INTERNATIONAL ASSOCIATION OF FORENSIC NURSES

Educational Planning Table – Live/Enduring Material

Title of Activity: SANE-Pediatric /Adolescent Course **Date/Location of Activity:** Click here to enter text.

Please use the provided gap analysis tool to answer the following questions

Description of current state: Only 17% of Emergency Departments have Sexual Assault Nurse Examiner (SANE) Programs due to the lack of trained Registered Nurses (RNs) who can function as SANEs

Description of desired/achievable state: : All RNs who serve patients with a presenting complaint of sexual violence have the competency to provide a comprehensive Sexual Assault Examination (SAE)

Identified Gap(s): Lack of trained RNs to function as SANEs, specific to pediatric/adolescent population

Gap to be addressed by this activity: ☒ **Knowledge** ☐ **Skills** ☐ **Practice** ☐ **Other: Describe** Click here to enter text.

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Select all that apply: ☒ **Nursing Professional Development** ☐ **Patient Outcome** ☐ **Other: Describe** Click here to enter text.

CONTENT (Topics)	**TIME FRAME (if live)**	**PRESENTER/AUTHOR**	**TEACHING METHODS/LEARNER ENGAGEMENT STRATEGIES**
Provide an outline of the content	*Approximate time required for content delivery and/or participation in the activity*	*List the name/credentials*	*Select the learner engagement strategies to be used by Faculty, Presenters, Authors (note: PowerPoint and lecture by themselves are not learner engagement strategies) (select all that apply)*
Overview of Forensic Nursing and Child Sexual Abuse A. Forensic Nursing Overview 1. Describe the history and evolution of forensic nursing 2. Identify the role of the pediatric/adolescent SANE in caring for pediatric/ adolescent sexual abuse/assault patient populations 3. Describe the role of the pediatric/adolescent SANE as applied to sexual abuse/assault education and prevention	_____ minutes	Must be SANE-A or SANE-P certified professional.	☐ Lecture/PowerPoint **(select at least one additional strategy below):** ☐ Integrating opportunities for dialogue or question/answer ☐ Including time for self-check or reflection ☐ Audience Response System ☐ Analyzing case studies ☐ Providing opportunities for problem-based learning ☐ Pre/Post Test ☐ Other: _____

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4. Identify the role of the International Association of Forensic Nurses in establishing the scope and standards of forensic nursing practice 5. Discuss key aspects of the *Forensic Nursing: Scope and Standards of Practice* 6. 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, non-malfeasance, veracity, confidentiality, and justice 7. Identify nursing resources, locally and globally, that contribute to current and competent pediatric/adolescent SANE practice 8. Define vicarious trauma 9. Identify methods for preventing vicarious trauma associated with pediatric/adolescent SANE practice 10. Discuss key concepts associated with the use of evidence-based practice in the care of pediatric and adolescent sexual abuse/assault patient populations			

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B. Child Sexual Abuse 1. Define and identify the types of child /adolescent sexual abuse/assault 2. Define and identify the types of physical child maltreatment 3. Outline global incidence and prevalence rates for sexual abuse in the female and male pediatric and adolescent populations 4. Describe the fundamentals of growth and development in the context of understanding child/adolescent sexual abuse/assault 5. Identify risk factors for pediatric/adolescent sexual abuse/assault 6. Discuss the health consequences of sexual abuse/assault, including physical, psychosocial, cultural, and socioeconomic sequelae 7. Identify underserved or vulnerable sexual abuse/assault populations and associated prevalence rates, including but not limited to: a Boys/men b GLBTIQIA) adolescents			

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c Patients with physical disabilities d Patients with developmental challenges e Patients in emergent or long term foster care placement f Culturally diverse populations g Mental health populations h Patients with language/communication barriers i People who are trafficked 8. Describe nursing challenges that are unique to providing care to underserved or vulnerable sexual abuse/assault patient/family populations (such as people with multiple adverse childhood experiences (ACEs), intergenerational violence, and people who grew up in the foster care) 9. Discuss best practices for improving forensic nursing care to underserved or vulnerable patient populations 10. Differentiate myths from facts regarding sexual abuse/assault in pediatric and adolescent patient populations 11. Identify key concepts associated with offender typology and related impact on sexual abuse/assault patient populations			

