INTERNATIONAL ASSOCIATION OF
Forensic Nurses

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Sexual Assault Nurse Examiner (SANE)

EDUCATION GUIDELINES

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INTRODUCTION

The primary purpose of the International Association of Forensic Nurses *Sexual Assault Nurse Examiner (SANE) Education Guidelines* is to help the sexual assault nurse examiner meet the medicolegal needs of those who have been affected by sexual violence, including individual patients, families, communities, and systems. Registered nurses who perform medicolegal-forensic evaluations must receive additional and specific didactic and clinical preparation to care for adult, adolescent, and pediatric patients following sexual violence or assault. The sexual assault nurse examiner practicing within recommendations set forth in the *Sexual Assault Nurse Examiner (SANE) Education Guidelines* uses the nursing process and applies established evidence-based standards of forensic nursing practice to ensure that all patients reporting sexual violence and victimization receive competent medicolegal-forensic evaluation, taking into consideration developmental, cultural, racial, ethnic, sexual, and socioeconomic diversity.

The *Sexual Assault Nurse Examiner (SANE) Education Guidelines* set forth the ***minimum*** level of instruction for each key target competency in the adult/adolescent and/or pediatric/adolescent populations, while allowing for flexibility to meet the educational needs of registered nurses in diverse practice settings and communities. At this time, most sexual assault nurse examiners are trained and practice within the United States and, therefore, some of the content included in these guidelines is limited to application in the United States.

PURPOSE OF THE GUIDELINES

The purpose of the *Sexual Assault Nurse Examiner (SANE) Education Guidelines* is to:

1. Identify a standardized, evidence-based body of scientific knowledge for the medical-forensic evaluation of the patient who has experienced sexually assault or abuse;
2. Summarize the concept, development, function, and collaboration of the multidisciplinary team; and
3. Demonstrate an awareness of sexual assault nurse examiner professional practice issues.

DEFINING PATIENT POPULATIONS

For the purpose of this document, the term "sexual assault nurse examiner" (SANE) refers to a forensic nurse who has specialized training in caring for adult/adolescent and/or pediatric/adolescent patients following sexual assault.

Whether trained as an adult/adolescent SANE, a pediatric/adolescent SANE, or both, the nurse should have a clear understanding of factors that influence the nursing process and the subsequent provision of care to individuals following sexual violence, including:

1. Age
2. Gender
3. Language skills
4. Physiological development
5. Sexual maturation
6. Psychosocial skills
7. Cognitive skills
8. Sexual orientation
9. Moral, ethical, and legal considerations
10. Spiritual beliefs and practices
11. Cultural influences
12. Health priorities
13. Confounding life and/or family issues

For the purpose of this document, developmental age periods are defined in Table 1.0. The adult/adolescent didactic and clinical guidelines provide key target competencies regarding postpubertal patients (defined as the onset of menses in females and the advent of secondary sex characteristics in males) and postmenopausal and other older adult patients. The pediatric/adolescent didactic and clinical guidelines provide key target competencies regarding prepubertal and adolescent patients up to 18 years of age.

TABLE 1.0 DEVELOPMENTAL AGE PERIODS

Developmental Age Periods	
Each child grows at his or her own unique and personal way. Great individual variation exists in the age at which developmental milestones are reached. The sequence is predictable; the exact timing is not. . . . Adolescence, which literally means to "grow into maturity," is generally regarded as the psychologic, social, and maturational process initiated by the pubertal changes (Hockenberry, & Wilson, 2013, pp. 66, 477).	
• Prenatal	Conception to birth
• Infancy	Birth to 12 months *Neonate – Birth to 28 days* *Infant – 1 to 12 months*
• Early Childhood	1 to 6 years *Toddler – 1 to 3 years* *Preschool – 3 to 6 years*
• Middle Childhood	6 to 11 or 12 years *School age*
• Later Childhood	11 to 18 years *Prepubertal – 10 to 13 years* *Adolescence – 13 to 18 years*
• Adult	18 years and over

(Hockenberry, & Wilson, 2013)

INSTRUCTIONAL METHODOLOGIES

Nurses attending continuing education courses learn in a variety of ways. Knowles's theory informs the process of adult learners. This theory states that active involvement is key to the learning process. The active learner retains more information, more readily sees the applicability of that information, and learns more quickly. Knowles assumes that the learner must be self-directed, knows the reason that he or she needs to know the information, and brings a different type and quality of experience (Amerson, 2001; Atherton, 2011).

Participants in the sexual assault nurse examiner education courses are motivated learners. They have decided to expand their knowledge base to become educated in providing specialized care to patients who have experienced sexual violence. However, not all adults learn in the same manner. Instructors may use a variety of mediums to design and deliver a curriculum to the students.

I. Classroom Education:

Traditionally, basic SANE education content has been delivered in the classroom setting. Students attend the didactic portion whereby an instructor presents information. Class time has ranged from three to five days with participants attending up to eight hours per day. This method offers several advantages. First, many participants are comfortable with the traditional classroom setting. It affords an active conversational setting whereby instructors and peers have the opportunity to network and learn from each other (Anderson, 2012; University of Connecticut, n.d.). Questions are answered immediately and the instructor clarifies content so many benefit from the explanation. Another advantage is the structure provided by the classroom (Anderson, 2012). The course is delivered on specific dates at predetermined times. Finally, few technology demands exist in the classroom setting. Computer skills are rarely required. The main disadvantage to this approach is that the instructor may not be able to accommodate the learning style of each participant (Michael, 2009). Each person learns and retains information in a different manner: by listening, seeing, or doing. This consideration should be noted when delivering the curriculum in this format.

II. Web-Based Education:

A growing trend in education has been the development of web-based programs or courses that are available on the Internet. Evidence has shown the effectiveness of Internet learning as documented in medical education (Ruiz, 2006). Message boards, teleconferencing, and chats make collaborative learning more readily available. Ruiz (2006) writes that studies in collaborative learning have shown higher levels of learning satisfaction, improvements in knowledge and self-awareness, and an enhanced understanding of concepts, course objectives, and changes in practice. This type of curriculum delivery allows large numbers of participants to benefit from the learning opportunity. Students complete course requirements at their own pace within a given time frame. The major disadvantage is that the face-to-face interaction with instructors and peers is lost because of a separation of time and space (University of Connecticut, n.d.). Effective time management skills are required for this type of learning, which may discourage some from excelling.

III. Simulation:

Simulation has become an increasingly popular tool in nursing education (Sanford, 2010). The use of simulation includes mechanical simulators ("sim-man"), role playing with standardized patients, scenario setting, and case studies. This type of learning has shown to increase patient safety and decrease errors, improve clinical judgment, and is useful for evaluating specific skills (Harder, 2010). However, limited research exists in nursing regarding the outcomes of using simulation in nursing education (Sanford, 2010). In one study by

Lasater (2007), students reported benefit from merging didactic information with hands-on practice and from experiencing various scenarios in a controlled environment before practicing in the clinical arena. In addition, this type of activity helps students develop better critical thinking skills (Sanford, 2010). Disadvantages to using simulation include the amount of time required takes to set up a simulation laboratory, create scenarios, and plan for role plays (Sanford, 2010). When mechanical simulators are used, patient reactions to procedures are lost (Lasater, 2007). The use of simulation to teach and evaluate skills associated with conducting the medical-forensic sexual assault examination may be incorporated into the curriculum. However, the simulation must be structured. Clear objectives with set scenarios and methods for evaluating student performance based upon the established objectives are essential. A process for providing feedback to the student must be developed and consistently used (International Nursing Association for Clinical Simulation & Learning, 2011). To address the student's action or inaction in the simulation environment, the instructors should be thoroughly familiar with the scenarios. Successful simulation sessions require much preparation and cannot be loosely organized. Consultation with educators who use various methods of simulation is highly recommended.

IV. Recommendations for Instructors:

Sexual assault nurse examiner course instructors are challenged with designing and teaching a high-quality course that meets all objectives. It is recommended that various mediums be used when presenting course material. Blended learning involves using multiple forms of instruction to meet the needs of the students (Yuen, 2011). For example, instructors could present lectures, but have students prepare for the course in advance by completing some lessons via a web-based connection. Classroom didactics should ideally use a combination of slide presentations, videos, discussion, case studies, and lecture. Students should be encouraged to discuss the concepts as they apply to actual cases involving forensic health care.

Simulation may be used to teach and reinforce tasks associated with the medical-forensic examination, such as anogenital inspection, speculum insertion, evidence packaging, et cetera. The medical-forensic examination may be simulated with either live models or mechanical simulators. Care should be given to the development and evaluation of the scenario content and objectives.

Simulated medical-forensic examinations should not be used exclusively for teaching or evaluating clinical skills. Precepted examinations are an essential component to ensure that the student is ready to perform an adequate examination independently. Limited information is available regarding how much simulation should be used in relation to actual precepted patient care. The National Council of State Boards of Nursing (NCSBN) (2005) documents that the ratio of simulation to direct care clinical experiences varies throughout nursing schools in the United States. The NCSBN position paper recommends using a blend to evaluate student mastery of clinical tasks. This is also a recommendation for sexual assault nurse examiner education.

Students may best master basic technical skills under structured guidance during simulation. Skill at interacting with a patient in a clinical setting, particularly establishing competence in gathering a medical-forensic history, may be enhanced through actual precepted examinations on patients affected by sexual assault.

Regardless how the courses are conveyed, instructors must consider the variables associated with teaching the adult learner and develop content designed to overcome challenges associated with different styles of learning (seeing, doing, and reading). By using a variety of methods, the instructor will engage students and enhance the learning experience.

THEORETICAL FRAMEWORK

The International Association of Forensic Nurses Education Guidelines Task Force discussed several nursing theories upon which to base the *Sexual Assault Nurse Examiner (SANE) Education Guidelines*. Consensus was reached to use both Sister Callista Roy's Adaptation Model of Nursing and Dr. Patricia Benner's From Novice to Expert Theory as the theoretical frameworks. Each theory is summarized below along with its application to the *Sexual Assault Nurse Examiner (SANE) Education Guidelines*.

I. Roy's Adaptation Model of Nursing:

The Task Force found Sister Callista Roy's Adaptation Model of Nursing to most accurately depict the forensic nursing process. According to Roy's model, the individual is a "bio-psycho-social being in constant interaction with a changing environment" (Nursing Theory, 2013). Viewing people as individuals and in groups, such as communities and families, is a major component of the model. SANE educational courses identify the patient as an individual and as part of a family or community system, which is affected by all forms of violence. Roy focuses on the nursing process as a way to identify the patient's needs and formulate a plan of care. The nursing process is the foundation for SANE practice. The nurse assesses the patient's needs and responses, identifies nursing diagnoses with clear steps for behavioral outcomes (Boston College, 2013) and formulates a plan of care, which he or she implements and evaluates.

The *Sexual Assault Nurse Examiner (SANE) Education Guidelines* incorporate the nursing process as the framework for teaching. This specialized training prepares the SANE to provide holistic care and determine appropriate nursing diagnoses and interventions based, on the individual patient's needs as well as the needs of the patient's family and community. Roy's key concepts of person, environment, health, and nursing form the basis of the care that SANEs provide to their patients (Nursing Theory, 2013). Each concept influences the other and nursing practice serves as the overarching component for facilitating the healing process.

II. Benner's From Novice to Expert Theory

Dr. Patricia Benner conceptualized how expert nurses develop skills and understanding of patient care not only through education but also through experiences. Her seminal 1984 work, *From Novice to Expert; Excellence and Power in Clinical Nursing Practice*, outlines the process by which a nurse progresses from novice to expert. Benner's theory proposes an approach to the learning process that highlights the importance of clinical experience as an extension of practical knowledge. Experience is a prerequisite for expertise. Benner uses the theory to describe how nurses progress through five levels; novice, advanced beginner, competent, proficient and expert.

An expert nurse is able to integrate a variety of information and practical nursing tasks related to patient care into a meaningful whole. To apply this theory to SANE training, expert nurse mentors or preceptors develop the training and curriculum of the novice SANE and identifies implications for teaching and learning at each level.

SANEs use substantial analytical and critical thinking skills as well as intuition in many aspects of clinical care of patients following sexual assault. SANEs must identify, analyze, and intervene in a variety of complex situations and patient conditions that may be new to the novice SANE. It is impossible to teach every condition and circumstance that a SANE may encounter. The development of critical thinking skills is what supplements technical knowledge. Preceptor roles must be developed to convey this experiential knowledge to novice SANEs. Real-life scenarios or clinical narratives may also convey this knowledge

and can be used to deepen the understanding of clinical practice that cannot be otherwise quantified.

