs available for victims. With prosecution concerns, there was often little to no prosecution sought related to the assailants.

### **Theoretical Model**

#### **Havelock's Stages of Planned Change**

To correctly identify areas requiring intervention and successfully progress toward the needed change, Havelock's six stages of planned change was applied (Classroom, 2019). The six steps included building relationships, diagnosing the problem, gathering resources, choosing the solution, gaining acceptance, and self-renewal. Relationship building is where the needed change is identified. The second phase is decided by the change agent and determines if the change is warranted. The third phase acquires the resources available for change while gathering information. The fourth phase selects a change pathway from the available options prior to the implementation phase. The fifth phase ensures the change is seamlessly integrated along with effective communication, education, and adequate support



systems. The last phase includes monitoring to ensure the change is stabilized and maintained (Classroom, 2019).

The DNP project was framed utilizing Havelock's Stages of Planned Change. Relationships were built with the urban sexual assault clinic and the director of the facility along with the employed nurses and advocates. There was an underutilized resource available for victims of sexual assault. The ACVCC has a program which assists victims with expenses that arise following a sexual assault. The problem was identified by collaboration between the facility and the student to determine the underutilization of the ACVCC. Resources were gathered, by reaching out to the Alabama Compensation Chair for guidance on how to properly apply for this grant and how to utilize it for victims of sexual assault. The solution chose included training both sexual assault nurse examiners and sexual assault advocates on the process of application for this beneficial grant for victims. Acceptance and self-renewal occurred within the sexual assault clinic staff members once training was received. These staff members then applied the training to assist victims of sexual assault.

### **Methodology**

The DNP project student educated staff of the urban sexual assault clinic on the appropriate application techniques for the ACVCC program. The ACVCC program is a vital resource available for victims of sexual assault which provides monetary reimbursement for lost wages, medical expenses, legal fees, or various other expenses. There were educational material and educational sessions available to both the nursing staff and patient advocates of the sexual assault clinic. These individuals were educated on proper application to the ACVCC program. Outcomes were evaluated with quality improvement questionnaires.

In this DNP project, the intervention consisted of educating the population of sexual assault nurses and patient advocates at the sexual assault clinic about the application process for the Alabama Crime Victims Compensation Commission Program with the outcome being higher utilization of the program. Training was completed with nurses and patient advocates at an urban sexual assault clinic in northwest Alabama. This led to increased utilization of the program which not only improved patient care during the examination, but also in their daily lives while healing from this trauma.

### **Setting**

This project took place in an urban sexual assault clinic in northwest Alabama. The mission of the clinic is “to provide 24-hour compassionate, patient-centered healthcare, advocacy, and counseling services to those who have experienced sexual assault so that each person is empowered to begin the healing journey” (TSC, 2021). The clinic also provides medical treatment for specific STIs and support during pregnancy. The clinic employs approximately 15 to 20 nurses and 20 to 25 patient advocates, with 20 to 30 patients presenting to the clinic for a sexual assault examination each month. The clinic serves the nine-county northwest Alabama region that including Tuscaloosa, Bibb, Fayette, Greene, Hale, Lamar, Marengo, Pickens, and Sumter counties. Any patient age greater than 13 years old, regardless of gender, who have experienced a sexual assault can be evaluated at the clinic. Victims who do not wish to submit information to law enforcement can be treated and within information provided anonymously to law enforcement (TSC, 2021).

### **Population**

The population of interest were staff nurses and patient advocates at an urban sexual assault clinic in northwest Alabama.

**Inclusion/ Exclusion Criteria**

Inclusion criteria included sexual assault nurses and/or patient advocates. These individuals were currently employed at the urban sexual assault clinic on all shifts, both full and part time in northwest Alabama.

Nurses who serve in an administrative role were excluded from participating.

**Recruitment**

Participants were recruited by speaking with the director of the sexual assault clinic and obtaining the number of nurses and advocates that were employed or volunteered at the clinic. These individuals were provided a method to sign up for training dates via email from the outreach coordinator. Both the director and the operations manager informed staff of the mandatory nature of this training session. The educational session included sixteen SANEs and three patient advocates.

**Consent**

Consent was obtained from all study participants before the project intervention (see Appendix D). It was emphasized this was a DNP student ran project with the sole purpose of improving the utilization of the ACVCC program.

**Design**

The design is a quality improvement project for the urban sexual assault clinic. The DNP student completed a training course with the ACVCC Program and developed a clinic training course for the sexual assault nurses and patient advocates (see Appendix E). The student then educated the nurses and advocates on the proper application process to assist the patients in applying for the ACVCC program.

The implementation framework utilized was the knowledge to action (K2A) framework. This applied framework helps individuals deliver knowledge in sustainable, evidence-based interventions. The ACVCC has been shown to assist victims with costs accruing after being assaulted. By utilizing the K2A framework, the student was able to apply this information into an educational session that taught the staff of the clinic on proper application techniques. There was a pre-education survey that was created by the student and preceptor that was taken by all the participants to evaluate their knowledge of the ACVCC prior to the educational sessions (see Appendix F).

The staff of the sexual assault clinic were given dates to sign up for mandatory training. Once dates were determined, the student and director of the clinic discussed information that would be presented. The educational session was completed on April 8, 2022. The education was completed via Zoom and had nineteen participants. There were sixteen SANEs and three patient advocates that were educated on the ACVCC.

The education was presented via PowerPoint education. The education included explanation of the consent form, PICO question, and the DNP project title. The ACVCC mission and definition was discussed, and staff were provided the opportunity to ask questions. The purpose of the project was then discussed and explained. The history of the ACVCC and how the compensation program was developed was discussed. Staff were then educated on the funding amounts available for victims and what criteria must be met to apply. The application was discussed in detail, with instructions provided. Staff were then educated on how to properly submit the completed application and check the status of the application. After the teaching and implementation session was completed, post-education surveys were

given to the staff and advocates to ensure they felt knowledgeable and prepared to teach the victims of sexual assault on proper application techniques (see Appendix G).

### **Risks and Benefits**

There was little to no risk for any participants apart from confidentiality. Any risk regarding confidentiality and survey responses were mitigated through the security. The DNP student assured the participation group that the surveys would not affect their job status. Benefits to staff nurses included improving both standards of nursing care and patient outcomes by aiding victims in processing the trauma associated with the assault.

The project adhered to all ethical standards required to protect the nurses involved. First and foremost, this project observed the principles of non-maleficence and beneficence by acting in the best interest of the participants while minimizing or prevention harm. The principle of autonomy was respected by honoring participant's free choice to participate in the project. The principle of justice was utilized by treating all participants equal, regardless of their age, sex, religion, race, medical conditions, sexual preference, or insurance status. Overall, the project's core was to help enhance nurse and patient knowledge to broaden the utilization of resources to combat sexual violence.