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12. Identify the differences in offender typology in the pediatric population 13. Describe the process of grooming or accommodation syndrome with child sexual abuse victims and their families 14. Discuss the dynamics of familial sexual abuse (incest) and the impact on the child and non-offending caregiver/s 15. Describe the process of children's disclosure of sexual abuse and the factors related to disclosure			
. Victim Responses and Crisis Intervention 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	_____ minutes		☐ Lecture/PowerPoint **(select at least one additional strategy below):** ☐ Integrating opportunities for dialogue or question/answer ☐ Including time for self-check or reflection ☐ Audience Response System ☐ Analyzing case studies ☐ Providing opportunities for problem-based learning ☐ Pre/Post Test ☐ Other: _____

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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. Explain 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 non-adherence in pediatric and adolescent patient populations following sexual abuse/assault			

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K. Recognize the diverse psychosocial issues associated with underserved patient populations, including but not limited to: 1. Males 2. Inmates/juvenile detention 3. GLBTQIA 4. Familial perpetration (sibling, parent/guardian, etc.) 5. Patients with disabilities 6. Culturally diverse populations 7. People with mental illness 8. Patients with language/communication barriers 9. People who are trafficked L. Implement critical thinking processes based on relevant assessment data when prioritizing crisis intervention strategies for pediatric and adolescent patients following sexual abuse/assault 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. Recognize 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: 1. Empathetic and reflective listening 2. Maintaining dignity and privacy 3. Facilitating participation and control 4. Respecting autonomy 5. Maintaining examiner objectivity and professionalism			
Collaborating with Community Agencies A. Comprehend the multidisciplinary team (MDT), including: 1. Overview of roles and responsibilities 2. MDT models 3. Child advocacy centers 4. Family justice centers 5. Sexual assault response/resource teams (SART) 6. Strategies for implementing and sustaining a MDT 7. Benefits and challenges B. Discuss the roles and responsibilities of the following MDT members as they relate to pediatric and adolescent sexual abuse/assault:	_____ minutes	Must be a SANE-A or SANE-P certified professional	☐ Lecture/PowerPoint **(select at least one additional strategy below):** ☐ Integrating opportunities for dialogue or question/answer ☐ Including time for self-check or reflection ☐ Audience Response System ☐ Analyzing case studies ☐ Providing opportunities for problem-based learning ☐ Pre/Post Test ☐ Other: _____

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1. Victim advocates (community- and system-based) 2. Forensic examiners (pediatric/adolescent SANEs, death investigators, coroners, medical examiners, forensic nurse consultants) 3. Law enforcement 4. Prosecuting attorneys 5. Defense attorneys 6. Forensic scientists 7. Forensic interviewers 8. Child protection agencies 9. Other social service agencies 10. Discuss key strategies for initiating and maintaining effective communication and collaboration among MDT members			
Medicolegal History Taking A. Recognize the key components of medicolegal history taking associated with a pediatric and adolescent sexual abuse/assault, including but not limited to: 1. Past medical history 2. Allergies 3. Medications 4. Recreational drug use 5. Medical/surgical history	_____ minutes	Must be a SANE-A or SANE-P certified professional	☐ Lecture/PowerPoint **(select at least one additional strategy below):** ☐ Integrating opportunities for dialogue or question/answer ☐ Including time for self-check or reflection ☐ Audience Response System ☐ Analyzing case studies ☐ Providing opportunities for problem-based learning ☐ Pre/Post Test ☐ Other: _____

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6. Vaccination status 7. Social history a. Parent/caretaker b. Other information, as needed B. Developmental history 1. Milestones 2. Physical development 3. Sexual development 4. Intellectual development 5. Social development 6. Emotional development 7. Moral development C. 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 D. Gastrointestinal history 1. Gastrointestinal tract development and disorders 2. Constipation and diarrhea history and treatments E. Event history			