> *Not all of the knowledge embedded in expertise can be captured in theoretical propositions, or with analytic strategies that depend on identifying all the elements that go into the decision. However, the intentions, expectations, meanings, and outcomes of expert practice can be captured by interpretive descriptions of actual practice.* (Benner, 1984, p. 4)

Developing expert SANE practice is essential for providing quality care to patients following sexual assault. The skills of an expert nurse are best imparted through clinical experience, whereby the expert shares complex and critical nursing decisions and communication abilities. A novice nurse initially will rely on the technical "black and white" knowledge gained through textbooks and training. Only with experience will these nurses move from task-oriented skills to the more "gray" areas encountered when caring for sexual assault patient populations. As nurses progress, they move from skills such as forensic evidence collection and physical examination to developing a strong therapeutic relationship, understanding and managing psychological reactions and mental health concerns, and integrating complex and numerous sources of information (medical, forensic, psychological, legal, social, political) to provide a holistic view of the patient.

The *SANE Education Guidelines* capitalize on the process of experiential learning and support and sustain expert clinicians as preceptors who will tailor the teaching and learning of the novice SANE to his or her unique needs.

SEXUAL ASSAULT NURSE EXAMINER (SANE) EDUCATION REQUIREMENTS

Coursework Content/Didactic Component

The coursework requirements identified in this section provide the minimum course hours necessary to meet the SANE training eligibility requirements to apply to sit for the Commission for Forensic Nursing Certification examinations. The 40-hour course for the adult/adolescent or pediatric programs are designed as a basic course for those new to the field of forensic nursing and the specialized area of caring for sexual assault patients. Clinical preceptorships, clinical experience, and ongoing training will assist the nurse in developing a solid foundation for practice in this field.

I. Adult/Adolescent

- A minimum of 40 hours of coursework that yields 40 nursing continuing education contact hours, or academic credit or the national equivalent from an accredited educational institution; and
- Clinical components, including simulated clinical experiences, are completed in addition to the coursework and are not calculated as a part of the 40 hours.

II. Pediatric/Adolescent

- A minimum of 40 hours of coursework that yields 40 nursing continuing education contact hours, or academic credit or the national equivalent from an accredited educational institution; and
- Clinical components, including simulated clinical experiences, are completed in addition to the coursework and are not calculated as a part of the 40 hours.

III. Combination Adult/Adolescent and Pediatric/Adolescent

- Must be a minimum of 64 hours of coursework that yields 64 nursing continuing education contact hours, or academic credit or the national equivalent from an accredited educational institution; and
- Clinical components, including simulated clinical experiences, are completed in addition to the coursework and are not calculated as a part of the 64 hours.

Each course must provide nursing contact hours, nursing academic credits, or a national equivalent that demonstrates proof of hours and course content.

Clinical Education Component

The clinical preceptorship is designed to complement the classroom educational experience and allow the SANE to apply information and skills obtained during the classroom experience. The required clinical experience is *in addition to* the 40-hour didactic course. It is recommended that this preceptorship be completed with the guidance of a physician, advanced practice nurse, or a forensically experienced registered nurse.

Clinical preceptor experiences should be completed in a time frame that ensures competency and maximum retention of knowledge and skills, typically within six months of completion of the didactic training. Required clinical skills shall be performed until competent, and competency is determined by the professional assessing the required clinical skills.

The Dreyfus Model of Skills Acquisition proposes that any skill training procedure must be based on some model of skill acquisition to address, at each stage of training, the appropriate issues involved in facilitating advancement. This model moves adult learners through five levels of development: 1) Novice 2) Advanced Beginner 3) Competent 4) Proficient and 5) Expert (Dreyfus, 1980). Benner (1982) used this same model to publish a study regarding how nurses develop clinically. Benner proposed that the *novice* has no practical experience and little understanding of contextual meaning; the *advanced beginner* has enough patient care experience to recognize and discriminate priorities; the *competent* nurse has practiced in the same population for two or three years, is efficient, organized, and capable of developing plans of care; the *proficient* nurse sees the whole picture and can anticipate patient needs based on experience with that population; and the *expert* nurse has a comprehensive grasp of patient care situations and can focus on problems and address them with flexibility and proficiency.

In the majority of cases, the newly trained SANE will begin her or his practice at the *novice* or *advanced beginner* stages of skill acquisition because both the patient population and the role are new to the nurse. For this reason, and in recognition of Benner's description of clinical nursing development, it is recommended that a minimum of two years in clinical practice as a registered nurse occur prior to practicing as a SANE.

Given the diversity of communities and the different challenges facing rural, low-volume versus urban, high-volume communities, multiple options for clinical skill attainment must be recognized. Clinical skills acquisition may be obtained using any of the following approaches:

Approach 1:

A. Clinical experience with non-sexual assault patients, while being precepted by a physician, physician assistant, or advanced practice nurse, adhering to the clinical content described below until competency is achieved; and
B. Clinical experience with patients following sexual assault while being precepted by a physician, advanced practice nurse, or a forensically experienced registered nurse, adhering to the clinical content described below until competency is achieved at the local program level.

Approach 2:

A. Simulated patient experiences use live models while being precepted by a physician, physician assistant, advanced practice nurse, or a forensically experienced registered nurse, adhering to the clinical content described below until competency is achieved.

B. Clinical experience with patients following sexual assault, while being precepted by a physician, advanced practice nurse, or a forensically experienced registered nurse, adhering to the clinical content described below until competency is achieved at the local program level.

Approach 3:

A. Simulated patient experiences using medical simulation models while being precepted by a physician, physician assistant, advanced practice nurse, or a forensically experienced registered nurse, adhering to the clinical content described below; and

B. Clinical experience with patients following sexual assault while being precepted by a physician, advanced practice nurse, or a forensically experienced registered nurse, adhering to the clinical content described below until competency is achieved at the local program level.

RECOMMENDATIONS FOR INSTRUCTORS

Instructors for Adult/Adolescent Patient Populations

The Association recognizes the importance of having both core faculty members and multidisciplinary content experts provide instructional content during an adult/adolescent SANE educational program. Core faculty members are defined as those individuals who are primarily responsible for structuring, providing, and evaluating the content associated with the educational offering. Multidisciplinary content experts are individuals who provide specific educational content in their respective area of expertise and may include but are not limited to ancillary experts in nursing, other healthcare disciplines, law enforcement, forensic science, social services, advocacy, or the judicial community. Listed below are the guidelines for the core faculty member(s) and the multidisciplinary content expert(s):

I. Core faculty member(s) recommendations:

a. Holds current, active, and unrestricted registered nursing licensure his or her respective Board of Nursing or other appropriate governing body

b. Has successful completed the didactic and clinical requirements associated with an adult/adolescent SANE training

c. Demonstrates active participation in continuing education relevant to caring for adult/adolescent sexual assault patient populations

d. At least one core faculty member holds a current Association SANE-A certification

e. At least one core faculty member demonstrates expert clinical competency by:

   i. Engaging in active clinical practice in the care of adult/adolescent sexual assault patient populations, and

   ii. Having at least five years of experience in caring for adult/adolescent sexual assault patient populations (Benner, 1984)

f. At least one core faculty member demonstrates expertise in providing instructional content to the adult learner

II. Multidisciplinary content expert(s) recommendations:

a. Demonstrates the ability to present instructional content effectively (ANCC, 2013)

b. Demonstrates content expertise as indicated by:
   i. Recent experience in the specialty area (ANCC, 2013)
   ii. Advanced professional development that signifies expertise in the specific content area (ANCC, 2013) and/or
   iii. Certification in the specialty area (ANCC, 2013) and/or
   iv. Academic preparation in the specialty area (ANCC, 2013)

Instructors for Pediatric/Adolescent Patient Populations

The Association recognizes the importance of having both core faculty members and multidisciplinary content experts provide instructional content during a pediatric/adolescent SANE educational program. Core faculty members are defined as those individuals who are primarily responsible for structuring, providing, and evaluating the content associated with the educational offering. Multidisciplinary content experts are individuals who provide specific educational content in their respective area of expertise and may include but are not limited to ancillary experts in nursing, other healthcare disciplines, law enforcement, forensic science, social services, advocacy, or the judicial community. Listed below are the guidelines for the core faculty member(s) and the multidisciplinary content expert(s):

I. Core faculty member(s) recommendations:

a. Holds current, active, and unrestricted registered nursing licensure through his or her respective Board of Nursing or other appropriate governing body

b. Has successful completed the didactic and clinical requirements associated with a pediatric/adolescent SANE training

c. Demonstrates active participation in continuing education relevant to caring for pediatric/adolescent sexual assault patient populations

d. At least one core faculty member holds a current Association SANE-P certification

e. At least one core faculty member demonstrates expert clinical competency by:
   i. Engaging in active clinical practice in the care of pediatric/adolescent sexual assault patient populations, and
   ii. Having at least five years of experience in caring for pediatric/adolescent sexual assault patient populations (Benner, 1984)

f. At least one core faculty member demonstrates expertise in providing instructional content to the adult learner

II. Multidisciplinary content expert(s) recommendations:

a. Demonstrates the ability to present instructional content effectively (ANCC, 2013)

b. Demonstrates content expertise as indicated by:

   i. Recent experience in the specialty area (ANCC, 2013)

   ii. Advanced professional development that signifies expertise in the specific content area (ANCC, 2013) and/or

   iii. Certification in the specialty area (ANCC, 2013) and/or

   iv. Academic preparation in the specialty area (ANCC, 2013)

Section I:

Adult/Adolescent Sexual Assault Nurse Examiner (SANE)
EDUCATION GUIDELINES

ADULT/ADOLESCENT DIDACTIC CONTENT

SEXUAL VIOLENCE

The World Health Organization (WHO) (2010) defines "sexual violence" as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting including but not limited to home and work" (p. 11). Worldwide sexual violence takes many forms and may include but is not limited to rape, sexual harassment, sexual assault/abuse, forced or coerced marriage or cohabitation, genital mutilation and forced prostitution or trafficking for the purpose of sexual exploitation (WHO, 2002). Sexual violence may include intimate partner violence. The WHO (2010) defines "intimate partner violence" as "behavior within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors" (p. 11).

In a multicountry study conducted by the WHO, the prevalence rate of sexual violence by a partner ranged from 6% to 59% and by a non-partner from 0.3% to 11.5% in subjects up to 49 years of age. In the same study, 3% to 24% of the subjects reported that their first sexual experience was forced and occurred during adolescence. Among women, prevalence rates for sexual and/or physical violence involving an intimate partner across the lifespan range from 15% to 71% of women. Although limited in number, other studies support similar or higher prevalence rates for physical and sexual intimate partner violence in same-sex relationships (WHO, 2010). In a systematic review of 75 studies, the prevalence rate of sexual violence across the lifespan for lesbian or bisexual women ranged from 15.6% to 85% and for gay or bisexual men from 11.8% to 54% (Rothman, Exner, & Baughman, 2011). Limited studies address the prevalence rates of intimate partner and sexual violence in adult males; those that exist are problematic given that most experts believe available statistics drastically under-represent the number of male rape victims. In studies from developed countries, 5% to 10% of men report a history of male child sexual abuse (WHO, 2002).

Numerous consequences are associated with sexual violence. Sexual violence in childhood and adolescence is significantly associated with higher rates of health risks and health-risk behaviors in both males and females. In adulthood, intimate partner and sexual violence is associated with higher prevalence rates of unintended pregnancies, abortions and pregnancy complications, sexually transmitted infections, mental health disorders, and suicide. In addition, children of women who experience intimate partner or sexual violence are more likely to have poorer overall health and educational outcomes and behavioral and emotional disturbances associated with perpetrating or experiencing violence themselves later in life (WHO, 2010).

Risk factors associated with intimate partner or sexual violence victimization include but are not limited to young age, lower socioeconomic status, exposure to maltreatment as a child, mental

health disorders, alcohol and/or illicit drug use, weak or absent support systems within the community, and societal support of violence (WHO, 2010).

ADULT/ADOLESCENT DIDACTIC CONTENT TARGET COMPETENCIES

The following content framework is designed to provide the adult/adolescent SANE with the ***minimum*** target competencies to demonstrate the cognitive, affective, and psychomotor skills needed to use the nursing process in caring for adult and adolescent patients following sexual violence. The target competencies provide adult/adolescent SANEs from a variety of professional practice backgrounds with the foundational knowledge and critical thinking skills necessary to provide holistic, comprehensive care to adult and adolescent sexual assault patient populations. Each key target competency contains measureable outcome criteria that follow the steps of the nursing process, including assessment, diagnosis, outcomes/planning, implementation, and evaluation.

