

Development of the Commonwealth of Puerto Rico National Protocol for the Management of Victims of Sexual Violence: Adults/Adolescents

Rose Marie Méndez, DNP, RN, CCE, CLE, CSE, CD, SANE-A¹,
 Pamela Kulbok, DNSc, RN, PHCNS-BC, FAAN², Sarah Lawson, PhD, RN, CEN, SANE-A³,
 and Abigail Matos, DNP, MS, ANPC, RN⁴

ABSTRACT

Sexual violence is a public health problem in Puerto Rico (PR), with an incidence of 7.4 cases for every 10,000 people during 2005–2006 (Departamento de Salud Secretaria Auxiliar de Salud Familiar y Servicios Integrados, 2007). Findings from the literature review indicated that the traditional model of care provided to the victims of sexual violence in the Emergency Department is incomplete; furthermore, it may cause revictimization because of the attitudes, behaviors, and practices of the community service providers, resulting in additional trauma. Emerging evidence demonstrates that Sexual Assault Nurse Examiner (SANE) programs are providing effective quality care. In PR, SANEs do not intervene in sexual assault cases; nevertheless, the Department of Health of PR has recognized the importance of SANE intervention. Consequently, there is a need for current evidence-based protocols and standards of care to describe the procedures, roles, and responsibilities for the provision of quality care to victims. This project involves the implementation of the Stufflebeam's Context-Input-Process-Product Model in the creation of the *Commonwealth of Puerto Rico National Protocol for the Management of Victims of Sexual Violence: Adults/Adolescents*.

KEY WORDS:

protocol; standards of care; sexual violence

Sexual violence is a major health problem around the world (World Health Organization, 2007). Although Sexual Assault Nurse Examiner (SANE) programs have improved the quality of care provided to victims of sexual violence (McLaughlin, Mohan, Doezema, & Crandall, 2007), Puerto Rico (PR) does not have SANE programs. However, in the document *Protocol of Intervention With*

Victims/Survivors of Sexual Violence in the Health Facilities (2006), which is the current protocol in PR, SANEs are recognized for their expertise and their interventions in the medical legal evaluation of the victim (Departamento de Salud [DS], 2006). According to the Department Health of PR statistics, the incidence of sexual violence during 2005–2006 was 7.4 cases for every 10,000 people, which represents approximately eight rapes committed daily in PR (DS, 2006). Consequently, these heinous crimes can be devastating to the victims and can cause ongoing physical, psychological, and social problems (Jewkes, Sen, & García, 2002).

Because of these and other findings, there have been actions toward the development of SANEs in PR. In December 2008, The Help Center for Victims of Rape (CAVV, for its acronym in Spanish) of the Department of Health of PR sponsored SANE training for nurses from different regions of the island. This training was offered by a world renowned expert, Dr. Linda Ledray, PhD, RN, SANE-A, FAAN.

Author Affiliations: ¹University of Puerto Rico-Mayagüez, ²University of Virginia, ³University of Miami, and ⁴University of Puerto Rico-Mayagüez.

The authors have disclosed no conflict of interest.

Correspondence: Rose Marie Méndez, DNP, RN, CCE, CLE, CSE, CD, SANE-A, University of Puerto Rico-Mayagüez, Department of Nursing, PO Box 9000, Mayagüez PR 00681-9000; E-mail: rosemarie.mendez@uprm.edu.

Received March 20, 2012; accepted for publication August 17, 2012.

Copyright © 2013 International Association of Forensic Nurses

DOI: 10.1097/JFN.0b013e31827a1e30

Because of a petition to the Department of Health of PR (Y. Regueira, personal communication, July 15, 2008), in 2009, faculty members from the Schools of Nursing from the University of Puerto Rico Medical Science and Mayagüez Campus developed a curriculum to train nurses as SANEs. This academic certification is expected to be offered at the University of Puerto Rico Medical Science Campus in the near future.