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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. Use of recording device (photographs or video of event) 7. Suspected drug-facilitated sexual assault 8. Condom use 9. Ejaculation 10. Pain or bleeding associated with acts 11. Physical assault 12. Strangulation 13. Potential destruction of evidence F. Distinguish between obtaining a medical history and conducting a forensic interview G. Explain the rationale for obtaining a child's history independent of other parties H. Explain the rationale for obtaining a caregiver (parent, guardian, etc.) history independent from the child I. Identify techniques for establishing rapport and facilitating disclosure while considering the patient's age, developmental level,			

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tolerance, gender identity, and cultural differences J. Evaluate when obtaining a medicolegal history from a child would be inappropriate K. Discriminate between leading and non-leading questions			
Observing and Assessing Physical Examination Findings A. Summarize 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 1. Use knowledge of the assessed developmentally appropriate communication skills and techniques with respect to cognitive and linguistic development C. Generalizes the ability to prioritize a comprehensive health history and review of systems data 1. History, including health issues and immunization status 2. History of alleged or suspicious event	_____ minutes		☐ Lecture/PowerPoint **(select at least one additional strategy below):** ☐ Integrating opportunities for dialogue or question/answer ☐ Including time for self-check or reflection ☐ Audience Response System ☐ Analyzing case studies ☐ Providing opportunities for problem-based learning ☐ Pre/Post Test ☐ Other: _____

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3. Patient 4. Family/caregiver/guardian 5. Law enforcement 6. Child protection agency D. Recognize knowledge related to the psychosocial assessment of the child/ adolescent related to the event 1. Crisis intervention for acute presentations 2. Behavioral/psychological implications of long-term abuse in the prepubescent, pediatric, and adolescent child 3. Suicide and safety assessment and planning 4. Impact of substance abuse issues 5. Guidance for child, family, and caregivers 6. Referrals E. Describe a comprehensive head-to-toe physical assessment that is age, gender identity, developmentally, and culturally appropriate, as well as mindful of the patient's tolerance, including: 1. Assessing the patient's general appearance, demeanor, cognition, and mental status			

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2. Assessment of clothing and other personal possessions 3. Assessment of body surfaces for physical findings 4. Assessment of the patient's growth and development level 5. Assessment of the patient's sexual maturation 6. Assessment of the patient utilizing a head-to-toe evaluation approach 7. Assessment of anogenital structures, including the effect of estrogen/testosterone on anogenital structures 8. Identification of findings that are: 1. Documented in newborns or commonly seen in non-abused children i. Normal variants ii. Commonly caused by other medical conditions iii. Conditions that may be mistaken for abuse 2. Indeterminate 3. Diagnostic of trauma and/or sexual contact			

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i. Acute trauma to external genital/anal tissues ii. Residual (healing) injuries iii. Injuries indicative of blunt force penetrating trauma iv. Sexually transmitted infection v. Pregnancy vi. Sperm identified in specimens taken directly from a child's body (Adams et al., 2007; Adams, 2011; Adams, et al., 2016) F. Define mechanical and physical trauma, including: 1. Blunt force trauma 2. Sharp force trauma 3. Gunshot wounds G. Identify findings with appropriate terminology for injuries associated with mechanical and physical trauma, including but not limited to: 1. Abrasions 2. Lacerations/tears 3. Cuts/incisions 4. Bruises/contusions/petechiae 5. Hematomas			

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6. Swelling/edema 7. Redness/erythema H. Describes the ability to provide a comprehensive strangulation assessment for the patient with known or suspected strangulation as a part of the history and/or physical findings I. Identify normal anogenital anatomy and physiology, including but not limited to: 1. Normal anatomical variants 2. Types and patterns of injury potentially associated with sexual abuse 3. Physical findings and medical conditions associated with non-assault related trauma, and potential misinterpretation of same J. Significance of a normal examination K. Describe appropriate examination positions and methods, including: 1. Labial separation/ traction 2. Supine/ prone knee-chest 3. Assistive techniques and equipment for evidence collection where appropriate, including but not limited to: a. Alternate light source b. Toluidine blue dye application and interpretation			