Key Target Competencies:

I. Overview of Forensic Nursing and Sexual Violence

II. Victim Responses and Crisis Intervention

III. Collaborating with Community Agencies

IV. Medicolegal History Taking

V. Observing and Assessing Physical Examination Findings

VI. Medicolegal Specimen Collection

VII. Medicolegal Photography

VIII. Sexually Transmitted Infection Testing and Prophylaxis

IX. Pregnancy Testing and Prophylaxis

X. Medicolegal Documentation

XI. Discharge and Followup Planning

XII. Courtroom Testimony and Legal Considerations

I. Overview of Forensic Nursing and Sexual Violence

A. Forensic Nursing Overview

These competencies describe the role of the adult/adolescent SANE in incorporating fundamental forensic principles and practices into the nursing process when providing care for adult and adolescent patients following sexual assault.

a. Describe the history and evolution of forensic nursing

b. Identify the role of the adult/adolescent SANE in caring for adult and adolescent sexual assault patient populations

c. Describe the role of the adult/adolescent SANE as applied to sexual violence education and prevention

d. Identify the role of the International Association of Forensic Nurses in establishing the scope and standards of forensic nursing practice

e. Discuss key aspects of the Forensic Nurses' Forensic Nursing: Scope and Standards of Practice

f. Discuss professional and ethical conduct as they relate to adult/adolescent SANE practice and the care of adult and adolescent sexual assault patient populations, including the ethical principles of autonomy, beneficence, nonmalfeasance, veracity, confidentiality, and justice

g. Identify nursing resources, locally and globally, that contribute to current and competent adult/adolescent SANE practice

h. Define vicarious trauma

i. Identify methods for preventing vicarious trauma associated with adult/adolescent SANE practice

j. Discuss key concepts associated with the use of evidence-based practice in the care of adult and adolescent sexual assault patient populations

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B. Sexual Violence

These competencies describe the dynamics of sexual violence, providing context for the care of adult and adolescent patients following sexual assault. The adult/adolescent SANE uses this knowledge to educate patients about the connection between violence and health, and to collaborate with patients in identifying appropriate interventions and community referrals.

a. Define and identify the types of sexual violence

b. Define and identify the types of interpersonal or intimate partner violence (IPV) Outline global incidence and prevalence rates for sexual violence and IPV in the female and male adolescent and adult populations

c. Identify risk factors for sexual violence and IPV

d. Discuss the health consequences of sexual violence and IPV to include physical, psychosocial, cultural, and socioeconomic sequelae

e. Identifies underserved sexual assault populations and associated prevalence rates including but not limited to:

i. Men
ii. Inmates
iii. GLBTIQ (Gay, Lesbian, Bisexual, Transgender, Intersex, Questioning/Queer)
iv. Adolescents
v. Elder
vi. Patients with disabilities
vii. Culturally diverse populations
viii. Mental health populations

f. Patients with language/communication barriers

g. Describe nursing challenges unique to providing care to underserved sexual assault patient populations

h. Discuss best practices for improving forensic nursing care provided to underserved patient populations

i. Differentiate myths from facts regarding sexual violence and IPV in adult and adolescent patient populations

j. Identify key concepts associated with offender typology and the related effect on sexual assault patient populations

k. Discuss the difference between the minor and adult patient populations as related to adult and adolescent sexual violence

l. Select appropriate nursing diagnoses for adult and adolescent patients following sexual assault as to their risk for problems related to sexual violence
   i. Example: Knowledge deficit regarding risk factors for sexual violence
   ii. Example: Anxiety related to cultural stigma associated with sexual violence

II. Victim Responses and Crisis Intervention

These competencies describe the psychosocial impact of sexual violence on adult and adolescent patient populations, thereby providing the adult/adolescent SANE with the foundational knowledge needed to appropriately assess, plan, implement, and evaluate care as well as collaborate with patients in identifying appropriate community referrals.

a. Identify common psychosocial responses to sexual violence and IPV in adult and adolescent populations

b. Discuss the acute and long-term psychosocial ramifications associated with sexual violence and IPV

c. Describe the emotional and psychological responses and sequelae following sexual violence, including familiarity with traumatic and stress-related disorders applicable to adult and adolescent sexual violence patient populations

d. Identify key components of a suicide risk assessment

e. Identify key components of a safety risk assessment

f. Identify risk factors for acute and chronic psychosocial sequelae in adult and adolescent patients following sexual violence and IPV

g. Demonstrate an awareness of common concerns regarding reporting to law enforcement following sexual violence/IPV and potential psychosocial ramifications associated with this decision

h. Provide culturally competent, holistic care to adult and adolescent sexual assault populations, based on objective and subjective assessment data, patient-centered outcomes, and patient tolerance

i. Identify risk factors for nonadherence in adult and adolescent patient populations following sexual violence

j. Recognize the diverse psychosocial issues associated with underserved sexual violence patient populations, including but not limited to:
   i. Men
   ii. Inmates
   iii. GLBTIQ
   iv. Adolescents
   v. Patients with disabilities
   vi. Culturally diverse populations

vii. Mental health populations

viii. Patients with language/communication barriers

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k. Select appropriate nursing diagnoses applicable to adult and adolescent patients at risk for actual or potential psychosocial sequelae following sexual assault

i. Example: Emotional and psychological trauma related to an episode of sexual violence

ii. Example: Risk for self-harm related to alterations in self-concept following an episode of sexual violence

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l. Implement critical thinking processes based on relevant assessment data when prioritizing the implementation of crisis intervention strategies in adult and adolescent patients following sexual violence

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m. Structure the development of patient outcomes, interventions, and evaluation criteria designed to address actual or potential psychosocial problems based on the patient's chronological age, developmental status, identified priorities, and tolerance

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n. Demonstrate an understanding of techniques and strategies for interacting with adult and adolescent patients and their families following a disclosure of sexual violence, including but not limited to:

i. Empathetic and reflective listening

ii. Maintaining dignity and privacy

iii. Facilitating participation and control

iv. Respecting autonomy

v. Maintaining examiner objectivity and professionalism

III. Collaborating with Community Agencies

These competencies are designed to provide the adult/adolescent SANE with the foundational knowledge to effectively interact and collaborate with multidisciplinary team members involved in the care of adult and adolescent patients following sexual violence.

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a. Demonstrate an understanding of the sexual assault response team (SART), including:

i. Overview of roles and responsibilities

ii. SART models

iii. Strategies for implementing and sustaining a SART

iv. Benefits

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b. Discuss the roles and responsibilities of the following multidisciplinary SART members as they relate to adult and adolescent sexual violence:

i. Victim advocates (community- and system-based)

ii. Forensic-medicolegal examiners (adult/adolescent SANEs, death investigators, coroners, medical examiners, forensic nurse consultants)

iii. Law enforcement

iv. Prosecuting attorneys

v. Defense attorneys

vi. Forensic scientists

vii. Social service agencies

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c. Discuss key strategies for initiating and maintaining effective communication and collaboration between multidisciplinary SART members

IV. Medicolegal History Taking

These competencies are designed to provide the adult/adolescent SANE with the necessary skills to accurately, objectively, and concisely obtain medicolegal information associated with an adult or adolescent sexual assault.

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a. Demonstrate a comprehensive understanding of the key components of medicolegal history taking associated with an adult/adolescent sexual assault, including but not limited to:

   i. Past medical history
      1. Allergies
      2. Medications
      3. Medical/surgical history
      4. Vaccination status

   ii. Anogenital-urinary history
      1. Last consensual intercourse
      2. Pregnancy history
      3. Contraception usage
      4. Last menstrual period

   iii. Event history
      1. Actual/attempted acts
      2. Date and time of event
      3. Location of event
      4. Assailant information
      5. Use of weapons/restraints/threats
      6. Suspected drug-facilitated sexual assault
      7. Condom use
      8. Ejaculation
      9. Pain or bleeding associated with acts
      10. Physical assault
      11. Potential destruction of evidence

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b. Identify techniques for establishing rapport and facilitating disclosure, while considering the patient's age, developmental level, tolerance, and gender and cultural differences

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c. Select appropriate nursing diagnoses applicable to medicolegal history taking in adult and adolescent patients following a sexual assault

   i. Example: Impaired communication related to psychological barriers associated with disclosure of event history

V. Observing and Assessing Physical Examination Findings

These competencies outline the role of the adult/adolescent SANE in assessing and identifying physical findings, including potential mechanisms of injury in adult and adolescent patients following a sexual assault. The adult/adolescent SANE is responsible for using evidence-based practice as a framework for identifying and interpreting physical findings and for ensuring that adult and adolescent patients receive holistic, comprehensive care that focuses on evidentiary, nursing, and medical priorities and practices.

a. Demonstrate the ability to prioritize a comprehensive head-to-toe physical assessment that is age, gender, developmentally, and culturally appropriate, while considering the patient's tolerance, including:
   i. Assessing the patient's general appearance, demeanor, cognition, and mental status
   ii. Assessing clothing and other personal possessions
   iii. Assessing body surfaces for physical findings
   iv. Assessing anogenital structures
   v. Assessing sexual maturation
   vi. Assessing the impact of estrogen on anogenital structures

b. Define mechanical and physical trauma and identify types of each
   i. Blunt force
   ii. Sharp force
   iii. Gunshot wounds

c. Define terminology associated with mechanical and physical trauma findings, including but not limited to:
   i. Abrasion
   ii. Laceration/tear
   iii. Cut/incision
   iv. Bruise/contusion
   v. Hematoma
   vi. Swelling/edema
   vii. Redness/erythema
   viii. Petechiae

d. Demonstrate an awareness of normal anogenital anatomy and physiology, including but not limited to:
   i. Normal anatomical variants
   ii. Types and patterns of injury that are potentially related to sexual assault
   iii. Physical findings and medical conditions or nonassault-related trauma that can be misinterpreted as resulting from a sexual assault

e. Apply a multimethod approach for identifying and confirming physical findings which may include:
   i. Positioning
   ii. Labial separation/traction
   iii. Sterile water irrigation
   iv. Colposcopic visualization
   v. Toluidine blue dye application
   vi. Foley catheter technique
   vii. Peer review/expert consultation

f. Identify current evidence-based references and healthcare practice guidelines for the care of the adult and adolescent patient who has experienced sexual assault

g. Apply, analyze, and synthesize current evidence-based practice when planning care for adult and adolescent sexual assault patient populations

h. Establish, communicate, evaluate, and revise individualized short- and long-term goals based on the physiological, psychological, sociocultural, spiritual, and economic needs of the adult and adolescent patient who has experienced sexual assault

i. Select appropriate nursing diagnoses applicable to the identification of physical findings following a sexual assault
   i. Example: Impaired skin integrity related to anogenital trauma following a sexual assault
   ii. Example: Pain related to physical findings following a sexual assault

j. Use critical thinking skills and evidence-based practice to analyze potential mechanisms of injury for anogenital and non-anogenital findings, including recognizing findings that may be the result of medical conditions or disease processes

k. Prioritize care based on assessment data and patient-centered goals

l. Appropriately seeks medical consultation and trauma intervention when indicated

m. Demonstrate the ability to evaluate the effectiveness of the established plan of care and modify or adapt care based on changes in data collected throughout the nursing process

VII. Medicolegal Evidence Collection

These competencies describe the role of the adult/adolescent SANE in employing a patient-centered approach to the biologic and trace evidentiary needs of adult and adolescent victims and suspects.

a. Patient (Victim)-Centered Care
   i. Recognize the importance of patient participation and collaboration in evidence collection procedures as a means of recovering from sexual violence

ii. Outline evidence collection options available within the community to the adult and adolescent patient who has experienced sexual assault, including:
    1. Reporting to law enforcement
    2. Non-reporting/anonymous evidence collection
    3. Medical evaluation and treatment

iii. Define time limits of collection of biological evidence following a sexual assault

iv. Identify and describe the types of evidence that can be collected in the adult and adolescent patient following a sexual assault, based on the event history, including but not limited to:
    1. DNA evidence
    2. Trace/non-biological evidence
    3. History documentation
    4. Physical findings identification and documentation
    5. Medicolegal photography
    6. Toxicology

v. Define the chain of custody and explain procedures for maintaining

vi. Articulate history of drug-facilitated sexual assault (DFSA) and identify current trends, describes criteria associated with a risk assessment for DFSA, and identify when appropriate evidence collection procedures are warranted

vii. Demonstrate an awareness of the patient concerns and myths regarding evidence collection

viii. Articulate an awareness of the potential risks and benefits to the patient associated with evidence collection

ix. Identify adjuncts to assist with the identification and collection of potential sources of biological and trace evidentiary specimens, and demonstrate an awareness of the appropriate use of each of the following tools and associated risks and benefits, including but not limited to:
    1. Alternative light sources
    2. Wet to dry technique
    3. Speculum insertion
    4. Colposcopy
    5. Anoscopy

x. Critically appraise data regarding the assault to facilitate complete and comprehensive examination and evidence collection

xi. Select appropriate nursing diagnoses applicable to the collection of biological and trace evidentiary specimens following a reported sexual assault
    1. Example: Knowledge deficit related to the time frame associated with obtaining evidentiary result

xii. Identify current evidence-based practice guidelines for the identification, collection, and preservation of biologic and trace evidence specimens following sexual assault

xiii. Apply, analyze, and synthesize current evidence-based practice when planning evidentiary procedures

xiv. Identify appropriate materials and equipment needed for biologic and trace evidence collection

xv. Demonstrate the ability to modify evidence collection techniques based on the patient's age, developmental/cognitive level, and tolerance

xvi. Identify techniques to support the patient and minimize the potential for additional trauma during evidence collection procedures

xvii. Identify techniques to facilitate patient participation during evidence collection procedures

xvii. Demonstrate the ability to evaluate the effectiveness of the established plan of care and associated evidentiary procedures and modify or adapt said plan based on changes in data collected throughout the nursing process

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b. Patient (Suspect)-Centered Care

i. Outline the differences in victim and suspect examination and evidence collection following a sexual assault

ii. Define the legal authorization needed to obtain evidentiary specimens and examine a suspect, including:
   1. Written consent
   2. Search warrant
   3. Court order

iii. Describe components of a suspect examination

iv. Define time limits of collection of biological evidence in the suspect of a sexual assault

v. Identify and describe the types of evidence that can be collected in the examination of a suspect following sexual assault, including but not limited to:
   1. DNA evidence
   2. Trace/non-biological evidence
   3. Physical findings identification and documentation
   4. Medicolegal photography
   5. Toxicology

vi. Collect and analyze data regarding the reported assault to facilitate complete and comprehensive examination and evidence collection in the suspect of a sexual assault

vii. Discuss measures to prevent cross-contamination if the examination and/or evidence collection of the victim and suspect is performed in the same facility or by the same examiner

viii. Demonstrate the ability to evaluate the effectiveness of the established plan of care and modify or adapt care based on changes in data collected throughout the nursing process

VII. Medicolegal Photography

These competencies demonstrate the adult/adolescent SANE's ability to accurately and objectively document physical and evidentiary findings in adult and adolescent sexual assault patient populations through the use of medicolegal photography.