Considering that the intervention of SANEs in the health system is a goal of the Department of Health of PR, it was important to create the guidelines that will direct them to effective practice. Therefore, current evidence-based standards of care for sexual assault examiners and an evidence-based protocol for the management of victims of sexual violence in PR were developed. It was determined that there was a need for a protocol that provided information that rendered evidence-based decisions, answered clinicians' questions, reevaluated the application of evidence, and was user friendly.

PR has a current protocol titled *Protocol of Intervention With Victims/Survivors of Sexual Violence in the Health Facilities* (2006). However, this current protocol needs to be aligned with the most recent published evidence of best practice, clinicians' experiences, and views from organizations from a variety of fields that provide services to victims of sexual violence. Moreover, the current protocol needs to be in harmony with *A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents* published by the U.S. Department of Justice [USDOJ] Office on Violence Against Women (2004).

Utilizing the USDOJ Office on Violence Against Women's (2004) protocol as a foundation, a new protocol was developed: *The Commonwealth of Puerto Rico National Protocol for the Management of Victims of Sexual Violence: Adults/Adolescents*.

Background

Most new programs require the development of protocols that are evidence based (Ervin, 2002). Protocols provide guidance in dealing with what should be done, when, where, and by which member of the interdisciplinary team (National Health Service [NHS] Institute for Innovation and Improvement, 2008). Clinical protocols provide for the standards of care to be evaluated and the quality of care to be determined (Heymann, 1994) and, in addition, provide the guidelines to increase the agility of the healthcare providers to treat and support the victim of sexual violence (USDOJ Office on Violence Against Women, 2004).

Protocols that are evidence based are an important resource for clinicians, because they provide a foundation for evidence-based practice (EBP). The University of Minnesota (UMN, 2007) states that EBP is important because it pro-

vides information on the most recent healthcare literature. EBP assists clinicians in making decisions in a focused and time-efficient manner and provides evidence from a variety of fields, thereby providing opportunity for greater exposure and answers to clinical questions (UMN, 2007).

Antrobus and Brown (1996) have concluded that nurses must use protocols and guidelines as a framework to guide their practice, improve patient care, and serve as a reference for resource utilization in health care. Protocol-based care provides care that is patient centered, collaborative, and integrated; as a result, modification of traditional professional boundaries should occur (Rycroft-Malone, Morrell, & Bick, 2004). This presents an opportunity for redesigning and extending roles (for example new roles for nurses), which consequently can improve patient services (National Health Service Institute for Innovation and Improvement, 2008) and also influences nurses' autonomy (Rycroft-Malone et al., 2004).

SANE programs have proliferated in recent years. Not only have they defined best practices for victims of sexual violence in various urgent care settings, evidence indicates that these programs also provide victims with sensitive care (Stermac, Dunlap, & Bainbridge, 2005). The goal of SANE programs is to provide consistent and objective medical-legal care that meets the bio-psycho-educational needs of the victim and his or her family (Houmes, Fagan & Quintana, 2003). And although the development of protocols and instructions are time-consuming, they should be developed before a program begins because protocols provide details of what should be done (Ervin, 2002).

The aforementioned background describes how standards, guidelines, and protocols offer direction to the provision of quality of care to patients and the allocation of resources for the evaluation of this care. Standards, guidelines, and protocols will provide the necessary foundation for the development and evaluation of SANE programs in PR and furthermore, will enhance the improvement of care and outcomes for the victim.

Framework

Stufflebeam's Context Input Process Product (CIPP) Model (Stufflebeam, 2003) was the model selected for the evaluation of this project. This framework provides guidance for formative and summative evaluation. Stufflebeam (2003) defines evaluation as "process of delineating, obtaining, reporting, and applying descriptive and judgmental information about some objects merit, worth, probity, and significance in order to guide decision making, support accountability, disseminate effective practices, and increase understanding of involved phenomena" (p. 10). Accordingly, the CIPP Model's most important purpose is improvement. Among the basic elements, the one of central

importance is the defined core value. The core value is fundamental to prevent unethical actions in evaluation (Stufflebeam, 2003). The core value of this project was to improve the medical–legal care of the victim of sexual violence to meet the standards of care in PR.