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c. Colposcope versus camera with macro lens for photographs d. Foley catheter, swab or other technique for visualization of hymen e. Water flushing f. Use of cotton swabs L. Discuss appropriate physical evidence collection through use of: 1. Current evidence-based forensic standards and references 2. Appropriate identification, collection, and preservation of evidence 3. Appropriate chain of custody procedures 4. Recognized variations in practice, following local recommendations and guidelines M. Paraphrase findings and prioritizes care based on sound critical thinking and decision-making: 1. 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			

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2. Appropriately seek medical consultation and trauma intervention when indicated 3. Accurately document history, findings, and interventions a. Injury/trauma findings b. Normal variations c. Disease processes d. Diagrams and trauma grams accurately reflect photographic and visualized image documentation e. Unbiased and objective evaluations N. Explain the importance of peer review/expert consultation O. Explain local and legal maintenance and release of records policies			
Medical-forensic Evidence Collection A. Patient (Victim)-Centered Care 1. Recognize the importance of patient participation and collaboration in evidence collection procedures as a means of recovering from sexual abuse/assault (as appropriate) 2. Identify the elements of consent and the procedures required for evidence	_____ minutes		☐ Lecture/PowerPoint **(select at least one additional strategy below):** ☐ Integrating opportunities for dialogue or question/answer ☐ Including time for self-check or reflection ☐ Audience Response System ☐ Analyzing case studies ☐ Providing opportunities for problem-based learning ☐ Pre/Post Test

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collection with respect to age and capacity 3. Discuss basic growth and development stages in the context of building rapport and tailoring the approach to the patient 4. Outline evidence collection options that are available within the community to the pediatric and adolescent sexual abuse/assault patient populations to include: a. Mandatory reporting requirements b. Nonreporting/anonymous evidence collection, if applicable (based on the age of the patient and local statutes) c. Medical evaluation and treatment 5. Define time limits for collection of biological evidence following sexual abuse/assault, including the differences in time frames for prepubertal victims 6. Discuss the differences in approach to evidence collection in the prepubertal population (i.e., external versus internal samples) 7. Identify and describe the types of evidence that can be collected in the pediatric and adolescent sexual			☐ Other: _____

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abuse/assault patient populations based on the event history, including but not limited to: a. History documentation b. Physical findings identification and documentation c. DNA evidence d. Trace/non-biological evidence e. Clothing/linen evidence f. Medical-forensic photography g. Toxicology 7. Define and explain procedures for maintaining the chain of custody 8. Describe criteria associated with a risk assessment for drug-facilitated sexual abuse/assault (DFSA) and identify appropriate evidence collection procedures when warranted 9. Discuss the patient/guardian's concerns and myths regarding evidence collection 10. Articulate an awareness of the potential risks and benefits to the patient/guardian associated with evidence collection 11. Identify adjuncts to assist with the identification and collection of potential sources of biologic and trace evidentiary			

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specimens, demonstrating an awareness of the appropriate use of each of the following tools and associated risks and benefits, including but not limited to: a. Alternative light sources b. Swabbing techniques c. Speculum examination (adolescent/pubertal population) d. Colposcopic visualization, or magnification with digital camera e. Anoscopic visualization, if indicated and within scope of practice in Nurse Practice Act 12. Critically appraise data regarding the abuse/assault to facilitate complete and comprehensive examination and evidence collection 13. 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 14. Apply, analyze, and synthesize current evidence-based practice when planning evidentiary procedures			

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15. Identify appropriate materials and equipment needed for biologic and trace evidence collection 16. Describe modification of evidence collection based on the patient's age, developmental/cognitive level, and tolerance 17. Identify techniques to support the patient/guardian and minimize the potential for additional trauma during evidence collection procedures 18. Identify techniques to facilitate patient participation during evidence collection procedures (as appropriate) B. Patient (Suspect)-Centered Care 1. Outline the differences in victim and suspect examination and evidence collection following sexual abuse/assault 2. Define the legal authorization needed to obtain evidentiary specimens and examine a suspect, including: a. Written consent b. Search warrant c. Court order			