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b. Demonstrate an understanding of consent, storage, confidentiality, and the appropriate release and use of photographs taken during the medical-forensic examination

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c. Accurately identify physical findings that warrant medicolegal photographic documentation

d. Accurately identify biological and/or trace evidentiary findings that warrant medicolegal photographic documentation

e. Collect and analyze data regarding the physiological, psychological, sociocultural, and spiritual needs of adult/adolescent patients following sexual assault that warrants medicolegal photography

f. Select appropriate nursing diagnoses applicable to adult/adolescent patients following sexual assault that warrants medicolegal photography
    i. Example: Anxiety related to disturbances in self-concept when confronted with using medicolegal photographs in investigative and judicial procedures

g. Outline different options for obtaining medicolegal photographs to include colposcopic images, 35mm, and digital equipment

h. Identify how select variables affect the clarity of medicolegal photographic images, including skin color, type and location of finding, lighting, aperture, and film speed

i. Demonstrate an understanding of key medicolegal photography principles, including obtaining images that are relevant, a true and accurate representation of the subject matter, and noninflammatory

j. Distinguish images obtained by the examiner as part of the medical/health record

k. Accurately identify medicolegal photography principles as they relate to the types of images required by judicial proceedings, including overall, orientation, close-up, and close-up with scale photographs

l. Prioritize medicolegal photography needs based on assessment data and patient-centered goals

m. Adapt medicolegal photography needs based on patient tolerance

n. Appropriately select the correct media for obtaining medicolegal photographs based on the type of physical or evidentiary finding warranting photographic documentation

o. Demonstrate the ability to obtain overall, orientation, close-up and close-up with scale medicolegal photographs that provide a true and accurate reflection of the subject matter

p. Demonstrate the ability to evaluate the effectiveness of the established plan of care and modify or adapt care based on changes in data collected throughout the nursing process

q. Identify situations that may warrant followup medicolegal photographs and discuss options for securing

r. Recognize the need for consistent peer review of photographs to ensure quality and accurate interpretation of photographic findings

VIII. Sexually Transmitted Infection Testing and Prophylaxis

These competencies demonstrate the adult/adolescent SANE's role in using the nursing process when caring for adult and adolescent patients following sexual assault, who are at risk for an actual or potential sexually transmitted infection. Select sexually transmitted infections include gonorrhea, chlamydia, trichomonasis, human immunodeficiency virus, syphilis, herpes, human papillomavirus, and hepatitis B and C.

a. Outline prevalence rates for select sexually transmitted infections

b. Identify risk factors for acquiring select sexually transmitted infections

c. Recognize symptoms associated with select sexually transmitted infections

d. Differentiate symptoms and findings that may mimic sexually transmitted infections

e. Describe key concepts associated with screening for the risk of transmission of select sexually transmitted infections based on the specifics of the patient's provided history

f. Demonstrate an awareness of patient concerns and myths regarding the transmission, treatment, and prophylaxis of select sexually transmitted infections

g. Collect and analyze data regarding the physiological, psychological, sociocultural, spiritual, and economic needs of adult/adolescent patients following sexual assault who are at risk for an actual or potential sexually transmitted infection(s)

h. Select appropriate nursing diagnoses applicable to adult and adolescent sexual assault patients at risk for actual or potential sexually transmitted infection(s)

   i. Example: Knowledge deficit related to risk factors for transmission of select sexually transmitted infections following sexual assault

i. Identify current evidence-based national and/or international guidelines for the testing and prophylaxis/treatment of sexually transmitted infections when planning care for adult/adolescent patients following sexual assault who are at risk for an actual or potential sexually transmitted infection(s)

j. Apply, analyze, and synthesize current evidence-based practice when planning care for adult/adolescent patients following sexual assault who are at risk for an actual or potential sexually transmitted infection(s)

k. Compare the risks and benefits of testing for select sexually transmitted infection(s) during the acute forensic evaluation versus at the time of initial followup after prophylaxis

l. Modify testing methodologies appropriately based on site of collection, pubertal status, and patient tolerance for select sexually transmitted infections

m. Distinguish between screening and confirmatory testing methodologies for select sexually transmitted infections

n. Identify prophylaxis options, common side effects, routes of administration, contraindications, necessary baseline laboratory specimens when applicable (e.g., HIV), dosing, and followup requirements for select sexually transmitted infection(s)

o. Establish, communicate, evaluate, and revise individualized short- and long-term goals based on the physiological, psychological, sociocultural, spiritual, and economic needs of adult/adolescent patients following sexual assault who are at risk for an actual or potential sexually transmitted infection(s)

p. Prioritize care based on assessment data and patient-centered goals

q. .Discuss appropriate sexually transmitted infection(s) testing and prophylaxis based on current evidence-based practice, risk factors for transmission, and symptomology

r. Adapt sexually transmitted infection(s) testing and prophylaxis based on patient tolerance, adherence, and contraindications

s. Appropriately seek medical consultation when indicated

t. Demonstrate an understanding of collection, preservation, and transport of testing medias for select sexually transmitted infections(s)

u. Demonstrate the ability to evaluate the effectiveness of the established plan of care and modify or adapt care based on changes in data collected throughout the nursing process

v. Demonstrate the ability to identify and explain necessary followup care and discharge instructions associated with select sexually transmitted infection(s)

IX. Pregnancy Testing and Prophylaxis

These competencies provide the adult/adolescent SANE with the necessary knowledge and skills to accurately assess the risk of pregnancy following a sexual assault and to provide the adult and adolescent patient with options for receiving emergency contraception.

a. Describe prevalence rates for pregnancy following a sexual assault

b. Describe the risk evaluation for pregnancy following a sexual assault based on the specifics of the patient's provided history

c Compare the effectiveness of birth control methods

d. Describe key concepts regarding emergency contraception, including:
   i. Mechanism of action
   ii. Baseline testing
   iii. Side effects
   iv. Administration
   v. Failure rate
   vi. Followup requirements

e. Demonstrate awareness of patient concerns and myths regarding pregnancy prophylaxis

f. Collect and analyze data regarding the physiological, psychological, sociocultural, spiritual, and economic needs of adult and adolescent patients at risk for an unwanted pregnancy following a sexual assault

g. Select appropriate nursing diagnoses applicable to adult and adolescent sexual assault patients at risk for pregnancy following a sexual assault:

   i Example: Alteration in self-concept related to ethical concerns regarding taking emergency contraception following a sexual assault

h. Identify current evidence-based guidelines for pregnancy prophylaxis when planning care for adult and adolescent patients at risk for unwanted pregnancy after a sexual assault

i. Prioritize care based on assessment data and patient-centered goals

j. Recognize situations warranting medical consultation

k. Demonstrate the ability to evaluate the effectiveness of the established plan of care and adapt care based on changes in data collected throughout the nursing process

l. Demonstrate the ability to identify and explain necessary followup care and discharge instructions associated with emergency contraception and/or pregnancy termination options

X. Medicolegal Documentation

These competencies provide the adult/adolescent SANE with the necessary knowledge to accurately, objectively, and concisely document findings and evidence associated with an adult and adolescent sexual assault.

a. Define and describe principles associated with professional medicolegal documentation, including:

   i. Roles and responsibilities of the forensic nurse in documenting adult and adolescent sexual assault examination
      1. Accurately reflect the steps of the nursing process to include patient-centered care, needs, and goals
      2. Accurately differentiate between sources of information provided
      3. Communicate event history by quoting the patient's statements as much as possible
      4. Clearly differentiate between objective and subjective data

   ii. Legal considerations, including:
      1. Regulatory or other accreditation requirements (see legal requirements section)
      2. Legal, regulatory, or other confidentiality requirements (see legal requirements section)
      3. Mandated reporting requirements (see legal requirements section)
      4. Consent (see legal requirements section)

   iii. Judicial considerations, including:
      1. True and accurate representation
      2. Objective and unbiased evaluation
      3. Chain of custody

b. Identify and describe key principles for the following types of documentation to including access, storage, archiving and retention:
   i. Written/electronic medical records
   ii. Body diagrams
   iii. Photographs (see medicolegal photography section)

c. Describe the purpose of professional medicolegal documentation, including:
   i. Communication
   ii. Accountability
   iii. Quality improvement
   iv. Peer review
   v. Research
   vi. Funding and resource management

XI. Discharge and Followup Planning

These competencies are designed to provide the adult/adolescent SANE with the necessary knowledge to develop, prioritize, and facilitate appropriate discharge and followup plans of care for adult and adolescent sexual assault patient populations, based on the individual needs of each patient and the consideration of age, developmental level, cultural values, and geographic differences on subsequent care.

a. Identify appropriate resources that address the specific safety, medical, and forensic needs of adult and adolescent patients following a sexual assault

b. Recognize the need to structure individualized discharge planning and followup care based on medical, forensic, and patient priorities

c. Facilitate access to appropriate multidisciplinary collaborative agencies

d. Demonstrate awareness of differences in discharge and followup concerns related to age, developmental level, cultural diversity and geographic differences

e. Determine appropriate nursing diagnoses applicable to adult and adolescent patients following sexual assault, addressing actual or potential concerns for discharge and followup
   i. Example: Nonadherence related to followup plan of care

f. Identify evidence-based guidelines for discharge and followup care following an adult and adolescent sexual assault

g. Apply, analyze, and synthesize current evidence-based practice when planning and prioritizing discharge and followup care associated with safety, psychological, forensic, or medical issues, including the prevention and/or treatment of sexually transmitted infections and pregnancy
   i. Modify and facilitate plans for treatment, referrals, and followup based on patient needs and concerns

ii. Generate, communicate, evaluate, and revise individualized short- and long-term goals related to discharge and followup needs

iii. Determine and discuss appropriate followup and discharge needs based on current evidence-based practice, recognizing differences related to age, developmental level, cultural diversity, and geographic differences

iv. Demonstrate the ability to evaluate the effectiveness of established discharge and followup plans of care, and to revise the established plan of care while adhering to current evidence-based practice guidelines

XII. Legal Considerations and Judicial Proceedings

These target competencies are designed to provide the adult/adolescent SANE with the necessary foundational knowledge and skills to effectively consider legal requirements that affect the provision of care to adult and adolescent patients following intimate partner or sexual violence and to provide objective, accurate, evidence-based testimony in judicial proceedings.