### **Compensation**

There was no compensation.

### **Timeline**

The planning, implementation, evaluation, and dissemination of the DNP project was established by a timeline (see Appendix H).

## **Budget and Resources**

The DNP Project had an original projected budget estimated at \$400. The final project total was completed at under \$200 (see Appendix I for the detailed budget).

## **Evaluation Plan**

### **Statistical Considerations**

Out of the 16 nurses and 24 patient advocates employed at the sexual assault clinic, 16 SANEs and three patient advocates attended the educational session. Descriptive statistics were used to describe the characteristics of study populations and to assess the utilization rate of the ACVCC program. Fisher's exact test was used to compare the frequencies of ACVCC use before and after the educational session. The statistical software package (SPSS) was utilized to complete a data analysis and compared data using the pre- and post- intervention survey results. Pearson correlation was also utilized to gain results of the pre- and post-intervention survey results.

### **Data Maintenance and Security**

Data was maintained with confidentiality and privacy. Data was utilized by the student and the student's preceptor who is also the director of the sexual assault clinic. The staff were informed that survey responses were completely confidential and private and none of their information was shared. Data was stored on the student's personal password protected computer. All data was destroyed per the University's guidelines after the project was completed, the IRB was closed, and the final manuscript was completed.

## **Results**

There were 19 individuals educated: three patient advocates and 16 SANEs. All the individuals (100%) completed the consent form and pre- and post-intervention surveys. The

years of experience of the nurses and advocates in sexual assault nursing varied between less than one year (36.8%), one to five years (42.1%), and greater than five years (21.1%). Out of the 19 individuals who attended the educational session, only one nurse (5.3%) had utilized the ACVCC program previously. (see Appendix J).

**Table 1**  
**Results of Training**

		Use of ACVCC Prior to Training	No Use of ACVCC Prior to Training	Knowledge of ACVCC Prior to Training	No Knowledge of ACVCC Prior to Training	Use of ACVCC After Training	No Use of ACVCC After Training
Use of ACVCC Prior to Training	Pearson Correlation	1	-1.000**	.347	-.347	. <sup>b</sup>	. <sup>b</sup>
	Sig. (2-tailed)		.000	.146	.146	.	.
	N	19	19	19	19	19	19
No Use of ACVCC Prior to Training	Pearson Correlation	-1.000**	1	-.347	.347	. <sup>b</sup>	. <sup>b</sup>
	Sig. (2-tailed)	.000		.146	.146	.	.
	N	19	19	19	19	19	19
Knowledge of ACVCC Prior to Training	Pearson Correlation	.347	-.347	1	-1.000**	. <sup>b</sup>	. <sup>b</sup>
	Sig. (2-tailed)	.146	.146		.000	.	.
	N	19	19	19	19	19	19
No Knowledge of ACVCC Prior to Training	Pearson Correlation	-.347	.347	-1.000**	1	. <sup>b</sup>	. <sup>b</sup>
	Sig. (2-tailed)	.146	.146	.000		.	.
	N	19	19	19	19	19	19
Use of ACVCC After Training	Pearson Correlation	. <sup>b</sup>	. <sup>b</sup>	. <sup>b</sup>	. <sup>b</sup>	. <sup>b</sup>	. <sup>b</sup>
	Sig. (2-tailed)	.	.	.	.	.	.
	N	19	19	19	19	19	19
No Use of ACVCC After Training	Pearson Correlation	. <sup>b</sup>	. <sup>b</sup>	. <sup>b</sup>	. <sup>b</sup>	. <sup>b</sup>	. <sup>b</sup>
	Sig. (2-tailed)	.	.	.	.	.	.
	N	19	19	19	19	19	19

\*\* . Correlation is significant at the 0.01 level (2-tailed).

b. Cannot be computed because at least one of the variables is constant.



All individuals signed a pre-education consent form. The staff completed a pre-survey which found many of the staff had not completed an application with the ACVCC previously. After the educational session, the staff completed a post-survey. The staff members who attended the training, 19 in total, scored a 90% or higher on the examination.

The open-ended post-educational survey questions asked for any recommendations or changes to practice after implementation. The individuals recommended furthering the education to all staff of the clinic and stated they would incorporate the ACVCC program into their examination and discussions with victims. The findings associated with this project included a statistically significant ( $p= 0.01$ ) improvement in the knowledge regarding of the utilization of the ACVCC program. The educated individuals agreed that the ACVCC application would be immediately integrated into the examination process (see Appendix K).

### **Discussion**

For the DNP project, the focus was the staff of the sexual assault clinic and the increased utilization of the ACVCC program. After completing a review of literature, it was discovered there was not information on prior studies regarding the ACVCC. The review focused on the availability of sexual assault clinics, education, and what improved patient outcomes relative to sexual assault victims and education and available resources. CITI training was completed (see Appendix L). An Institutional Review Board (IRB) application was submitted and met with approval (see Appendix M).

The objectives and goals were met. After the educational session, the SANE and patient advocates were able to describe how to utilize and apply for the ACVCC. The staff that attended the training session, 19 individuals total, completed the post-test examination and scored a 90% or above, staff began utilizing the ACVCC immediately and had a 100%

utilization rate following the implementation. The staff assisted the victims in the application process and were able to correctly instruct victims on how to evaluate their application status.

The DNP project educational course improved clinic staff knowledge of the ACVCC as well as increased use of the ACVCC program overall. This was evident by the p-value of *0.01* which indicated a statistically significant change in the knowledge level of the clinic staff related to the ACVCC program application process and utilization. This DNP project will further improve outcomes for sexual assault victims through the improved knowledge of staff assisting the victims in the clinic with utilization of the ACVCC program.

### **Implications for Clinical Practice**

Standardizing the education program allowed for transitional ease and thoroughness during implementation and training. This ensured each victim that is evaluated at the sexual assault clinic received compensation available to them.

### **Implications for Healthcare Policy**

There were many policies previously in place regarding sexual assault victims. The focus with these individuals was ensuring they had the proper tools and referrals to help heal from the trauma they had experienced. There were various policies to ensure victims received adequate prophylactic medication, received medical attention, and forensic evidence collection if they so desired. There were various grants and financial assistance plans that could be utilized after a victim suffered from assault.