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3. Describe the components of a suspect examination 4. Define the time limits of collection of biologic evidence in the suspect of sexual abuse/assault 5. 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: a. DNA evidence b. Trace/non-biological evidence c. Physical findings identification and documentation d. Medical-forensic photography e. Toxicology 6. 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 7. 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			

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Medical-forensic Photography A. Describe an understanding of consent, storage, confidentiality, and the appropriate release and use of photographs taken during the medical-forensic examination B. Identify physical findings that warrant photographic documentation C. 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 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. Discuss key photography principles, including consent, obtaining images that are	_____ minutes		☐ Lecture/PowerPoint **(select at least one additional strategy below):** ☐ Integrating opportunities for dialogue or question/answer ☐ Including time for self-check or reflection ☐ Audience Response System ☐ Analyzing case studies ☐ Providing opportunities for problem-based learning ☐ Pre/Post Test ☐ Other: _____

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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. 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. Select the correct media for obtaining photographs based on the type of physical or evidentiary finding warranting photographic documentation N. Describe 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			

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O. Identify situations that may warrant follow-up photographs and discuss options for securing P. Recognize the need for consistent peer review of photographs to ensure quality and accurate interpretation of photographic findings Q. 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			
Sexually Transmitted Infection Testing and Prophylaxis 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	_____ minutes		☐ Lecture/PowerPoint **(select at least one additional strategy below):** ☐ Integrating opportunities for dialogue or question/answer ☐ Including time for self-check or reflection ☐ Audience Response System ☐ Analyzing case studies ☐ Providing opportunities for problem-based learning ☐ Pre/Post Test ☐ Other: _____

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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. Discuss 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. 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) J. Apply, analyze, and synthesize current evidence-based practice when planning care			

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for pediatric/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 medical-forensic evaluation versus initial follow-up after prophylaxis L. 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) 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 follow-up requirements for select sexually transmitted infection(s) O. Recommend appropriate referrals for follow-up testing (e.g., HIV nPEP) P. Establish, communicate, evaluate, and revise individualized short- and long-term goals based on the physiological, psychological,			

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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) Q. Prioritize care based on assessment data and patient-centered goals R. Discuss appropriate sexually transmitted infection(s) testing and prophylaxis based on current evidence-based practice, risk factors for transmission, and symptomology S. Adapt sexually transmitted infection(s) testing and prophylaxis based on patient tolerance, adherence, and contraindications T. Appropriately seek medical consultation when indicated U. Describe an understanding of collection, preservation, and transport of testing medias for select sexually transmitted infections(s) V. Identify and explain necessary follow-up care and discharge instructions associated with select sexually transmitted infection(s)			
Pregnancy Testing and Prophylaxis	_____ minutes		☐ Lecture/PowerPoint **(select at least one additional strategy below):**

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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: 1. Mechanism of action 2. Baseline testing 3. Side effects 4. Administration 5. Failure rate 6. Follow-up requirements F. Discuss 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			☐ Integrating opportunities for dialogue or question/answer ☐ Including time for self-check or reflection ☐ Audience Response System ☐ Analyzing case studies ☐ Providing opportunities for problem-based learning ☐ Pre/Post Test ☐ Other: _____

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H. 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			
Medical-forensic Documentation A. Define and describe principles associated with professional medical-forensic documentation, including: 1. Roles and responsibilities of the forensic nurse in documenting pediatric and adolescent sexual assault/abuse examination a. Accurately reflect the steps of the nursing process, including patient/family-centered care, needs, and goals b. Accurately and clearly differentiate between sources for all information provided c. Accurately reflect patient assault history using patient/guardian's words verbatim as much as possible i. Include questions asked by the guardian and/or the SANE	_____ minutes		☐ Lecture/PowerPoint **(select at least one additional strategy below):** ☐ Integrating opportunities for dialogue or question/answer ☐ Including time for self-check or reflection ☐ Audience Response System ☐ Analyzing case studies ☐ Providing opportunities for problem-based learning ☐ Pre/Post Test ☐ Other: _____