A. Legal Considerations

a. Consent
   i. Describe key concepts associated with obtaining informed consent
   ii. Identify appropriate methodology for obtaining consent to perform a medicolegal-forensic evaluation in adult and adolescent patient populations
   iii. Differentiate between legal requirements associated with consent or refusal of medical care versus consent or refusal of evidence collection and release
   iv. Identify the impact of age, developmental level, physical, and mental incapacitation on consent procedures and the appropriate methodology for securing consent in each instance
   v. Identify legal exceptions to obtaining consent as applicable to the practice area
   vi. Demonstrate the necessary knowledge to explain consent procedures and options to adult and adolescent patient populations
   vii. Collect and analyze data regarding the physiological, psychological, sociocultural, spiritual, and economic needs of adult and adolescent patients following sexual assault that may affect informed consent procedures
   viii. Select appropriate nursing diagnoses applicable to adult and adolescent patients following sexual assault regarding consent
      a) Example: Decisional conflict: uncertainty related to provision of consent for a medicolegal-forensic evaluation following adult or adolescent sexual violence
   ix. Demonstrate the ability to evaluate the effectiveness of the established plan of care regarding consent and modify or adapt as able based on changes in data collected throughout the nursing process

b. Reimbursement
   i. Describe Crime Victim Compensation/reimbursement options associated with the provision of a medicolegal-forensic evaluation in cases of adult and adolescent intimate partner and sexual violence as applicable
   ii. Demonstrate the necessary knowledge to explain reimbursement procedures and options to adult and adolescent patient populations
   iii. Select appropriate nursing diagnoses applicable to adult and adolescent patients following sexual assault regarding reimbursement for medicolegal care
      a) Example: Knowledge deficit regarding options for securing reimbursement for medicolegal care

c. Confidentiality
    i. Accurately describe legal requirements associated with patient confidentiality and their impact on the provision of protected health information to patients, families, and multidisciplinary agencies, including:
        a) Health Insurance Portability and Accountability Act (HIPAA) or other applicable confidentiality legislation
        b) Key concepts associated with informed consent and the release of protected health information
    ii. Demonstrate the necessary knowledge to explain procedures associated with confidentiality to adult and adolescent patient populations
    iii. Collect and analyze data regarding the physiological, psychological, sociocultural, spiritual, and economic needs of adult and adolescent patients following sexual assault that may impact confidentiality procedures
    iv. Select appropriate nursing diagnoses applicable to adult and adolescent patients following sexual assault regarding confidentiality of protected health information
        a) Example: Anxiety related to release of protected health information to investigative agencies
    v. Demonstrate the ability to evaluate the effectiveness of the established plan of care regarding confidentiality and modify or adapt as able based on changes in data collected throughout the nursing process

d. Medical screening examinations
    i. Accurately describe legal requirements associated with the provision of a medical screening examination and its impact on the provision of medicolegal-forensic care in adult and adolescent patients following intimate partner or sexual violence, including:
        a) Emergency Medical Treatment and Active Labor Act (EMTALA) or other applicable legislation
            a) Recognize the necessary procedures to secure informed consent and informed refusal in accordance with applicable legislation
            b) Recognize the necessary procedures to transfer or discharge/refer a patient in accordance with applicable legislation
    ii. Identify, prioritize, and secure appropriate medical treatment as indicated by specific presenting chief complaints
    iii. Demonstrate the necessary knowledge to explain medical screening procedures and options to adult and adolescent patient populations
    iv. Collect and analyze data regarding the physiological, psychological, sociocultural, spiritual, and economic needs of adult and adolescent patients following sexual assault that may affect medical procedures
    v. Select appropriate nursing diagnoses applicable to adult and adolescent patients following sexual assault regarding medical screening examinations
        a) Example: Risk for injury: Skin breakdown related to sexual violence
    vi. Demonstrate the ability to evaluate the effectiveness of the established plan of care regarding medical evaluation/treatment and modify or adapt as able based on changes in data collected throughout the nursing process

e. Mandated reporting requirements
    i. Accurately describe legal requirements associated with mandated reporting requirements in adult and adolescent patient populations
    ii. Demonstrate the necessary knowledge to explain mandatory reporting requirement procedures and options to adult and adolescent patient populations
    iii. Differentiate between reported and restricted/anonymous medicolegal evaluations following sexual violence

a) Demonstrate the knowledge needed to appropriately modify medicolegal evaluation procedures in non-reported/anonymous cases

iv. Collect and analyze data regarding the physiological, psychological, sociocultural, spiritual, and economic needs of adult and adolescent patients following sexual assault that may affect mandated reporting requirement procedures

v. Select appropriate nursing diagnoses applicable to adult and adolescent patients following sexual assault regarding mandatory reporting requirements
   a) Example: Powerlessness related to mandatory reporting requirements

vi. Demonstrate the ability to evaluate the effectiveness of the established plan of care regarding mandatory reporting requirements and modify or adapt as able based on changes in data collected throughout the nursing process

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B. Judicial Proceedings

a. Accurately describe legal definitions associated with sexual violence

b. Identify pertinent case law and judicial precedence that affect the provision of testimony in judicial proceedings, including but not limited to:
   i. Admissibility or other applicable laws specific to the area of practice
   ii. Rules of evidence or other applicable laws specific to the area of practice
   iii. Hearsay or other applicable laws specific to the area of practice

c. Differentiate between civil and criminal judicial proceedings to include applicable rules of evidence

d. Differentiate between the roles and responsibilities of fact versus expert witnesses in judicial proceedings

e. Differentiate between judge versus jury trials

f. Verbalize an understanding of the following judicial processes:
   i. Indictment
   ii. Arraignment
   iii. Plea agreement
   iv. Sentencing
   v. Deposition
   vi. Subpoena
   vii. Direct examination
   viii. Cross-examination
   ix. Objections

g. Identify the forensic nurse's role in judicial proceedings, including but not limited to:
   i. Educating the trier of fact
   ii. Provision of effective testimony
   iii. Demeanor and appearance
   iv. Objectivity
   v. Accuracy
   vi. Evidence-based testimony
   vii. Professionalism

h. Discuss the key processes associated with pretrial preparation

ADULT/ADOLESCENT CLINICAL PRECEPTORSHIP CONTENT

The following clinical education content identifies the framework for the SANE who cares for the adult/adolescent sexual assault patient population. These target competencies outline the minimum level of instruction required during the clinical preceptorship experience. As with the didactic portion of training, the clinical competencies are grounded in the nursing process of assessment, diagnosis, outcomes/planning, implementation, and evaluation.

1. Explain the rationale for history taking and demonstrate effective history-taking skills
2. Explain the rationale for head-to-toe assessment and demonstrate the complete head-to-toe assessment
3. Prepare the adolescent and adult for the anogenital examination
4. Differentiate normal anogenital anatomy from normal variants and abnormal findings
5. Explain the rationale for and demonstrate the following visualization techniques:
    a. Labial separation
    b. Labial traction
    c. Hymenal assessment (Foley catheter, fox swab/"comfort tip" applicators, etc.)
    d. Speculum assessment of the vagina and cervix
6. Demonstrate the proper collection of specimens for testing for sexually transmitted infection
7. Explain the rationale for specific STI tests and collection techniques
8. Demonstrate proper collection of evidence (dependent on local practice), including:
    a. Buccal swabs
    b. Oral swabs and smear
    c. Bite mark swabbing
    d. Other body surface swabbing
    e. Fingernail clippings/swabbings
    f. Anal swabs and smear
    g. Vaginal swabs and smear
    h. Cervical swabs and smear
    i. Head hair combing/collection
    j. Pubic hair combing/collection
    k. Clothing
    l. Toxicology
9. Explain the rationale behind the specific type and manner of evidentiary specimen collection
10 Demonstrate proper packaging of evidentiary materials
11. Demonstrate proper sealing of evidentiary materials
12. Explain the rationale for the packaging and sealing of evidentiary material
13. Demonstrate the proper maintenance of chain of custody for evidentiary materials
14. Explain the rationale for maintaining proper chain of custody

Participation in chart review, peer review, ongoing education, supervision, and mentoring is essential to prepare and sustain the registered nurse for the adult/adolescent SANE role. It is recommended that every SANE, novice through expert, regularly participate in these activities.

OPTIONAL PRECEPTORSHIP CONTENT

1. Explain the rationale for and demonstrate the following visualization techniques:
   a. Anogenital toluidine blue dye application and removal as applicable to local practice
   b. Specialized equipment commonly used in practice, such as magnification tools, colposcopes, alternate light sources (ALS), etc.
2. Demonstrate the effective use of a camera to document examination findings

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Section II:

Pediatric/Adolescent Sexual Assault Nurse Examiner (SANE) EDUCATION GUIDELINES

PEDIATRIC/ADOLESCENT DIDACTIC CONTENT

CHILD SEXUAL ABUSE

The World Health Organization (1999) defines "child sexual abuse" (CSA) as

> *the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to: the inducement or coercion of a child to engage in any unlawful sexual activity; the exploitative use of a child in prostitution or other unlawful sexual practices; the exploitative use of children in pornographic performance and materials.* (p. 15)

The sexual activity may involve touching or fondling, oral-genital, genital, and/or anal contact which may or may not include penetration of the vagina or anus. In many cases, sexual abuse differs from sexual assault in that the sexual contact is progressive and longitudinal. The perpetrator of child sexual abuse is more often a known and trusted caregiver or a family member.

Typically, a child does not disclose sexual abuse for days, weeks, months, or even years. Child sexual abuse often occurs within the context of secrecy and shame and may involve coercion and manipulation or "grooming" behavior, sometimes referred to as "accommodation syndrome." Studies have shown that the majority of children do not disclose in childhood and that disclosure is not always linear (Alaggia, 2004). Children may provide disclosure incrementally over time and may minimize or deny the abuse, even when questioned. Some children may subsequently recant their disclosure during an investigation (Malloy, Lyon, & Quas, 2007). Many factors contribute to nondisclosure, including but not limited to, feelings of embarrassment or shame; feelings of responsibility or self-blame; lack of understanding of the abuse; limited communication abilities; use of threats, manipulation, or requests for secrecy by the offender or other family member; fear of negative consequences (whether real or imagined) for themselves or family members; anticipation of disbelief or an unsupportive response (Alaggia, 2004, Finkel, 2012).

An accurate accounting of CSA statistics is difficult because of the significant amount of underreporting. Most prevalence data comes from surveys of adults about their childhood experiences. One survey of 4549 children in the United States found that 61% of the participants had experienced at least one direct or witnessed incident of victimization in the previous year and that 6.1% of the sample had experienced sexual victimization (Finkelhor, Turner, Ormrod, & Hamby,

2009). International studies have reported rates of sexual abuse ranging from 7% to 36% for girls and 3% to 29% for boys (WHO, 2003). The World Health Organization (2006) cited that the global reported rates of CSA are 20% for girls and 5% to 10% for boys. Due to variations in definition, cultural meaning, levels of surveillance, and awareness, countries that provide CSA data show considerable variability in prevalence.

The consequences of CSA may be significant and long-term and may include physical and psychological factors that adversely affect health. In a study of adults reporting adverse childhood experiences, CSA was associated with several physical and mental disorders (Felitti et al., 1998). Although not all children who have experienced sexual abuse exhibit psychological or behavioral symptoms at the time of the medical assessment, children who have experienced repeated episodes or prolonged abuse may develop behavioral and psychological sequelae, such as posttraumatic stress disorder and other trauma-related symptoms, depression, eating disorder behavior, delinquent behavior, and higher rates of suicide (Danielson, & Holmes 2004; Paolucci, Genuis, & Violato, 2001). Evidence also suggests that female adolescents who have experienced childhood sexual abuse engage in their first voluntary sexual experience at a younger age, engage in sexual risk behavior, have increased rates of pregnancy and increased rates of illicit drug use, and experience more physical abuse and sexual revictimization (Barnes, Noll, Putnam, & Trickett, 2009; Noll, Shenk, & Putnam, 2009; Paolucci., Genuis, & Violato, 2001).

PEDIATRIC/ADOLESCENT DIDACTIC CONTENT TARGET COMPETENCIES

The following content framework is designed to provide the pediatric/adolescent SANE with the ***minimum*** target competencies to demonstrate the cognitive, affective, and psychomotor skills needed to use the nursing process when caring for pediatric and adolescent patients following sexual abuse/assault. The target competencies provide pediatric/adolescent SANEs from a variety of professional practice backgrounds with the foundational knowledge and critical thinking skills necessary to provide holistic, comprehensive care to pediatric and adolescent sexual abuse/assault patient populations. Each key target competency contains measureable outcome criteria that follow the steps of the nursing process, including assessment, diagnosis, outcomes/planning, implementation, and evaluation.