The core concepts of the model are represented by the acronym CIPP, which stands for context, input, process, and product evaluation. Each CIPP evaluation concept has a reciprocal relationship with four evaluative foci: goals, plans, actions, and outcomes (Stufflebeam, 2003).

Context

Stufflebeam (2003) pointed out that the purpose of evaluation is to assess needs, problems, resources, and opportunities to define goals and priorities. The focus of the evaluation context is goal setting. This focus raises questions that provide information on validating or improving the goals.

Input

Stufflebeam (2003) indicates that input evaluation assesses the possible approaches, plans, time schedules, and the budget needed to achieve the goals. Planning is the focus of input evaluation. As a result, it generates questions that provide judgment and direction for strengthening plans. During input evaluation, there should be extensive review of the literature, consultation with experts, and visiting similar successful programs (Stufflebeam & Shinkfield, 1985, as cited in Ervin, 2002).

Process

Stufflebeam (2003) affirms that the CIPP Model is designed to involve and serve the stakeholders. Process evaluation consists of ongoing evaluation of what is being implemented and identifying defects and problems. Action is the focus of process evaluation. It facilitates the identification of questions that provide judgment and feedback, and strengthens staff performance. Stufflebeam states that evaluators should keep stakeholders informed and provide them the opportunity to contribute to the evaluation. As such, it is ethically responsible to involve all levels of stakeholders and that they are all equitably empowered. In addition, process evaluation permits all stakeholders to define what the appropriate elements in the evaluation are, provide evaluation input, and receive and use evaluation.

Product

The next concept is product, which is evaluated to see if it meets the purpose of its creation and how it will be continued (Stufflebeam, 2003). The focus of product evaluation is on outcomes. Identification of the need for better results, accomplishments (or lack thereof), and side effects will be judged.

Purpose

The purpose of this project was to: (a) develop a *new* protocol for the management of adults and adolescents in PR who are victims of sexual violence based on current practice and research; (b) develop the standards of care for sexual assault examiners in PR; and (c) create program policies and procedures for the development and evaluation of a SANE program.

Method

The development of the *Commonwealth of Puerto Rico National Protocol for the Management of Victims of Sexual Violence: Adults Adolescents* will provide direction to the care provided to the victims of sexual violence. The development of this new national protocol and standards of care was based on evidence provided through research. Adoption of this protocol in PR will guide nurses and other healthcare professionals in the acquisition of knowledge and competence in the various issues involved in sexual violence, especially within the medico-legal context.

The goal of this project is to provide a victim-centered approach with standardized, competent, and compassionate care through the development of the *Commonwealth of Puerto Rico National Protocol for the Management of Victims of Sexual Violence: Adults/Adolescents*. Ultimately, implementation of the national protocol and standards of care will enhance the quality of the services and health outcomes of the adolescent and adult victims of sexual violence.

Short-term outcomes of this project included: (a) coordination and communication with one leader of each agency involved with providing services to victims of sexual violence; (b) development of the materials that will be used by healthcare providers for the assessment, intervention, and evaluation of victims of sexual violence (e.g., forms for history and medical exam, authorization and consent, and educational brochures); and (c) completion of the *Commonwealth of Puerto Rico National Protocol for the Management of Victims of Sexual Violence: Adults/Adolescents*.

The long-term project outcomes include submission of the *Commonwealth of Puerto Rico National Protocol for the Management of Victims of Sexual Violence: Adults/Adolescents* for approval and implementation by the Department of Health of the Commonwealth of PR.

Project Setting

The island of PR is a commonwealth of the United States, located in the Caribbean with a superficial extension of approximately 100 miles (east to west) and 35 miles (north to south; Acevedo, González, & Martín, 2005) The U.S.