After the implementation of this process improvement project, both the sexual assault victims and the clinic had improved outcomes. There was a new policy developed after the training session that ensured that SANEs and advocates assisted victims with the ACVCC application. Following this policy development, victims were able to receive the appropriate

amount of compensation available. The clinic also improved by ensuring the highest standard of appropriate, compassionate, and complete sexual assault care.

### **Implications for Quality/ Safety**

The ACVCC integrated safety into its compensation benefits such as legal representation, assistance with living arrangements or relocation, and medical fees accrued. The project focused on quality improvement in the sexual assault clinic. There was a lack of utilization of the ACVCC program for victims of sexual assault. By including the ACVCC application into the sexual assault examination process, patient outcomes were improved.

### **Implications for Education**

Education was a major component for the DNP project. A PowerPoint presentation was used for this project and was successful. Staff of the sexual assault clinic were educated on proper application and utilization of the ACVCC program. Research indicated there was a lack of education and proper training throughout the community and limited continuing education opportunities; thus, highlighting the importance of this DNP project in making a difference for sexual assault victims by training SANE nurses and advocates that will be directly working with these victims on applying for the ACVCC program.

Sexual assault nursing is ever evolving; therefore, nurses and advocates must receive education frequently to ensure they are up to date with the legal aspects of forensic nursing. Furthermore, this education can be achieved in person or via zoom sessions in the future to educate new SANEs or advocates, or to provide refresher trainings for existing clinic staff.

### **Limitations**

Some of the limitations associated with this DNP project were the small number of participants, implementation at one facility, and lack of diversity in education of the

population. Also, this project was only implemented in an urban area, which may have been a limitation as well. Further limitations also included the education of only sexual assault nurses and patient advocates. The final limitation included the short time frame this project was implemented. It was difficult to ensure the education provided in the short time frame would be sufficient to predict long term change.

### **Dissemination**

White, Dudley-Brown, and Terhaar's (2021) recommendations for the 3P's of dissemination were followed for this project using the DNP manuscript, poster presentation, and narrated power point presentation. Next, the DNP project was disseminated during the Virtual Dissemination Day at JSU on July 15, 2022. Finally, the DNP manuscript was placed in the JSU Library Repository for future dissemination (White et al, 2021).

Future dissemination techniques could include YouTube video presentations, oral presentations to the public at large, PowerPoint presentations, and/or digital poster presentation.

### **Sustainability**

This project aligns with the clinic's philosophy and mission. The staff of the sexual assault clinic will continue to assist victims of sexual assault in the application and utilization of the ACVCC. New staff members will be educated on the proper application techniques. The director of the clinic will continue to encourage the use of the ACVCC and will speak with other clinics regarding this resource. The application process will continue to improve and become seamless. The clinic will continue to perform quality improvement processes to ensure that the victims are cared for in an appropriate manner.

This DNP project could be submitted to the *Journal of Forensic Nursing*, in the Alabama chapter, to spread awareness of this invaluable resource. Each sexual assault nurse should be familiar with the ACVCC, and the resources provided to victims of sexual assault.

### **Plans for Future Scholarship**

To continue improving this project, the sexual assault clinic can continue performing process improvement evaluations. The ACVCC application could be expanded to include other members of the SAFE Center.

In the future, this education could be given to other sexual assault clinics and emergency departments in the state of Alabama. As this is a valuable resource for the state, all sexual assault clinics should ensure they are educating victims related to this program. Additionally, individuals such as law enforcement, detectives, counselors, and attorneys, could be educated on this program as well. Finally, this DNP project could be conducted on a larger scale, in multiple clinics and emergency departments across rural, suburban, and metropolitan areas.

### **Conclusion**

Sexual assault is a health concern for all individuals, regardless of age, race, or gender. Following a sexual assault, it is often difficult for victims to receive the appropriate care they require. There are various barriers which prevent victims from receiving adequate care; overcrowding in emergency departments, lack of nursing experience in sexual assault, fear of judgement, and fear of reporting often prevents victims from seeking assistance. Sexual assault clinics were formed and are now available for victims to visit and receive appropriate, care focused, trauma centered care. SANEs are available to complete medical and forensic examinations.

In the state of Alabama, the ACVCC is an invaluable resource available for victims. The ACVCC provides financial compensation to aid victims in the post-assault phase; this program provides funding for many different categories which is crucial for victims who are struggling to return to normalcy. This DNP project focused on the underutilization of the ACVCC program at the sexual assault clinic.

Upon completion of this project, it was evident the ACVCC program was indeed underutilized. After the project educational session, all SANEs and advocates stated they would immediately incorporate the application into their sexual assault examinations. These clinic staff members also verbalized they would educate future SANEs and advocates on the application process.

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## **Appendix A**

### Alabama Administration Code 262 x 1

#### Purpose

It is the intent of the Legislature and the purpose of the Alabama Crime Victims Compensation Commission (ACVCC) to provide financial and other assistance for victims of violent crime for the allowable expenses that are incurred as a direct result of victimization. Eligibility requirements are listed in the following sections.

#### Program Description

ACVCC provides financial assistance for allowable expenses to victims of violent crime who have suffered personal injury, psychological injury, or death. Compensation may be reduced or denied based on contribution to one's own victimization as defined in the following sections. The program provides compensation for a number of services, which are listed in the following sections. ACVCC does not award compensation for expenses, which are paid by a collateral source. The program also has a statutory entitlement to subrogation when a claimant has received recovery from a collateral source after having been paid by ACVCC.

Other limitations for specific categories are addressed in the following chapters. For incidents of criminally injurious conduct occurring on or after October 1, 2014, through July 8, 2020, the maximum amount of compensation that may be awarded in any one claim is (\$20,000). For incidents of criminally injurious conduct occurring on or after July 9, 2020, the maximum amount of compensation that may be awarded in any one claim is \$15,000.

## **Appendix B**

### **Alabama Crime Victims Compensation Commission Mission**

#### Mission

It is the mission of the ACVCC to provide timely and efficient assistance to innocent victims of violent crime in a confidential manner. The Commission primarily offers this assistance by providing eligible victims of violent crime with financial assistance for qualified expenses, while always being mindful that crime victims have the right to be treated with fairness, compassion, and respect. The Commission also works in conjunction with others in the victim service community to advocate for victims' rights and other related issues.