KEY TARGET COMPETENCIES:

I. Overview of Forensic Nursing and Child Sexual Abuse
II. Victim Responses and Crisis Intervention
III. Collaborating with Community Agencies
IV. Medicolegal History Taking
V. Observing and Assessing Physical Examination Findings
VI. Medicolegal Specimen Collection
VII. Medicolegal Photography
VII. Sexually Transmitted Infection Testing and Prophylaxis
IX. Pregnancy Testing and Prophylaxis
X. Medicolegal Documentation
XI. Discharge and-Followup Planning
XII. Courtroom Testimony and Legal Considerations

I. Overview of Forensic Nursing and Child Sexual Abuse

A. Forensic Nursing Overview

These competencies describe the role of the pediatric/adolescent SANE in incorporating fundamental forensic principles and practices into the nursing process when caring for pediatric and adolescent patients following sexual abuse/assault.

a. Describe the history and evolution of forensic nursing

b. Identify the role of the pediatric/adolescent SANE in caring for pediatric/ adolescent sexual abuse/assault patient populations

c. Describe the role of the pediatric/adolescent SANE as applied to sexual abuse/assault education and prevention

d. Identify the role of the International Association of Forensic Nurses in establishing the scope and standards of forensic nursing practice

e. Discuss key aspects of the *Forensic Nursing: Scope and Standards of Practice*

f. Discuss professional and ethical conduct as they relate to pediatric/adolescent SANE practice and the care of pediatric and adolescent sexual abuse/assault patient populations, including the ethical principles of autonomy, beneficence, nonmalfeasance, veracity, confidentiality, and justice

g. Identify nursing resources, locally and globally, that contribute to current and competent pediatric/adolescent SANE practice

h. Define vicarious trauma

i. Identify methods for preventing vicarious trauma associated with pediatric/adolescent SANE practice

j. Discuss key concepts associated with the use of evidence-based practice in the care of pediatric and adolescent sexual abuse/assault patient populations

B. Child Sexual Abuse

These competencies describe the dynamics of sexual violence, providing context for the care of pediatric and adolescent patients following sexual abuse/assault. The pediatric/adolescent SANE uses this knowledge to educate patients and families about the connection between child sexual abuse /adolescent sexual assault and health, and to collaborate with patients and families in identifying appropriate interventions and community referrals.

a. Define and identify the types of child /adolescent sexual abuse/assault

b. Define and identify the types of physical child maltreatment

c. Outline global incidence and prevalence rates for sexual abuse in the female and male pediatric and adolescent populations

d. Describe the fundamentals of growth and development in the context of understanding child/adolescent sexual abuse/assault

e. Identify risk factors for pediatric/adolescent sexual abuse/assault

f. Discuss the health consequences of sexual abuse/assault, including physical, psychosocial, cultural, and socioeconomic sequelae

g. Identify underserved or vulnerable sexual abuse/assault populations and associated prevalence rates, including but not limited to:

i. Boys/men
ii. GLBTIQ (Gay, Lesbian, Bisexual, Transgender, Intersex, Questioning/Queer) adolescents
iii. Patients with physical disabilities
iv. Patients with developmental challenges
v. Culturally diverse populations
vi. Mental health populations
vii. Patients with language/communication barriers

h. Describe nursing challenges that are unique to providing care to underserved or vulnerable sexual abuse/assault patient/family populations

i. Discuss best practices for improving forensic nursing care to underserved or vulnerable patient populations

j. Differentiate myths from facts regarding sexual abuse/assault in pediatric and adolescent patient populations

k. Identify key concepts associated with offender typology and related impact on sexual abuse/assault patient populations

l. Identify the differences in offender typology in the pediatric population

m. Describe the process of grooming or accommodation syndrome with child sexual abuse victims and their families

n. Discuss the dynamics of familial sexual abuse (incest) and the impact on the child and nonoffending caregiver/s

o. Describe the process of children's disclosure of sexual abuse and the factors related to disclosure

p. Select appropriate nursing diagnoses applicable to pediatric and adolescent patients following sexual abuse/assault who are at risk for related problems
i. Example: Knowledge deficit regarding parental response to a child who has been sexually abused
ii. Example: Risk of posttraumatic stress symptoms related to the experience of sexual abuse

II. Victim Responses and Crisis Intervention

These competencies describe the psychosocial impact of sexual abuse/assault on pediatric and adolescent patient populations, thereby providing the pediatric/adolescent SANE with the foundational knowledge to appropriately assess, plan, implement, and evaluate care as well as collaborate with patients in identifying appropriate community referrals.

a. Identify common psychosocial responses to sexual abuse/assault and child maltreatment in pediatric and adolescent populations

b. Discuss the acute and long-term psychosocial ramifications associated with sexual abuse/assault and child maltreatment

c. Describe the emotional and psychological responses and sequelae following sexual abuse/assault, including familiarity with traumatic and stress-related disorders applicable to pediatric and adolescent sexual abuse/assault and child maltreatment patient populations

d. Identify the key components of a suicide risk assessment

e. Identify the key components of a safety risk assessment

f. Identify the risk factors for acute and chronic psychosocial sequelae in pediatric and adolescent patients following sexual abuse/assault and child maltreatment

g. Identify the risk factors for acute and chronic health conditions related to or exacerbated by sexual abuse/assault and child maltreatment, such as asthma, hypertension, and gastrointestinal issues

h. Demonstrate knowledge of common concerns regarding reporting to law enforcement following sexual abuse/assault and child maltreatment and potential psychosocial ramifications associated with this decision

i. Provide culturally competent, holistic care to pediatric and adolescent sexual abuse/assault populations that is based on objective and subjective assessment data, patient-centered outcomes, and patient tolerance

j. Identify risk factors for nonadherence in pediatric and adolescent patient populations following sexual abuse/assault

k. Recognize the diverse psychosocial issues associated with underserved patient populations, including but not limited to:
   i. Males
   ii. Inmates/juvenile detention
   iii. GLBTIQ
   iv. Familial perpetration (sibling on sibling, parent/guardian, etc.)
   v. Patients with disabilities
   vi. Culturally diverse populations
   vii. Mental health populations
   viii. Patients with language/communication barriers

l. Select appropriate nursing diagnoses applicable to pediatric and adolescent patients following sexual abuse/assault who are at risk for actual or potential psychosocial sequelae
   i. Example: Emotional and psychological trauma related to an episode of sexual abuse/assault
   ii. Example: Risk for self-harm related to alterations in self-concept following an episode of sexual abuse/assault
   iii. Example: Altered body image related to self-esteem following sexual abuse/assault and child maltreatment

m. Implement critical thinking processes based on relevant assessment data when prioritizing crisis intervention strategies for pediatric and adolescent patients following sexual abuse/assault

n. Structure the development of patient outcomes, interventions, and evaluation criteria designed to address actual or potential psychosocial problems based on the patient's chronological age, developmental status, identified priorities, and tolerance

o. Demonstrate an understanding of techniques and strategies for interacting with pediatric and adolescent patients and their families following a disclosure of or a concern regarding sexual abuse/assault, including but not limited to:

i. Empathetic and reflective listening

ii. Maintaining dignity and privacy

iii. Facilitating participation and control

iv. Respecting autonomy

v. Maintaining examiner objectivity and professionalism

III. Collaborating with Community Agencies

These competencies are designed to provide the pediatric/adolescent SANE with the foundational knowledge to effectively interact and collaborate with multidisciplinary team members involved in the care of pediatric and adolescent patients following sexual abuse/assault.

a. Demonstrate an understanding of the multidisciplinary team (MDT), including:

i. Overview of roles and responsibilities

ii. MDT models
   1. Child advocacy centers
   2. Family justice centers
   3. Sexual assault response/resource teams (SART)

iii. Strategies for implementing and sustaining a MDT

iv. Benefits and challenges

b. Discuss the roles and responsibilities of the following MDT members as they relate to pediatric and adolescent sexual abuse/assault:

i. Victim advocates (community- and system-based)

ii. Forensic examiners (pediatric/adolescent SANEs, death investigators, coroners, medical examiners, forensic nurse consultants)

iii. Law enforcement

iv. Prosecuting attorneys

v. Defense attorneys

vi. Forensic scientists

vii. Forensic interviewers

viii. Child protection agencies

ix. Other social service agencies

c. Discuss key strategies for initiating and maintaining effective communication and collaboration among MDT members

IV. Medicolegal History Taking

These competencies are designed to provide the pediatric/adolescent SANE with the necessary skills to accurately, objectively, and concisely obtain medicolegal information associated with pediatric sexual abuse/assault.

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a. Demonstrate a comprehensive understanding of the key components of medicolegal history taking associated with a pediatric and adolescent sexual abuse/assault, including but not limited to:

   i. Past medical history
      1. Allergies
      2. Medications
      3. Medical/surgical history
      4. Vaccination status

   ii. Social history
      1. Parent/caretaker
      2. Other information, as needed

   iii. Developmental history
      1. Milestones
      2. Physical development
      3. Sexual development
      4. Intellectual development
      5. Social development
      6. Emotional development
      7. Moral development

   iv. Genitourinary history
      1. Urinary tract development and disorders
      2. Reproductive tract development and disorders
      3. Last consensual intercourse, if applicable
      4. Pregnancy history, if applicable
      5. Contraception usage, if applicable
      6. Menarche and last menstrual period

   v. Gastrointestinal history
      1. Gastrointestinal tract development and disorders
      2. Constipation and diarrhea history and treatments

   vi. Event history
      1. Actual/attempted acts
      2. Date and time of event
      3. Location of event
      4. Assailant information
      5. Use of weapons/restraints/threats/grooming/manipulation
      6. Suspected drug-facilitated sexual assault
      7. Condom use
      8. Ejaculation
      9. Pain or bleeding associated with acts
      10. Physical assault
      11. Potential destruction of evidence

b. Distinguish between obtaining a medical history and conducting a forensic interview

c. Explain the rationale for obtaining a child's history independent of other parties

d. Explain the rationale for obtaining a caregiver (parent, guardian, etc.) history independent from the child

e. Identify techniques for establishing rapport and facilitating disclosure while considering the patient's age, developmental level, tolerance, gender, and cultural differences

f. Evaluate when obtaining a medicolegal history from a child would be inappropriate

g. Discriminate between leading and non-leading questions

h. Select appropriate nursing diagnoses applicable to medicolegal history taking in pediatric/adolescent patients following sexual abuse/assault

   i. Example: Impaired communication related to developmental barriers associated with disclosure of event history

V. Observing and Assessing Physical Examination Findings

These competencies outline the role of the pediatric/adolescent SANE in assessing and identifying physical findings, including potential mechanisms of injury in the pediatric/adolescent population following sexual abuse/assault. The SANE is responsible for using current evidence-based practice as a framework for documenting and interpreting physical finding and for ensuring that pediatric/ adolescent patients receive holistic, comprehensive care that focuses on evidentiary, nursing, and medical priorities and practice.

a. Demonstrate knowledge and understanding of the acute and non-acute forensic examination process for the pediatric/ adolescent patient

b. Understand the role of the SANE within the child advocacy center model

   i. Use knowledge of the assessed developmentally appropriate communication skills and techniques with respect to cognitive and linguistic development

c. Demonstrate the ability to prioritize a comprehensive health history and review of systems data

   i. History, including health issues and immunization status

   ii. History of alleged or suspicious event
      1. Patient
      2. Family/caregiver/guardian
      3. Law enforcement
      4. Child protection agency

d. Recognize and demonstrate knowledge related to the psychosocial assessment of the child/ adolescent related to the event

   i. Crisis intervention for acute presentations

   ii. Behavioral/psychological implications of long-term abuse in the prepubescent, pediatric, and adolescent child

   iii. Suicide and safety assessment and planning

iv. Impact of substance abuse issues

v. Guidance for child, family, and caregivers

vi. Referrals

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e. Demonstrate the ability to prioritize a comprehensive head-to-toe physical assessment that is age, gender, developmentally, and culturally appropriate, as well as mindful of the patient's tolerance, including:

i. Assessing the patient's general appearance, demeanor, cognition, and mental status

ii. Assessment of clothing and other personal possessions

iii. Assessment of body surfaces for physical findings

iv. Assessment of the patient's growth and development level

v. Assessment of the patient's sexual maturation

vi. Assessment of the patient utilizing a head-to-toe evaluation approach

vii. Assessment of anogenital structures, including the effect of estrogen/testosterone on anogenital structures

viii. Identification of findings that are:

1. Documented in newborns or commonly seen in nonabused children
   a) Normal variants
   b) Commonly caused by other medical conditions
   c) Conditions that may be mistaken for abuse
2. Indeterminate
3. Diagnostic of trauma and/or sexual contact
   a) Acute trauma to external genital/anal tissues
   b) Residual (healing) injuries
   c) Injuries indicative of blunt force penetrating trauma
   d) Sexually transmitted infection
   e) Pregnancy
   f) Sperm identified in specimens taken directly from a child's body (Adams et al., 2007; Adams, 2011)