Census Bureau (2000) estimated that the population of PR was 3,808, 610. It is among the countries with the highest population density in the world, with 433.94 people per square kilometer, ranking number 19 (Geography Statistics, 1999).

In 1976, the Senate of PR presented a resolution to establish the CAVV because of the problem of sexual violence in the island and its consequences (DS, 2009). The CAVV is a program of the Department of Health of PR. This program uses public funds to provide bio-psycho-social services to the victims of sexual violence; in addition, it offers training related to sexual violence and its prevention to members of the community and professionals (DS, 2009).

The CAVV promotes communication among all agencies to coordinate and evaluate the services offered to the victims of sexual violence (DS, 2009). Among the various agencies that intervene with the victims of sexual violence are the Police Department, the Department of Justice, the Department of Family Affairs, and the Department of Health of PR (Departamento de Salud Secretaría Auxiliar de Salud Familiar y Servicios Integrados, 2007).

Target Audience

The target audience or intended users of the *Commonwealth of Puerto Rico National Protocol for the Management of Victims of Sexual Violence: Adults/Adolescents* include healthcare providers such as nurses and physicians, as well as other service providers, consisting of police, social workers, advocates, and district attorneys of the Commonwealth of Puerto Rico. The agencies that intervene with the victims are the Police Department, the Department of Justice, the Department of Family Affairs, the Department of Health of PR, and private hospitals, among others. These service providers and agencies are involved in the management, care, and/or encounters with the victims of sexual violence.

Project Procedures

The following action steps are categorized based on the core concepts of the Stufflebeam's CIPP Model.

Context

Applying the context area to protocol development for PR, it can be stated that, even though PR has a current protocol for the intervention of victims of sexual violence, it should respond more with the first *national protocol* published by USDOJ (refer further to the results). Assessment of needs, problems, resources, and opportunities related to the development of a new protocol and standards of care for PR was performed; however, this is a dynamic and ongoing process. The assessment for this project included statistics

related to sexual violence in PR; input of healthcare and other providers related to the gaps, problems, and challenges confronting victims of sexual violence; and information related to the effectiveness and adequacy of available resources.

Although PR has a current protocol, revision of this document was deemed essential to assure that it met the best current evidence. Strengths and weaknesses of the current protocol of PR were evaluated. Consequently, the need for a new protocol that provided the best available evidence and standards of care was identified to enable evidence-based decisions, to answer to clinicians' questions, to re-evaluate the application of evidence, and to be easy to use.

Input

An extensive literature review was performed including a search of various databases such as CINAHL, MEDLINE, Cochrane, PubMed, Ovid MEDLINE, EBSCO host, OVID, National Guidelines Clearing House, and Google Scholar. The search included, but was not limited to, research articles, forensic books, evidence-based guidelines from different institutions (e.g., American College of Obstetricians and Gynecologists, American Board of Forensic Odontology, Centers for Disease Control and Prevention, World Health Organization), existing protocols from different institutions and organizations, laws, and ethical standards (e.g., American Nurses Association [ANA], Victim Against Women Act [VAWA], Department of Justice of the United States and PR). In addition, reference lists of articles found in the search were reviewed to identify relevant information.

Process

According to Stufflebeam (2003) the concept process consists of the ongoing evaluation of what is being implemented, and identifying defects and problems. Applying the concept of process consists of developing the new protocol for PR.

Product

Once the document is approved, it will be distributed to all the healthcare facilities, agencies, and organizations that are involved in the management (services provided) of victims of sexual violence in PR. The agency in charge of distribution will be the Department of Health of PR. It will be essential to design education and training on the use of equipment, and kits, procedures, and implementation of the protocol will be designed for all the providers and agencies involved. Ongoing formative and summative evaluation will be performed during the process of implementation and one year after its implementation.

Results

The final result of the project was the development of the *Commonwealth of Puerto Rico National Protocol for the Management of Victims of Sexual Violence: Adults/Adolescents*. The following results were based on the core concepts of Stufflebeam's (2003) CIPP Model.