## Appendix C

### SWOT Analysis

Internal		External	
Strengths	Weaknesses	Opportunities	Threats
Involved director	Small group of employees	Evaluate other sexual assault programs	Lack of reporting
Seamless education	Emotional distress	Standardize follow-up care	
Opportunities for continuing education	Easy to burnout	Standardized medication for STD and pregnancy prevention	
Opportunities for learning			
Various individuals of different disciplines			

## Appendix D

### Participant Consent Form

**TITLE OF STUDY:** Training sexual assault nurse examiners (SANE) and patient advocates to improve utilization of the Alabama Crime Victims Compensation Commission Program for sexual assault victims

**Principal Investigator:** Erica Starling MSN RN

This consent form is part of an informed consent process for a DNP student project, and it will provide information that will help you decide whether you wish to volunteer for this project. It will help you to understand what the study is about and what will happen during the project.

If you have questions at any time during the project, you should feel free to ask and should expect to be given answers that you understand entirely.

After all your questions have been answered, you may complete the attached survey and participate in the educational session if you still wish to participate in the project. You are not giving up any of your legal rights by volunteering for this research project.

#### **Why is this project being done?**

This project aims to address the lack of application and utilization of the Alabama Crime Victims Compensation Commission Program. There is a large amount of money that is not utilized for victims of sexual assault. The project will be focused on educating nurses and patient advocates on the proper application techniques for the Alabama Crime Victims Compensation Commission Program. There will be approximately 20 participants.

#### **What will you be asked to do if you take part in this research project?**

The project will be focused on the lack of utilization of the Alabama Crime Victims Compensation Commission Program. Education will be administered during your normal workday and the survey will be administered one month after completion of the project.

#### **What are the risks or discomforts you might experience if you take part in this project?**

No expected harm can occur from participating in this study. This project has no influence or involvement from upper management, and participation is voluntary. Upper

management will be excused from participation and not provided any information regarding survey results or nurse participation in this project.

Participation in this project is of no cost to you.

**How will information about you be kept private or confidential?**

All efforts will be made to keep your personal information in your research record confidential, but total confidentiality cannot be guaranteed. Only a randomized ID code will be placed on your survey without the addition of any other personal identifiers. Surveys will remain within the Tuscaloosa SAFE Center, and information will not be removed from the premises until all identifiable information is removed.

**What will happen if you do not wish to participate in the project or if you later decide not to stay in the project?**

Participation in this project is voluntary. Suppose you do not want to enter the project or decide to stop participating, there are no repercussions. You may choose not to participate, or you may change your mind at any time. In that case, your relationship with the study staff will not change, and you may do so without penalty and without loss of benefits to which you are otherwise entitled.

You may also withdraw your consent for the use of data already collected about you, but you must do this in writing to Erica Starling at [estarling@stu.jsu.edu](mailto:estarling@stu.jsu.edu)

**Who can you call if you have any questions?**

If you have any questions about taking part in this project you can call the principal investigator:

Erica Starling MSN RN

334-796-1865

## Agreement to Participate

### 1. Subject Consent

I have read this entire form, or it has been read to me, and I believe that I understand what has been discussed. All my questions about this form or this study have been answered. I agree to take part in this research study.

Subject Name:

---

Printed Name

---

Date

---

Signature

---

Date

### 2. Signature of Investigator/ Individual Obtaining Consent

To the best of my ability, I have explained and discussed the full consents of this study including all the information contained in this consent form. All questions of the research subject and those of his/her parent or legally authorized representative have been accurately answered.

Investigator/ Person Obtaining Consent:

---

Printed Name

---

Date

---

Signature

---

Date

## Appendix E

### Educational Agenda

1. Introduction
  - a. Introduction of SAFE Center Administration Staff
  - b. Introduction of speaker (Erica Starling MSN RN)
  - c. Introduction of SAFE Center Staff (SANE, Advocates)
2. Introduction of Educational Process
  - a. Consent
  - b. Pre-Survey
  - c. Post-Survey
  - d. Title/ PICO Question
3. Educational Presentation
  - a. ACVCC Mission
  - b. ACVCC Definition
  - c. Purpose of Project
  - d. ACVCC
    - History
    - Amounts paid
    - Who is eligible?
    - Types of compensation paid
    - Miscellaneous information
    - ACVCC forms



## Appendix F

### Quality Improvement Pre-Education Evaluation

Instructions: This survey will help evaluate the use of the Alabama Crime Victims Commission Compensation prior to education. Completion of the survey should only take 5 minutes. Please read each question and respond to the question as it applies to you. All answers will be kept confidential.

1. Have you used the Alabama Crime Victims Compensation Commission Program before?
  - a. Yes
  - b. No
  - c. I'm not sure
2. Do you know what the Alabama Crime Victims Compensation Commission Program entails?
  - a. Yes
  - b. No
  - c. I'm not sure

Please indicate by circling the appropriate response:

- 1- unprepared
- 2- somewhat prepared
- 3- neutrally prepared
- 4- somewhat strongly prepared
- 5- strongly prepared

1. Before this training how prepared are you to:
  - a. Provide assistance for patients applying for the Alabama Crime Victims Compensation Commission Program  
1      2      3      4      5
  - b. Educate patients on the Alabama Crime Victims Compensation Commission Program  
1      2      3      4      5
  - c. Provide assistance for patients after experiencing sexual assault  
1      2      3      4      5

Describe your current practice for offering sexual assault resources to patients.

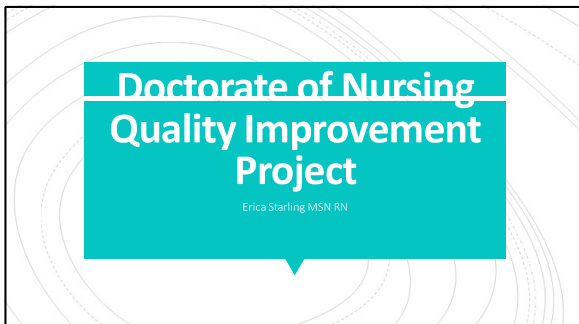
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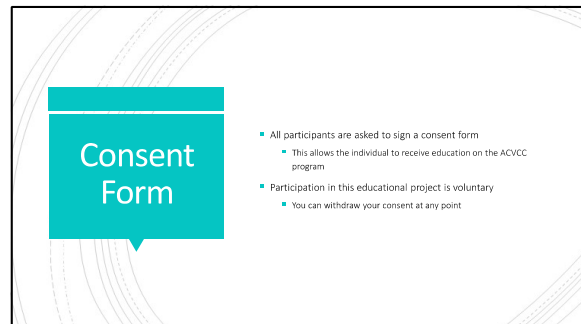
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## Appendix G