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f. Demonstrate knowledge of definitions of mechanical and physical trauma, including:

i. Blunt force trauma

ii. Sharp force trauma

iii. Gunshot wounds

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g. Identify findings with appropriate terminology for injuries associated with mechanical and physical trauma, including but not limited to:

i. Abrasions

ii. Lacerations/tears

iii. Cuts/incisions

iv. Bruises/contusions/petechiae

v. Hematomas

vi. Swelling/edema

vii. Redness/erythema

h. Demonstrate an understanding of normal anogenital anatomy and physiology, including but not limited to:
   i. Normal anatomical variants
   ii. Types and patterns of injury potentially associated with sexual abuse
   iii. Physical findings and medical conditions associated with non-assault related trauma, and potential misinterpretation of same

i. Significance of a normal examination

j. Use appropriate examination positions and methods, including:
   i. Labial separation/ traction
   ii. Supine/ prone knee-chest
   iii. Assistive techniques and equipment for evidence collection where appropriate, including but not limited to:
      1. Alternate light source
      2. Toluidine blue dye application and interpretation
      3. Colposcope versus camera with macro lens for photographs
      4. Foley catheter technique
      5. Water flushing
      6. Use of swab applicators

k. Implement appropriate physical evidence collection through use of:
   i. Current evidence-based forensic standards and references
   ii. Appropriate identification, collection, and preservation of evidence
   iii. Appropriate chain of custody procedures
   iv. Recognized variations in practice, following local recommendations and guidelines

l. Accurately document findings and prioritizes care based on sound critical thinking and decision-making:
   i. Accurately evaluate potential mechanisms of injury for anogenital and non-anogenital findings, including findings that may result from a culturally specific practice, medical condition, or disease process
   ii. Appropriately seek medical consultation and trauma intervention when indicated
   iii. Accurately document history, findings, and interventions
      1. Injury/trauma findings
      2. Normal variations
      3. Disease processes
      4. Diagrams and trauma grams accurately reflect photographic and visualized image documentation
      5. Unbiased and objective evaluations

m. Understand the importance of peer review/expert consultation

n. Understand local and legal maintenance and release of records policies

o. Demonstrate the ability to evaluate the effectiveness of the established plan of care and to modify/adapt care based on changes in data collection, using the nursing process

VI. Medicolegal Evidence Collection

These competencies describe the role of the pediatric /adolescent SANE in employing a patient/family-centered approach to the biologic and trace evidentiary needs of pediatric and adolescent victims and suspects (as required).

a. Patient (Victim)-Centered Care

i. Recognize the importance of patient participation and collaboration in evidence collection procedures as a means of recovering from sexual abuse/assault (as appropriate)

ii. Understand the elements of consent and the procedures required for evidence collection with respect to age and capacity

iii. Understand basic growth and development stages in the context of building rapport and tailoring the approach to the patient

iv. Outline evidence collection options that are available within the community to the pediatric and adolescent sexual abuse/assault patient populations to include:
   1. Mandatory reporting requirements
   2. Nonreporting/anonymous evidence collection, if applicable (based on the age of the patient and local statutes)
   3. Medical evaluation and treatment

v. Define time limits for collection of biological evidence following sexual abuse/assault, including the differences in time frames for prepubertal victims

vi. Demonstrate an understanding of the differences in approach to evidence collection in the prepubertal population (i.e., external versus internal samples)

vii. Identify and describe the types of evidence that can be collected in the pediatric and adolescent sexual abuse/assault patient populations based on the event history, including but not limited to:
   1. History documentation
   2. Physical findings identification and documentation
   3. DNA evidence
   4. Trace/non-biological evidence
   5. Clothing/linen evidence
   6. Medicolegal photography
   7. Toxicology

viii. Define and explain procedures for maintaining the chain of custody

ix. Describe criteria associated with a risk assessment for drug-facilitated sexual abuse/assault (DFSA) and identify appropriate evidence collection procedures when warranted

x. Demonstrate an awareness of the patient/guardian's concerns and myths regarding evidence collection

xi. Articulate an awareness of the potential risks and benefits to the patient/guardian associated with evidence collection

xii. Identify adjuncts to assist with the identification and collection of potential sources of biologic and trace evidentiary specimens, demonstrating an awareness of the

appropriate use of each of the following tools and associated risks and benefits, including but not limited to:
1. Alternative light sources
2. Wet to dry technique
3. Speculum examination (adolescent/pubertal population)
4. Colposcope use
5. Anoscope use

xiii. Critically appraise data regarding the abuse/assault to facilitate complete and comprehensive examination and evidence collection

xiv. Select appropriate nursing diagnoses applicable to the collection of biologic and trace evidentiary specimens following sexual abuse/assault. (Example: Actual or potential knowledge deficit related to the time frame associated with obtaining evidentiary result)

xv. Identify current evidence-based practice guidelines for the identification, collection, and preservation of biologic and trace evidence specimens following pediatric and adolescent sexual abuse/assault

xvi. Apply, analyze, and synthesize current evidence-based practice when planning evidentiary procedures

xvii. Identify appropriate materials and equipment needed for biologic and trace evidence collection

xviii. Demonstrate the ability to modify evidence collection based on the patient's age, developmental/cognitive level, and tolerance

xix. Identify techniques to support the patient/guardian and minimize the potential for additional trauma during evidence collection procedures

xx. Identify techniques to facilitate patient participation during evidence collection procedures (as appropriate)

xxi. Demonstrate the ability to evaluate the effectiveness of the established plan of care and associated evidentiary procedures and modify or adapt said plan based on changes in data collected throughout the nursing process

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b. Patient (Suspect)-Centered Care

i. Outline the differences in victim and suspect examination and evidence collection following sexual abuse/assault

ii. Define the legal authorization needed to obtain evidentiary specimens and examine a suspect, including:
1. Written consent
2. Search warrant
3. Court order

iii. Describe the components of a suspect examination

iv. Define the time limits of collection of biologic evidence in the suspect of sexual abuse/assault

v. Identify and describe the types of evidence that can be collected in the examination of a suspect following sexual abuse/assault, including but not limited to:
1. DNA evidence
2. Trace/non-biological evidence
3. Physical findings identification and documentation

4. Medicolegal photography
5. Toxicology

vi. Collect and analyze data regarding the reported abuse/assault to facilitate complete and comprehensive examination and evidence collection in the suspect of a sexual abuse/assault

vii. Discuss measures to prevent cross-contamination if the examination and/or evidence collection of the victim and suspect is performed in the same facility or by the same examiner

viii. Demonstrate the ability to evaluate the effectiveness of the established plan of care and modify or adapt the care based on changes in data collected throughout the nursing process

VII. Medicolegal Photography

These competencies demonstrate the pediatric/adolescent SANE's ability to accurately and objectively document physical and evidentiary findings in pediatric and adolescent sexual abuse/assault patient populations through the use of medicolegal photography.

a. Demonstrate an understanding of consent, storage, confidentiality, and the appropriate release and use of photographs taken during the medical-forensic examination

b. Accurately identify physical findings that warrant photographic documentation

c. Accurately identify biologic and/or trace evidentiary findings that warrant photographic documentation

d. Collect and analyze data regarding the physiological, psychological, sociocultural, and spiritual needs of pediatric/adolescent patients following sexual abuse/assault that warrant/involve photography

e. Select appropriate nursing diagnoses applicable to pediatric/adolescent patients following sexual abuse/assault that warrant/involve photography

   i. Example: Anxiety related to disturbances in self-concept when photographs have been taken by the offender

   ii. Example: Anxiety related to disturbances in self-concept when medicolegal photographs are used in judicial proceedings

f. Outline different options for obtaining photographs, including colposcopic images and digital equipment

g. Identify how select variables affect the clarity of photographic images, including skin color, type and location of finding, lighting, aperture, and film speed

h. Demonstrate an understanding of key photography principles, including consent, obtaining images that are relevant, a true and accurate representation of the subject matter, and noninflammatory

i. Distinguish between images obtained by the examiner as part of the medical/health record and those obtained by other agencies or even the offender

j. Accurately identify photography principles as they relate to the types of images required by judicial proceedings, including overall, orientation, close-up, and close-up with scale photographs

k. Prioritize photography needs based on assessment data and patient-centered goals

l. Adapt photography needs based on patient tolerance

m. Appropriately select the correct media for obtaining photographs based on the type of physical or evidentiary finding warranting photographic documentation

n. Demonstrate the ability to obtain overall, orientation, close-up, and close-up with scale photographs that provide a true and accurate reflection of the subject matter

o. Demonstrate the ability to evaluate the effectiveness of the established plan of care and modify or adapt care based on changes in data collected throughout the nursing process

p. Identify situations that may warrant followup photographs and discuss options for securing

q. Recognize the need for consistent peer review of photographs to ensure quality and accurate interpretation of photographic findings

r. Justify the need for anogenital photography in the pediatric population as related to quality assurance, confirmation of the presence or absence of findings, and decreasing the necessity of repeat examinations

VIII. Sexually Transmitted Infection Testing and Prophylaxis

These competencies demonstrate the pediatric/adolescent SANE's role in using the nursing processes when caring for pediatric and adolescent patients following sexual abuse/assault, who are at risk for an actual or potential sexually transmitted infection. Select sexually transmitted infections include gonorrhea, chlamydia, trichomonasis, human immunodeficiency virus, syphilis, herpes, human papillomavirus, and hepatitis B and C.

a. Outline the prevalence rates for select sexually transmitted infections

b. Identify risk factors for acquiring select sexually transmitted infections

c. Recognize symptoms associated with select sexually transmitted infections

d. Describe key concepts associated with screening for the risk of transmission of select sexually transmitted infections based on the specifics of the patient's provided history

e. Identify the probability of maternal transmission versus community-acquired infection

f. Recognize that the presence of sexually transmitted infection may be evidence of sexual abuse/assault in the pediatric/adolescent patient (see Adams's classification)

g. Demonstrate an awareness of patient and/or parental concerns and myths regarding the transmission, treatment, and prophylaxis of select sexually transmitted infections

h. Collect and analyze data regarding the physiological, psychological, sociocultural, spiritual, and economic needs of pediatric/adolescent sexual assault patient populations at risk for an actual or potential sexually transmitted infection(s)

i. Select appropriate nursing diagnoses applicable to pediatric and adolescent patients following sexual abuse/assault who are at risk for actual or potential sexually transmitted infection(s)

    i. Example: Actual or potential knowledge deficit related to risk factors for transmission of select sexually transmitted infections following sexual abuse/assault

j. Identify current evidence-based guidelines for the testing and prophylaxis/treatment of sexually transmitted infections when planning care for pediatric/adolescent patients following sexual assault who are at risk for an actual or potential sexually transmitted infection(s)

k. Apply, analyze, and synthesize current evidence-based practice when planning care for pediatric/adolescent patients following sexual assault who are at risk for an actual or potential sexually transmitted infection(s)

l. Compare the risks and benefits of testing for select sexually transmitted infection(s) during the acute medical-forensic evaluation versus initial followup after prophylaxis

m. Determine appropriate testing methodologies appropriately based on site of collection, pubertal status, and patient tolerance for select sexually transmitted infections (nucleic acid amplification testing (NAAT) versus culture versus serum)

n. Distinguish between screening and confirmatory testing methodologies for select sexually transmitted infections

o. Identify prophylaxis options, common side effects, routes of administration, contraindications, necessary baseline laboratory specimens when applicable (e.g., HIV), dosing, and followup requirements for select sexually transmitted infection(s)

p. Recommend appropriate referrals for followup testing (e.g., HIV nPEP)

q. Establish, communicate, evaluate, and revise individualized short- and long-term goals based on the physiological, psychological, sociocultural, spiritual, and economic needs of pediatric/adolescent patients following sexual abuse/assault who are at risk for an actual or potential sexually transmitted infection(s)

r. Prioritize care based on assessment data and patient-centered goals

s. Discuss appropriate sexually transmitted infection(s) testing and prophylaxis based on current evidence-based practice, risk factors for transmission, and symptomology

t. Adapt sexually transmitted infection(s) testing and prophylaxis based on patient tolerance, adherence, and contraindications

u. Appropriately seek medical consultation when indicated

v. Demonstrate an understanding of collection, preservation, and transport of testing medias for select sexually transmitted infections(s)

w. Demonstrate the ability to evaluate the effectiveness of the established plan of care and modify or adapt care based on changes in data collected throughout the nursing process

x. Demonstrate the ability to identify and explain necessary followup care and discharge instructions associated with select sexually transmitted infection(s)

IX. Pregnancy Testing and Prophylaxis

These competencies provide the pediatric/adolescent SANE with the necessary knowledge and skills to accurately assess the risk of pregnancy following sexual abuse/assault and to provide the pediatric and adolescent patient with options for care, including information for receiving emergency contraception.

a. Describe the prevalence rates for pregnancy following sexual abuse/assault

b. Describe the risk evaluation for pregnancy following sexual abuse/assault based on the specifics of the patient's provided history and pubertal status

c. Identify appropriate testing methods (e.g., blood versus urine; quantitative versus qualitative)

d. Compare the effectiveness of birth control methods

e. Describe key concepts regarding emergency contraception, including:
   i. Mechanism of action
   ii. Baseline testing
   iii. Side effects
   iv. Administration
   v. Failure rate
   vi. Followup requirements

f. Demonstrate an awareness of patient and parental concerns and myths regarding pregnancy prophylaxis

g. Collect and analyze data regarding the physiological, psychological, sociocultural, spiritual, and economic needs of pediatric and adolescent patients who are at risk for an unwanted pregnancy following sexual abuse/assault

h. Select appropriate nursing diagnoses applicable to pediatric and adolescent sexual abuse/assault patients who are at risk for pregnancy following sexual abuse/assault:
   i. Example: Actual or potential alteration in self-concept related to ethical concerns regarding taking emergency contraception following sexual abuse/assault

i. Identify current evidence-based guidelines for pregnancy prophylaxis when planning care for pediatric and adolescent patients at risk for unwanted pregnancy following sexual abuse/assault

X. Medicolegal Documentation

These competencies provide SANE with the necessary knowledge to accurately, objectively, and concisely document findings and evidence associated with a pediatric/adolescent sexual abuse/assault.