Context

In the assessment, it was identified that the current protocol of PR should correspond more with the national protocol (USDOJ). The assessment of the current protocol of PR differs from the national protocol. For example, it integrates the pediatric evaluation with adults and adolescents. It does not however, integrate the concept of coordinated team approach and its response through the sexual assault response team (SART). Although the current protocol integrates the concept of the interdisciplinary team, the concepts differ. The concept of a victim-centered approach was not mentioned nor explained explicitly; however, elements that contributed to, and facilitated the responders with victim-centered approaches were discussed throughout the current protocol. Although the current protocol of PR does emphasize the issue of reporting to law enforcement, it requires information of the consequences of reporting, the alternative standard reporting procedures, and victim-centered reporting process. VAWA is mentioned, however it did not, explain the scope of VAWA. It did not include all the equipment and supplies needed for the exam and was limited to the components of the forensic kit used in PR. Although timing for the collection was considered, it does not recognize that evidence may be collected beyond 72 hours and must be assessed on a case-by-case basis. While it emphasizes the importance of documentation, it does not provide information on all the details the forensic examiner should include and how to maintain objectivity. The information on photographic evidence is very limited and does not include photos as a requirement. Finally, It does not include information on examiner court appearance.

An intensive search of statistical data was conducted through communication with various agencies. The Institute of Forensic Science of PR did not have any available data on the effectiveness in the collection of evidence in cases of sexual violence. Data from the criminal justice system was limited. The number of accusations that were submitted vis-a-vis the ratio of prosecution was the only data available. During the fiscal year 2007, there were 1,773 accusations; of these, 674 were resolved, attaining 587 convictions (Departamento de Justicia, 2008). In 2008, there were 1,786 accusations, 642 were resolved and 572 convictions (Departamento de Justicia, 2009). The CAVV is responsible for auditing healthcare facilities to verify their compliance

with what is established in the current protocol; however, these data were not made available.

The lack of available statistics was a difficult. Nevertheless, this identified a need for data that is important to evaluate both the services and interventions of the different agencies, and the providers that assist the victims of sexual violence. This affects the health and legal outcomes for the victim. It is expected that, with the implementation of the new protocol, investigations can be preformed making these data available.

Input

Recommendations from the *national protocol* (USDOJ) were taken into consideration in the development of the *Commonwealth of Puerto Rico National Protocol for the Management of Victims of Sexual Violence: Adults/Adolescents*. In addition, feedback was provided from experienced SANes (Sarah Lawson, PhD, RN, CEN, SANE-A, and Kathryn Laughon, PhD, RN) and an advanced public health nursing specialist (Pamela Kulbok, DNSc, RN, PHCNS-BC, FAAN). Furthermore, communication with CAVV and the Police Department of PR have been established. The CAVV indicated that they are interested in the revision of the current protocol of PR.

Because the purpose of this project was to develop a new protocol and standards of care based on best evidence, a thorough search of databases and resources was completed. Searching the databases and resources was the most complicated and time-consuming part of developing the new protocol. Making search decisions on what is the best action and critical appraisal on the information is arduous work. As presented in project procedures, resources from a variety of fields were used for greater exposure to clinical evidence. The resources used provided general (background) information and filtered and unfiltered resources. The first choice was filtered resources, because this information is a synthesis of the best available research that has been preevaluated (UMN, 2007).

Process Evaluation

The *Commonwealth of Puerto Rico National Protocol for the Management of Victims of Sexual Violence: Adults/Adolescents* was developed. It is important that synthesized EBP resources are available, because they can be easily used and can quickly connect the practitioners with evidence based answers to their questions (UMN, 2007). The intention of the protocol is to inform service providers with synthesized EBP resources. The new protocol includes five chapters: preface, introduction, overarching issues, operational issues related to services provided to victims of sexual violence, and the examination process. In addition,

the protocol contains forms, educational brochures, and other documents that may be used by healthcare personnel.