### Educational Materials



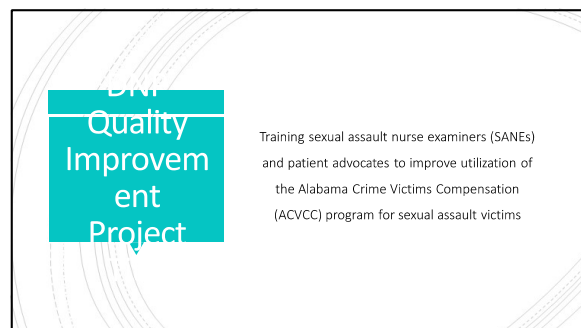
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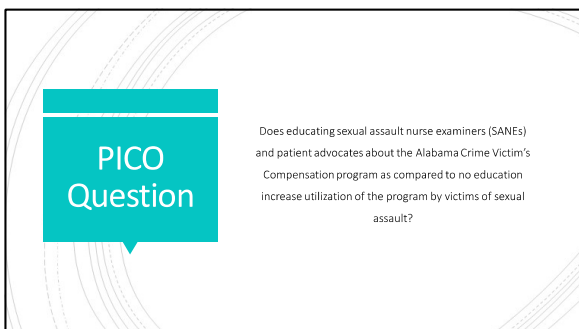
2



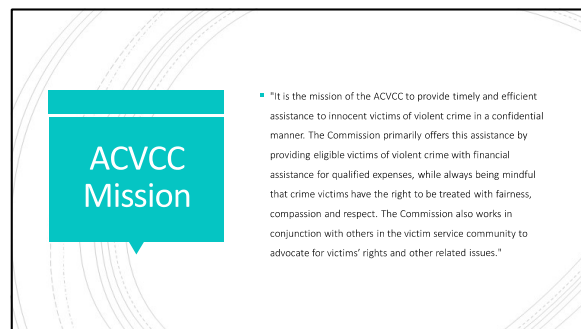
3



4



5



6

## ACVCC Definition

- "The Alabama Crime Victims Compensation Commission (ACVCC) program provides financial assistance for allowable expenses to victims of violent crime who have suffered personal injury, psychological injury or death. Compensation may be reduced or denied based on contribution to one's own victimization as defined...The program provides compensation for a number of services...ACVCC does not award compensation for expenses, which are paid by a collateral source. The program also has a statutory entitlement to subrogation when a claimant has received recovery from a collateral source after having been paid by ACVCC."

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## What is the Purpose of this Project

- This project addresses the lack of utilization and application of the ACVCC program
- There is a large amount of money that is underutilized for victims of sexual assault
- The project will focus on educating the nurses and advocates of the SAFE Center on the appropriate application for the ACVCC program

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## Why is this Project Important

- For this DNP project, the gap identified is the underutilization of the ACVCC program at the SAFE Center
- The victims of assault are rarely assisted in the application process for the ACVCC which leads to an underutilization of the services offered
- The victims are not receiving the compensation available, which creates an opportunity for this quality improvement project

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## History of the ACVCC

- The ACVCC Act was formulated and subsequently passed in June of 1984 by the Alabama Legislature
- Alabama was the 40<sup>th</sup> state to pass a compensatory law for victims of violent crimes
- 2020 marked 36 years of the ACVCC providing service and compensation to victims of violent crimes

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## History of the ACVCC

- In 1995, an amendment was passed which authorized payments for sexual assault examinations
- In 1995, an amendment was passed which required law enforcement to provide victims with a form which includes information on how to invoke their rights
  - This must occur within 72 hours of a criminal event
  - This form also includes the existence and availability of the ACVCC program

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## History of the ACVCC

- In 1986, an amendment to the ACVCC was passed that required all convicted felons to pay a victim assessment fee
- The ACVCC is funded primarily by collection of funds, court costs, restitution, donations, and federal grants
- The court clerk collects fees, fines, and restitution owed to the ACVCC by criminal offenders and gives the Commission the funds each month

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### History of the ACVCC

- The ACVCC has a unique feature which includes a three-member committee that is appointed by the Governor
- The members must either be a victim of a violent crime (and suffered serious personal injury) or be an immediate family member of a homicide victim
  - This ensures that each claim is viewed through the eyes of a victim
- Also, each member must have served in law enforcement (with a minimum of ten years experience) or be in an agency that investigates violent crimes

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### History of the ACVCC

- The ACVCC program provides the only substantial financial compensation available for victims who have experienced violent crimes
  - This includes both sexual assaults and other forms of violent crimes
  - This includes federal money that is gained to provide patients assistance
- According to the 2020 report, a total of \$2,045,088.12 was provided to victims of violent crimes
  - Since the beginning of the program, a total \$116,641,395 has been provided to victims

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### History of the ACVCC

- All applicants must meet eligibility criteria in order to be approved for compensation
- In the 2020 annual report, it is reported that 1,034 sexual assault claims were received with 738 approved

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### History of the ACVCC

Financial compensation includes:

- Medical Expenses
  - Outpatient and/or inpatient care
  - Dental expenses
  - Prescription expenses
  - Medical Supplies
- Emergency Funds
- Rehabilitation Expenses
- Psychiatric/ Counseling Expenses
- Lost Wages
  - For victim and/or immediate family members
- Funeral Expenses
- Moving/ Travel Expenses

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### Approximate Amounts Paid

Maximum Compensation: \$15,000-\$20,000

Examples:

- Counseling Compensation: \$60-\$125
- Work Loss Compensation: \$400-\$600 per week
- Funeral Expense Compensation: \$3,000-\$5,000
- Moving Compensation: \$1000
- Future Economic Loss: up to \$15,000
- Guardianship Fees: \$1,000
- Crime Scene Clean Up: \$2,500

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### Who Can Apply

- Victims of violent crimes
  - Sexual assault
  - Domestic assault
- US Citizens
  - Legal residents of Alabama
- Aliens who are eligible for certification
- Family members of the victim

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### Types of Compensation

- Sexual Assault Crimes
- Violent Crimes
- The ACVCC provides compensation for both sexual assault and violent crimes.
  - When applying, the SANE and advocate must apply for both types of compensation.