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a. Define and describe principles associated with professional medicolegal documentation, including:

   i. Roles and responsibilities of the forensic nurse in documenting pediatric and adolescent sexual assault/abuse examination
      1. Accurately reflect the steps of the nursing process, including patient/family-centered care, needs, and goals
      2. Accurately and clearly differentiate between sources for all information provided
      3. Accurately reflect patient assault history using patient/guardian's words verbatim as much as possible
         a) Include questions asked by the guardian and/or the SANE
         b) Differentiate between objective and subjective data

   ii. Legal considerations, including:
      1. Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or other accreditation requirements (see legal requirements section)
      2. Health Insurance Portability and Accountability Act (HIPAA) or other confidentiality requirements (see legal requirements section)
      3. Mandated reporting requirements (see legal requirements section)
      4. Consent (see legal requirements section)

   iii. Judicial considerations. including:
      1. True and accurate representation
      2. Objective and unbiased evaluation
      3. Chain of custody

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b. Identify and describe the key principles for the following types of documentation, including consent, access, storage, archiving, and retention:

   i. Written/electronic medical records

   ii. Body diagrams

   iii. Photographs (see medicolegal photography section)

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c. Demonstrate an understanding of the accurate use of terminology related to pediatric/adolescent sexual abuse/assault

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d. Describe the purpose of professional medicolegal documentation, including:

   i. Communication

   ii. Accountability

   iii. Quality improvement

   iv. Peer review

   v. Research

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e. Accurately and clearly document all necessary elements of the case:

i. Demographic data
ii. Consent
iii. History of assault/abuse
iv. Patient presentation
v. Medical history
vi. Physical examination and findings
vii. Genital examination and findings
viii. Impression/opinion
ix. Treatment
x. Interventions
xi. Mandatory reporting requirements
xii. Discharge plan and followup

XI. Discharge and Followup Planning

These competencies are designed to provide the pediatric/adolescent SANE with the necessary knowledge to develop, prioritize, and facilitate appropriate discharge and followup plans of care for the pediatric/adolescent sexual abuse/assault patient populations, based on the individual needs of each patient and the consideration of age, developmental level, cultural values, and geographic differences on subsequent care.

a. Identify appropriate resources that address the specific safety, medical, and forensic needs of pediatric/adolescent patients following sexual abuse/assault

b. Recognize the need to structure individualized discharge planning and followup care based on medical, forensic, and patient priorities

c. Facilitate access to appropriate multidisciplinary collaborative agencies where available

d. Demonstrate an awareness of differences in discharge and followup concerns related to age, developmental level, cultural diversity, family dynamics, and geographic differences

e. Determine appropriate nursing diagnoses applicable to pediatric/adolescent patients following sexual abuse/assault, addressing actual or potential concerns for discharge and followup
    i. Example: Nonadherence related to the followup plan of care

f. Identify evidence-based guidelines for discharge and followup care following a pediatric/adolescent sexual abuse/assault

g. Apply, analyze, and synthesize current evidence-based practice when planning and prioritizing discharge and followup care associated with safety, psychological, forensic, or medical issues, including the prevention and/or treatment of sexually transmitted infection(s) and pregnancy
    i. Modify and facilitate plans for treatment, referrals, and followup care based upon patient/family needs and concerns

ii. Generate, communicate, evaluate, and revise individualized short- and long-term goals related to discharge and followup needs

iii. Determine and discuss appropriate followup care and discharge needs based on current evidence-based practice, recognizing differences related to age, developmental level, cultural diversity, and geography

iv. Demonstrate the ability to evaluate the effectiveness of established discharge and followup plans of care, and revise the established plan of care while adhering to current evidence-based practice guidelines

XII. Legal Considerations and Judicial Proceedings

These target competencies are designed to provide the pediatric/adolescent SANE with the necessary foundational knowledge and skills to effectively consider legal requirements that affect the provision of care to child and adolescent patients following sexual abuse/assault and to provide objective, accurate, evidence-based testimony in judicial proceedings.

A. Legal Considerations

a. Consent
   i. Describe the key concepts associated with obtaining informed consent
   ii. Identify the appropriate methodology for obtaining consent to perform a medicolegal-forensic evaluation in pediatric/adolescent patient populations
   iii. Differentiate between legal requirements associated with consent or refusal of medical care versus consent or refusal of evidence collection and release
   iv. Identify the impact of age, developmental level, physical, and mental incapacitation on consent procedures and the appropriate methodology for securing consent in each instance
   v. Identify legal exceptions to obtaining consent as applicable to the practice area
   vi. Demonstrate the necessary knowledge to explain consent procedures and options to pediatric and adolescent patient populations
   vii. Collect and analyze data regarding the physiological, psychological, sociocultural, spiritual, and economic needs of pediatric and adolescent patients following sexual abuse/assault that may affect informed consent procedures
   viii. Select appropriate nursing diagnoses applicable to pediatric/adolescent patients following sexual abuse/assault regarding consent
      1. Example: Decisional conflict: Uncertainty related to the provision of consent for a medicolegal-forensic evaluation following pediatric abuse/assault
   ix. Demonstrate the ability to evaluate the effectiveness of the established plan of care regarding consent and modify or adapt care based on changes in data collected throughout the nursing process

b. Reimbursement
   i. Describe Crime Victim Compensation/reimbursement options that are associated with the provision of a medicolegal-forensic evaluation in cases of pediatric/adolescent sexual abuse/assault
   ii. Demonstrate the necessary knowledge to explain reimbursement procedures and options to pediatric and adolescent patient populations
   iii. Select appropriate nursing diagnoses applicable to pediatric sexual abuse/assault patient populations regarding reimbursement for medicolegal care, if applicable
      a) Example: Knowledge deficit regarding options for securing reimbursement for medicolegal care

c. Confidentiality

i. Accurately describe the legal requirements associated with patient confidentiality and their impact on the provision of protected health information to patients, families, and multidisciplinary agencies, including:
    1. Health Insurance Portability and Accountability Act (HIPAA) or other applicable confidentiality legislation
    2. Key concepts associated with informed consent and the release of protected health information
ii. Demonstrate the necessary knowledge to explain procedures associated with confidentiality to pediatric and adolescent patient populations
iii. Collect and analyze data regarding the physiological, psychological, sociocultural, spiritual, safety, and economic needs of pediatric and adolescent sexual abuse/assault patients that may impact confidentiality procedures
iv. Select appropriate nursing diagnoses applicable to pediatric sexual abuse/assault patient populations regarding confidentiality of protected health information
    1. Example: Anxiety related to the release of protected health information to investigative agencies
v. Demonstrate the ability to evaluate the effectiveness of the established plan of care regarding confidentiality and modify or adapt care based on changes in data collected throughout the nursing process

d. Medical screening examinations
i. Accurately describe legal requirements associated with the provision of a medical screening examination and its impact on the provision of medicolegal-forensic care in pediatric and adolescent patients following sexual abuse/assault, including:
    1. Emergency Medical Treatment and Active Labor Act (EMTALA) or other applicable legislation
ii. Recognize the necessary procedures to secure informed consent and informed refusal in accordance with applicable legislation
iii. Recognize the necessary procedures to transfer a patient in accordance with applicable legislation
iv. Identify, prioritize, and secure appropriate medical treatment as indicated by specific presenting chief complaints
v. Demonstrate the necessary knowledge to explain medical screening procedures and options to pediatric and adolescent patient populations
vi. Collect and analyze data regarding the physiological, psychological, sociocultural, spiritual, and economic needs of pediatric and adolescent sexual abuse/assault patient populations that may affect medical procedures
vii. Select appropriate nursing diagnoses applicable to pediatric and adolescent sexual abuse/assault patient populations regarding medical screening examinations
    1. Example: Anxiety related to examination after sexual abuse/assault
viii. Demonstrate the ability to evaluate the effectiveness of the established plan of care regarding medical evaluation/treatment and modify or adapt care based on changes in data collected throughout the nursing process

e. Mandated reporting requirements
i. Accurately describe legal requirements associated with mandated reporting requirements in pediatric/adolescent patient populations
ii Demonstrate the necessary knowledge to explain mandatory reporting requirement procedures to pediatric/adolescent patient populations

iii. Differentiate between reported and restricted/anonymous mediolegal evaluations following sexual abuse/assault, if applicable (based on age of patient and local statutes)
    1. Demonstrate the knowledge needed to appropriately modify medicolegal evaluation procedures in non-reported/anonymous cases
iv. Collect and analyze data regarding the physiological, psychological, sociocultural, spiritual, and economic needs of adult and adolescent sexual abuse/assault patient populations that may impact mandated reporting requirement procedures
v. Select appropriate nursing diagnoses applicable to pediatric sexual abuse/assault patient populations regarding mandatory reporting requirements
    1. Example: Feeling of fear/powerlessness related to mandatory reporting requirements
vi. Demonstrate the ability to evaluate the effectiveness of the established plan of care regarding mandatory reporting requirements and modify or adapt care based on changes in data collected throughout the nursing process

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B. Judicial Proceedings

a. Accurately describe legal definitions associated with child sexual abuse/assault

b. Identify pertinent case law and judicial precedence that affect the provision of testimony in judicial proceedings, including but not limited to:
    i. Admissibility or other applicable laws specific to the area of practice
    ii. Rules of evidence or other applicable laws specific to the area of practice
    iii. Hearsay or other applicable laws specific to the area of practice

c. Differentiate between family, civil, and criminal judicial proceedings to include applicable rules of evidence

d. Differentiate between the roles and responsibilities of fact versus expert witnesses in judicial proceedings

e. Differentiate between judge versus jury trials

f. Verbalize an understanding of the following judicial processes:
    i. Indictment
    ii. Arraignment
    iii. Plea agreement
    iv. Sentencing
    v. Deposition
    vi. Subpoena
    vii. Direct examination
    viii. Cross-examination
    ix. Objections

g. Identify the forensic nurse's role in judicial proceedings, including but not limited to:
    i. Educating the trier of fact
    ii. Provision of effective testimony
    iii. Demeanor and appearance
    iv. Objectivity
    v. Accuracy
    vi. Evidence-based testimony
    vii. Professionalism

h. Discuss the key processes associated with pretrial preparation

PEDIATRIC/ADOLESCENT CLINICAL PRECEPTORSHIP CONTENT

The following clinical education content identifies the framework for the SANE who cares for the pediatric/adolescent sexual abuse/assault patient population. These target competencies outline the minimum level of instruction required during the clinical preceptorship experience. As with the didactic portion of training, the clinical competencies are grounded in the nursing process of assessment, diagnosis, outcomes/planning, implementation, and evaluation.

1. Explain the rationale for history taking and demonstrate effective history-taking skills
2. Explain the rationale for head-to-toe assessment and demonstrate the complete head-to-toe assessment
3. Prepare the child/adolescent for the anogenital examination
4. Differentiate normal anogenital anatomy from normal variants and abnormal findings
5. Explain the rationale for and demonstrate the following visualization techniques:

   a. Labial separation

   b. Labial traction

   c. Hymenal assessment (Foley catheter, fox swab/ "comfort tip" applicators, etc)

   d. Speculum assessment of the vagina and cervix in the adolescent
6. Demonstrate the proper collection of specimens for testing for sexually transmitted infection
7. Explain the rationale for specific STI tests and collection techniques
8. Demonstrate proper collection of evidence (dependent on local practice) including:

   a. Buccal swabs

   b. Oral swabs and smear

   c. Bite mark swabbing

   d. Other body surface swabbing

   e. Fingernail clippings/swabbings

   f. Anal swabs and smear

   g. Vaginal swabs and smear

   h. Cervical swabs and smear

   i. Head hair combing/collection

   j. Pubic hair combing/ collection

k. Clothing

l. Toxicology

9. Explain the rationale behind a specific type and manner of evidentiary specimen collection
10. Demonstrate proper packaging of evidentiary materials
11. Demonstrate proper sealing of evidentiary materials
12. Explain the rationale for the packaging and sealing of evidentiary material
13. Demonstrate proper maintenance of the chain of custody for evidentiary materials
14. Explain the rationale for maintaining proper chain of custody

Participation in chart review, peer review, ongoing education, supervision, and mentoring is essential to prepare and sustain the registered nurse for the pediatric/adolescent SANE role. It is recommended that every SANE, novice through expert, regularly participate in these activities.

OPTIONAL PRECEPTORSHIP CONTENT

1. Explain the rationale for and demonstrate the following visualization techniques:

   a. Anogenital toluidine blue dye application and removal as applicable to local practice

   b. Specialized equipment commonly used in practice such as magnification tools, colposcopes, alternate light sources (ALS), etc.

2. Demonstrate the effective use of a camera to document examination findings

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