The new protocol focuses on the adolescent and adult population only (although the actual protocol also includes the information related to pediatric patients). A number of topics are integrated in the new protocol that were not included (or lacked depth) in the actual protocol. Among these: (a) a coordinated team approach and SART; (b) victim-centered approach; (c) reporting to law enforcement (consequences, the alternative standard procedures, and victim-centered reporting process); (d) VAWA; (e) list and explanations of equipment and supplies needed for the exam; (f) consideration of timing in evidence collection; (g) detailed explanation of documentation in the forensic examination including a standardized forms for sexual assault history and physical examination; (h) detailed information on photo documentation, examiner court appearance, and suspect examination; and (i) inclusion of various examination processes such as cervical swabbing, perineal area swabbing, bite marks, toluidine blue injury detection, foley catheter balloon technique, alternative light source, colposcope, and male victim examination.

Although beyond the scope of this project, it is suggested that before the implementation of the protocol, it should be submitted to the Department of Health of PR. In addition, an advisory committee should be constituted of healthcare providers and representatives from agencies involved with the services provided to the victims of sexual violence.

Formative evaluation of the protocol will be conducted by distribution of the document to the decision makers and stakeholders of the Commonwealth of Puerto Rico for their feedback and input, and review and integration of the recommendations provided. Meetings will take place to discuss issues related to the protocol and standards of care. Among the stakeholders that will be involved are the Department of Health of PR, the Department of Justice, the Police Department, the Department of Family Affairs, and the Future SANEs Association of the Commonwealth of PR, among others.

Product

Although approval and implementation of the protocol were beyond the scope of the project, plans will be initiated to implement and evaluate the protocol and standards of care.

Significance for Nursing Practice

Beauchamp and Childress (2009) have stated that the members of the healthcare profession have an obligation to ensure that they are competent and trustworthy in their roles. The International Council of Nurses (ICN, 2006)

and the American Nurses Association Code of Ethics (ANA, 2001) indicate that nurses must initiate and support actions toward the health and social needs of the public, especially vulnerable populations. Both the ANA and the ICN have affirmed that competence is essential for providing quality in the practice and conforming to the standards of care. Implementation of standards in clinical nursing practice, management, research, and education are major nursing roles. These nursing organizations assert that nurses are personally responsible and accountable for their practice; therefore, they must maintain competence. Knowledge contributes in the maintenance of competence; thus, nurses should be active in developing knowledge based on research (ANA, 2001; ICN, 2006).

The development of *Commonwealth of Puerto Rico National Protocol for the Management of Victims of Sexual Violence: Adults/Adolescents* will provide direction to the care provided to the victims of sexual violence. The intention of the development of this protocol and standards of care is for nurses to be autonomous and more knowledgeable in the various issues involved in sexual violence.

Through the application of protocol-based care, nurses and other health professionals can ensure the well-being of victims of sexual violence. Protocol-based care can facilitate the use and implementation of national evidence at a local level, improve patient outcomes, reduce length of stay, enhance multidisciplinary working, reduce errors in healthcare delivery, improve standardization of care, provide uniformity, decrease variation in care providers and the system, and improve benchmark performance in the organizations against the best practices in caring for the patients (NHS Institute for Innovation and Improvement, 2008; Rycroft-Malone et al., 2004; Tyndall, 1999).