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### Types of Compensation

Sexual Assault Kit

- Reimbursement to the facility for the sexual assault kit
- Reimbursement to the facility for STD prophylactic medication

20

### Types of Compensation

Violent Crimes

- Provides substantial reimbursement for victims
- Sexual assault victims should apply for this as well in order to receive compensation

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### Miscellaneous Information

- If a false report is made, no compensation will be paid
- Forensic evidence must be collected within 72 hours or application will be denied.
  - Special circumstances are considered and exceptions are made
    - Hospitalizations
    - Homicide situations
- Insurance must be billed first prior to applying for ACVCC
  - ACVCC is payment of last resort

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### Miscellaneous Information

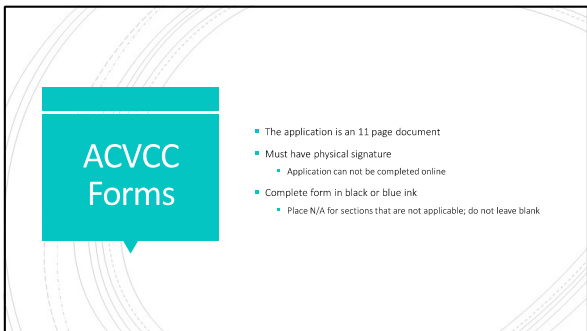
- Application must be completed and submitted within one year from the date of the crime
- Victims do not have to report to law enforcement in order to be eligible for compensation
  - However, victims must cooperate with DA and prosecutors if reported
  - If victims are uncooperative, compensation will be denied

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### Miscellaneous Information: Denial

- Victim cannot participate in the crime
  - Example: drug deal gone wrong
- Victim cannot be a repeat offender
  - Example: domestic violence incidents
- Victim cannot depend on assailant for financial compensation
- Victim cannot contribute to crime
  - Example: if victim slaps someone and assailant stabs victim
  - ACVCC would reduce payment, not deny claim
  - ACVCC cannot deny or reduce claim amount based on amount of participation

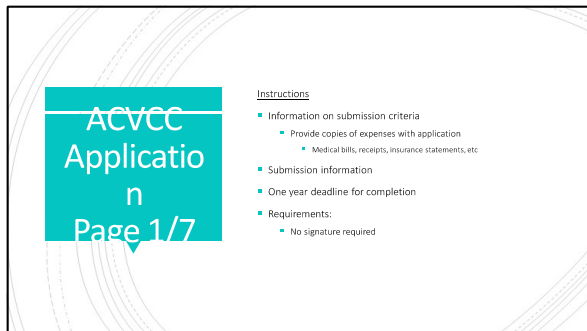
24



ACVCC Forms

- The application is an 11 page document
- Must have physical signature
  - Application can not be completed online
- Complete form in black or blue ink
  - Place N/A for sections that are not applicable; do not leave blank

25

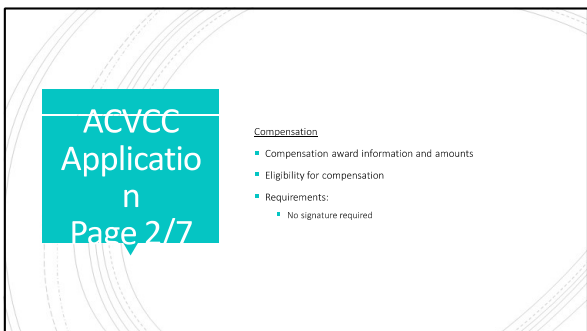


ACVCC Application Page 1/7

Instructions

- Information on submission criteria
  - Provide copies of expenses with application
    - Medical bills, receipts, insurance statements, etc
- Submission information
- One year deadline for completion
- Requirements:
  - No signature required

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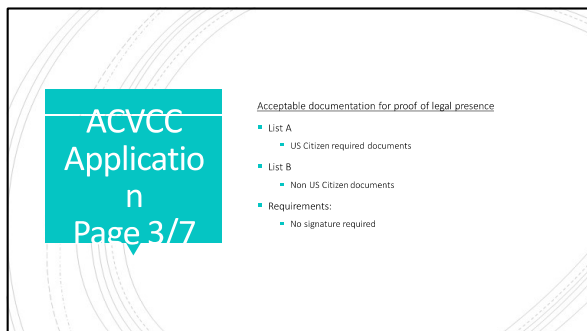


ACVCC Application Page 2/7

Compensation

- Compensation award information and amounts
- Eligibility for compensation
- Requirements:
  - No signature required

27

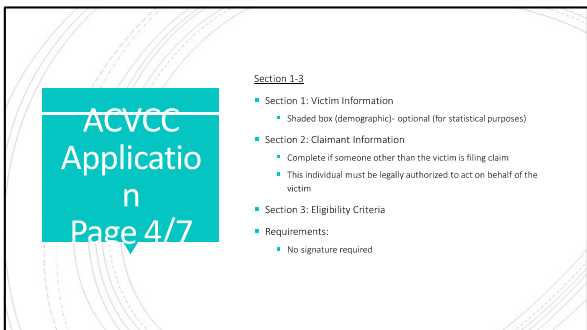


ACVCC Application Page 3/7

Acceptable documentation for proof of legal presence

- List A
  - US Citizen required documents
- List B
  - Non US Citizen documents
- Requirements:
  - No signature required

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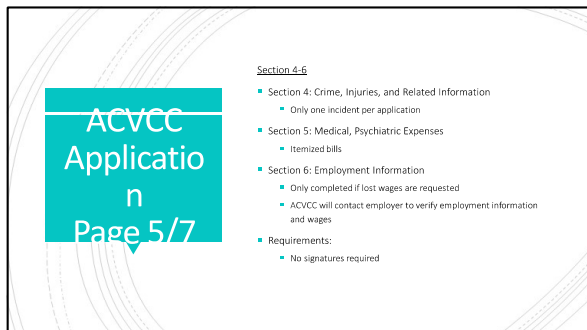


ACVCC Application Page 4/7

Section 1-3

- Section 1: Victim Information
  - Shaded box (demographic)- optional (for statistical purposes)
- Section 2: Claimant Information
  - Complete if someone other than the victim is filing claim
  - This individual must be legally authorized to act on behalf of the victim
- Section 3: Eligibility Criteria
- Requirements:
  - No signature required

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ACVCC Application Page 5/7

Section 4-6

- Section 4: Crime, Injuries, and Related Information
  - Only one incident per application
- Section 5: Medical, Psychiatric Expenses
  - Itemized bills
- Section 6: Employment Information
  - Only completed if lost wages are requested
  - ACVCC will contact employer to verify employment information and wages
- Requirements:
  - No signatures required

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## ACVCC Application

Page 6/7

**Section 7-11**

- Section 7: Insurance and Other Collateral Source Information
- Section 8: Funeral/ Burial Expenses
- Section 9: Other Expenses
- Section 10: Emergency Award
  - \$1,000 maximum
- Section 11: Financial Recovery
  - Provide attorney if applicable

**Requirements:**

- No signatures required

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## ACVCC Application

Page 7/7

**Claim Authorization**

- Consent for the following:
  - Information Release
  - Law Office (ability to release to attorney and/or law enforcement)
  - Criminal Background Check (to verify eligibility for compensation)
  - Subrogation Agreement (must provide ACVCC written notice within 15 days of legal initiation of restitution or damages)
  - Payment of benefits
  - Service provider information
  - Life insurance Policy (for deceased individuals)
  - Provide list of authorized individuals able to discuss claim