References

- Acevedo, O., González, I., & Martín, M. (2005). Sociales 4. In M. Figueroa (Ed.). Bogotá, Colombia: Ediciones Santillana.
- American Nurses Association (Ed.). (2001). *Code of ethics for nurses with interpretive statements* (7th ed.). Silver Spring, MD: Author. (Original work published 1950)
- Antrobus, S., & Brown, S. (1996). Guidelines and protocols: A chance to take the lead. *Nursing Times*, 92(23), 38–39.
- Beauchamp, T. L., & Childress, J. F. (2009). *Principals of biomedical ethics* (6th ed.). New York, NY: Oxford University Press. (Original work published 1977)
- Departamento de Justicia (Ed.). (2009). *Informe estadístico anual y comparativo: Año fiscal 2008*. San Juan, PR: Estado Libre Asociado de Puerto Rico.
- Departamento de Justicia (Ed.). (2008). *Informe estadístico anual y comparativo: Año fiscal 2007*. San Juan, PR: Estado Libre Asociado de Puerto Rico.
- Departamento de Salud (Ed.). (2009). *Centro de ayuda a víctimas de violación*. Retrieved from <http://www.salud.gov.pr/VICTIMASDEVOLACIONCAVV/Pages/default.aspx>
- Departamento de Salud Secretaría Auxiliar de Salud Familiar y

- Servicios Integrados. (2007, January). *Violencia sexual en Puerto Rico*. San Juan, PR: Centro de Ayuda a Víctimas de Violación (CAVV) Unidad de Estadística e Investigación.
- Ervin, N. (2002). *Advanced community health nursing practice* (1st ed.). Upper Saddle River, NJ: Prentice Hall.
- Geography Statistics. (1999). *Population density (most recent) by country*. Retrieved from http://www.nationmaster.com/graph/geo_pop_den-geography-population-density
- Heymann, T. (1994). Clinical protocols are key to quality healthcare delivery. *International Journal of Health Care Quality Assurance*, 7(7), 14–17.
- Houmes, B. V., Fagan, M. M., & Quintana, N. M. (2003). Establishing a sexual assault nurse examiner (SANE) program in the emergency department. *The Journal of Emergency Medicine*, 25(1), 111–121.
- International Council of Nurses (Ed.). (2006). *The ICN code of ethics for nurses*. Geneva, Switzerland: Author (Original work published 1953)
- Jewkes, R., Sen, P., & García, C. (2002). Sexual violence. In E. Krug, L. Mercy, J. Dahlberg, A. Zwi, & R. Lozano (Eds.), *World report on violence and health* (924154561, pp. 147–174). Geneva, Switzerland: World Health Organization.
- McLaughlin, S. A., Monahan, C., Doezema, D., & Crandall, C. (2007). Implementation and evaluation of a training program for the management of sexual assault in the emergency department. *American College of Emergency Physicians*, 49(4), 489–494.
- National Health Service Institute for Innovation and Improvement. (2008). *Quality and service improvement tools*. Retrieved from www.institute.nhs.uk/index.php
- Rycroft-Malone, J., Morrell, C., & Bick, D. (2004). The research agenda for protocol-based care. *Nursing Standard*, 19(6), 33–36.
- Stermac, L., Dunlap, H., & Bainbridge, D. (2005). Sexual assault services delivered by SANES. *Journal of Forensic Nursing*, 1(3), 124–128.
- Stufflebeam, D. L. (2003). *The CIPP model for evaluation*. In 2003 Annual Conference of the OPEN (pp. 1–67). Retrieved from <http://www.wmich.edu/evalctr/pubs/CIPP-ModelOregon10-03.pdf>
- Tyndall, P. (1999). Protocols in practice: What are the guidelines and how do you work with them? *Nursing Case Management*, 4(1), 25–27.
- University of Minnesota. (2007). *Evidence-based practice tutorial*. Retrieved from <http://hsl.lib.umn.edu/learn/ebp/>
- U.S. Census Bureau. (2000). *Census 2000 data for Puerto Rico*. Washington, DC: U.S. Census Bureau. Retrieved <http://www.census.gov/census2000/states/pr.html>
- U.S. Department of Justice Office on Violence Against Women. (2004). *A national protocol for sexual assault medical forensic examinations adults/adolescents* (NCJ 206554, pp. 53–55). Washington, DC: Author.
- World Health Organization (Ed.). (2007). *Sexual violence: Strengthening the health sector response*. Retrieved http://www.who.int/violence_injury_prevention/violence/activities/sexual_violence/en/print.html