**Requirements:**

- Victim's Signature

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## Patient Authorization Form

**Patient authorization for use and disclosure of protected health information**

- Allows the ACVCC to obtain and utilize medical and billing records to process compensation claims

**Requirements**

- Printed Name
- Date of Birth
- Social Security Number
- Date of incidence
- Signature (of victim or representative)

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## ACVCC Form (Legal Guardian)

**Affidavit: "parent or legal guardian of a minor crime victim"**

- One page document
- Individual must be over age nineteen

**Requirements:**

- Must be signed by claimant
- Must be notarized

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## ACVCC Form (Deceased)

**Affidavit: "surviving spouse or next of kin"**

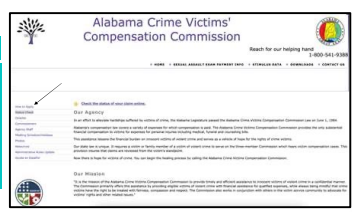
- For death/homicide claims only
- Two page document
- Individual must be over the age of nineteen
- List names of survivors
  - Spouse, children (minor/ adult), parents, siblings, grandparents, aunts/ uncles, other relatives

**Requirements:**

- Must be signed by claimant
- Must be notarized

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## Website: Application



Click on the 'how to apply' link

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## Website: Application



Click on application link and print out PDF form  
Fill out form in black or blue ink and return to ACVCC


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## Application Submission

- Email
  - [info@acvcc.alabama.gov](mailto:info@acvcc.alabama.gov)
- Mail
  - ACVCC
  - PO Box 231267
  - Montgomery, Alabama 36123-1267
- Fax
  - 334-290-4455

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## Checking the Status



You can check the status of the victim's application on this web page

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## Post Survey

- This survey is used to evaluate the educational program presented to the SAFE Center on the ACVCC program and application process
  - This will evaluate the effectiveness of the educational sessions presented
- All responses will remain confidential

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## Post Survey

- Questions will consist of:
  - Four multiple choice questions
  - Five yes or no questions
  - Three indication (unprepared/ prepared) questions
  - Two suggestion/ comment questions/ responses

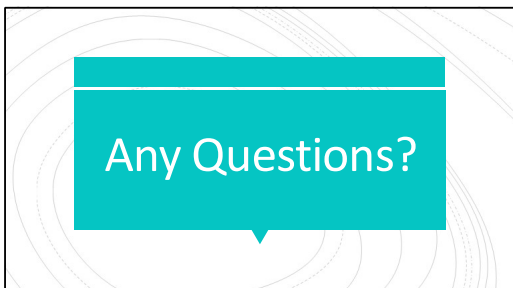
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## Alabama Crime Victim's Compensation Program Weblink

Alabama Crime Victims' Compensation Commission

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## Appendix H

### Timeline

<b>Semester</b>	<b>Pre-Design</b>	<b>Design</b>	<b>Implementation</b>	<b>Evaluation</b>
Summer 2021  Doctorate of Nursing Practice (DNP) Project Planning and Development	<ul style="list-style-type: none"> <li>• Identify clinical problem</li> <li>• Develop population, intervention, compare, outcome (PICO) question</li> <li>• Begin literature review</li> </ul>			
Fall 2021  DNP Residency I	<ul style="list-style-type: none"> <li>• Finalize PICO</li> <li>• Communicate with JSU professors regarding project</li> <li>• Discuss project with preceptor</li> <li>• Continue review of literature</li> <li>• Complete collaborative IRB training initiative (CITI) training</li> </ul>	<ul style="list-style-type: none"> <li>• Draft project proposal</li> <li>• Obtain project ethical review committee (PERC) approval</li> <li>• Obtain institutional review board (IRB) approval</li> </ul>		
Spring 2022:  DNP Residency II			<ul style="list-style-type: none"> <li>• Complete review of literature</li> <li>• Implement DNP project</li> </ul>	<ul style="list-style-type: none"> <li>• Data collection and analysis</li> <li>• Final project preparation</li> </ul>
Summer 2022:  DNP Residency III				<ul style="list-style-type: none"> <li>• Final manuscript submission</li> <li>• Project dissemination/poster presentation</li> <li>• Submit ePortfolio</li> </ul>

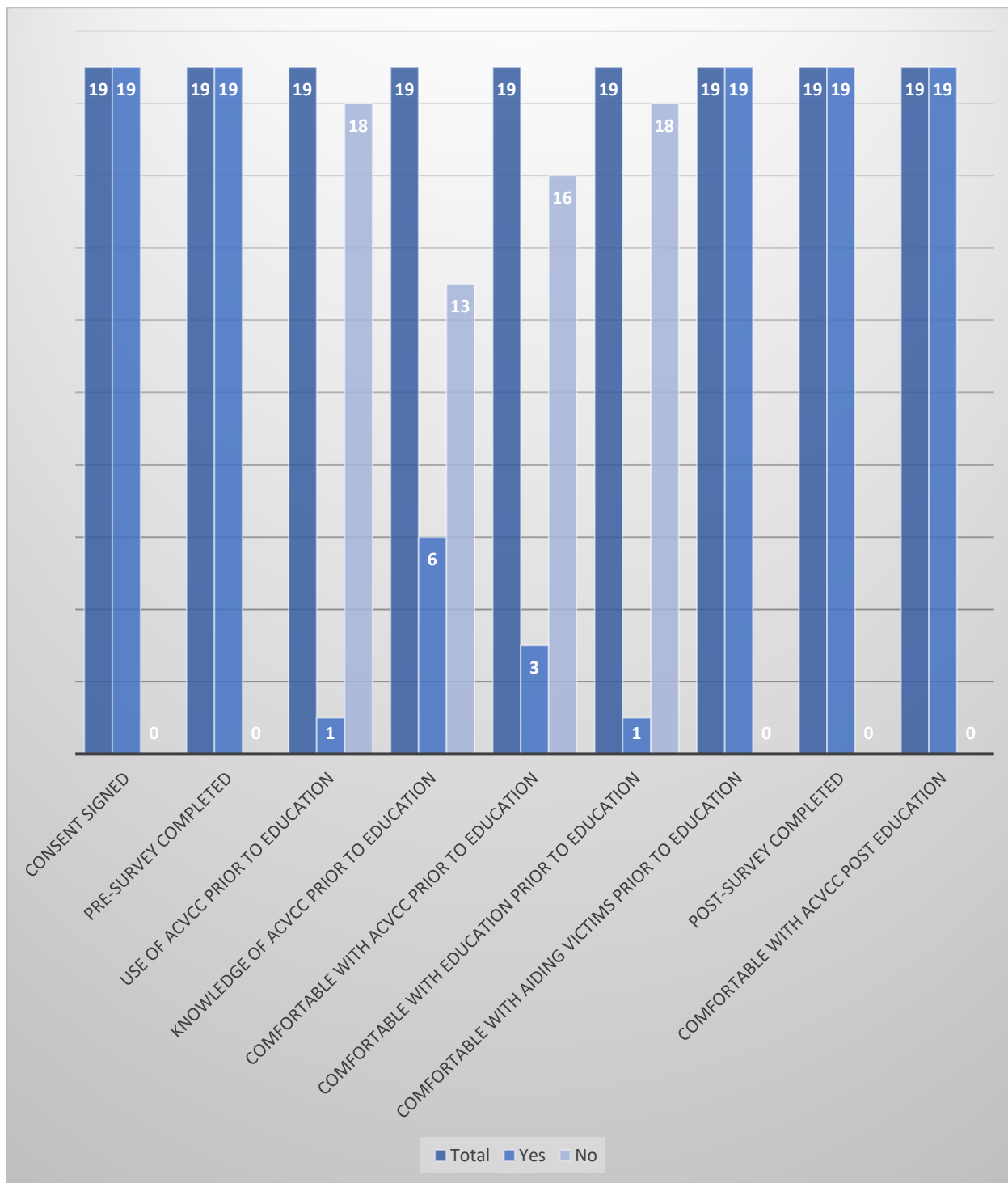
## Appendix I

### Budget

PROGRAM BUDGET	PROJECTED COST	ACTUAL COST
Salaries, wages ( <i>Admin support, practitioners, statistics, or writing consultation</i> )	\$100	\$100
Start-up costs ( <i>copies, charts, displays</i> )	\$100	\$50
Capital costs ( <i>hardware, equipment</i> )	\$100	\$50
Operational costs ( <i>heat/electricity</i> )	\$100	\$0
Other:		
<b>Total Project Expenses</b>	<b>\$400</b>	<b>\$200</b>

### Appendix J

#### DNP Pre- and Post-Project Results



## Appendix K

### Quality Improvement Post Education Evaluation

Instructions: This survey will help evaluate the education program for the Alabama Crime Victims Commission Compensation you attended at the SAFE Center. This will review the effectiveness of the new application process and the developed protocol. Completion of the survey should only take 5-10 minutes. Please read each question and respond to the question as it applies to you. All answers will be kept confidential.

Circle the correct responses:

1. What are the services offered by the Alabama Crime Victim's Compensation Commission Program?
  - a. Compensation for medical care and counseling expenses
  - b. Compensation for funeral costs
  - c. Compensation for counseling costs
  - d. Crime scene clean-up costs
  - e. Compensation for moving expenses, monetary loss
  - f. All of the above
2. The Alabama Crime Victims Compensation Commission Program only assists with patients who are victims of sexual assault.
  - a. True
  - b. False
3. Who can apply for the Alabama Crime Victims Compensation Commission Program?
  - a. Victims of violent crimes
  - b. Families of victims of violent crimes
  - c. Appointed claimant
  - d. All of the above
4. How long does the victim have to apply for the Alabama Crime Victims Compensation Commission Program?
  - a. 6 months
  - b. 1 year
  - c. 2 years

Please indicate by circling the appropriate response:

1. Do you think sexual assault nurse examiners and patient advocates are able to impact a patient's coping after experiencing sexual assault?  
Yes            No
2. Do you think sexual assault nurse examiners and patient advocates are crucial to help patients process their trauma?  
Yes            No

3. Do you feel that the Alabama Crime Victims Compensation Commission Program education sessions have helped you care for patients in a more positive manner?  
Yes                      No
4. Do you feel that the Alabama Crime Victims Compensation Commission Program is beneficial for the patients coping after sexual assault?  
Yes                      No
5. Do you feel that this educational session has helped you assist patients in applying for the Alabama Crime Victims Compensation Commission Program?  
Yes                      No

If you chose no, please explain:

---



---

Please indicate by circling the appropriate response:

- 1- unprepared
- 2- somewhat prepared
- 3- neutrally prepared
- 4- somewhat strongly prepared
- 5- strongly prepared

1. After this training how prepared are you to:
  - a. Provide assistance for patients applying for the Alabama Crime Victims Compensation Commission Program  
1      2      3      4      5
  - b. Educate patients on the Alabama Crime Victims Compensation Commission Program  
1      2      3      4      5
  - c. Provide assistance for patients after experiencing sexual assault  
1      2      3      4      5

Describe how your practices have changed (if at all) in offering sexual assault resources to patients.

---

Do you have any additional thoughts, recommendations or suggestions on how we can improve the education offered at this clinic?

---



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**Appendix L**

## CITI Certificate



Completion Date 26-Sep-2021  
Expiration Date 25-Sep-2024  
Record ID 45312368

This is to certify that:

**Erica Starling**

Has completed the following CITI Program course:

Not valid for renewal of certification  
through CME.

**Social and Behavioral Responsible Conduct of Research**

(Curriculum Group)

**Social and Behavioral Responsible Conduct of Research**

(Course Learner Group)

**1 - RCR**

(Stage)

Under requirements set by:

**Jacksonville State University**

**CITI**  
Collaborative Institutional Training Initiative

Verify at [www.citiprogram.org/verify/?w51103322-2767-428d-9905-e0bf4889613b-45312368](http://www.citiprogram.org/verify/?w51103322-2767-428d-9905-e0bf4889613b-45312368)

## Appendix M

### IRB Approval Letter



**Institutional Review Board for the Protection of Human Subjects in Research**

203 Angle Hall  
700 Pelham Road North  
Jacksonville, AL 36265-1602

**December 8, 2021**

Erica Starling  
Jacksonville State University  
Jacksonville, AL 36265

Dear Erica:

Your protocol for the project titled "Training sexual assault nurse examiners (SANE) and patient advocates to improve utilization of the Alabama Crime Victims Compensation Program for sexual assault victims" 12082021-07 has been granted exemption by the JSU Institutional Review Board for the Protection of Human Subjects in Research (IRB). If your research deviates from that listed in the protocol, please notify me immediately. One year from the date of this approval letter, please send me a progress report of your research project.

Best wishes for a successful research project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lynn Garner', written over a horizontal line.

Lynn Garner  
Associate Human Protections Administrator, Institutional Review Board