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ii. Differentiate between objective and subjective data 2. Legal considerations, including: a. Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or other accreditation requirements (see legal requirements section) b. Health Insurance Portability and Accountability Act (HIPAA) or other confidentiality requirements (see legal requirements section) c. Mandated reporting requirements (see legal requirements section) d. Consent (see legal requirements section) 3. Judicial considerations including: a. True and accurate representation b. Objective and unbiased evaluation c. Chain of custody B. Identify and describe the key principles for the following types of documentation, including consent, access, storage, archiving, and retention: 1. Written/electronic medical records 2. Body diagrams 3. Photographs (see medical-forensic photography section)			

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C. Define terminology related to pediatric/adolescent sexual abuse/assault D. Describe the purpose of professional medical-forensic documentation, including: 1. Communication 2. Accountability 3. Quality improvement 4. Peer review 5. Research E. Describe all necessary documentation elements of the case: 1. Demographic data 2. Consent 3. History of assault/abuse 4. Patient presentation 5. Medical history 6. Physical examination and findings 7. Genital examination and findings 8. Impression/opinion 9. Treatment 10. Interventions 11. Mandatory reporting requirements 12. Discharge plan and follow-up			
Discharge and Follow-Up Planning	_____ minutes		☐ Lecture/PowerPoint **(select at least one additional strategy below):**

INTERNATIONAL ASSOCIATION OF FORENSIC NURSES

Educational Planning Table – Live/Enduring Material

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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 follow-up 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 follow-up concerns related to age, developmental level, cultural diversity, family dynamics, and geographic differences E. Identify evidence-based guidelines for discharge and follow-up care following a pediatric/adolescent sexual abuse/assault F. Apply, analyze, and synthesize current evidence-based practice when planning and prioritizing discharge and follow-up care associated with safety, psychological, forensic, or medical issues, including the prevention and/or treatment of sexually transmitted infection(s) and pregnancy			☐ Integrating opportunities for dialogue or question/answer ☐ Including time for self-check or reflection ☐ Audience Response System ☐ Analyzing case studies ☐ Providing opportunities for problem-based learning ☐ Pre/Post Test ☐ Other: _____

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G. Modify and facilitate plans for treatment, referrals, and follow-up care based upon patient/family needs and concerns H. Generate, communicate, evaluate, and revise individualized short- and long-term goals related to discharge and follow-up needs I. Determine and discuss appropriate follow-up care and discharge needs based on current evidence-based practice, recognizing differences related to age, developmental level, cultural diversity, and geography			
Legal Considerations and Judicial Proceedings A. Legal Considerations 1. Consent a. Describe the key concepts associated with obtaining informed consent b. Identify the appropriate methodology for obtaining consent to perform a medical-forensic evaluation in pediatric/adolescent patient populations	_____ minutes	Must minimally include a prosecutor and a SANE-A or SANE-P certified nurse	☐ Lecture/PowerPoint **(select at least one additional strategy below):** ☐ Integrating opportunities for dialogue or question/answer ☐ Including time for self-check or reflection ☐ Audience Response System ☐ Analyzing case studies ☐ Providing opportunities for problem-based learning ☐ Pre/Post Test ☐ Other: _____

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c. Differentiate between legal requirements associated with consent or refusal of medical care versus consent or refusal of evidence collection and release d. Identify the impact of age, developmental level, physical, and mental incapacitation on consent procedures and the appropriate methodology for securing consent in each instance e. Identify legal exceptions to obtaining consent as applicable to the practice area f. Explain consent procedures and options to pediatric and adolescent patient populations g. 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 B. Reimbursement 1. Describe Crime Victim Compensation/reimbursement options			

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that are associated with the provision of a medical-forensic evaluation in cases of pediatric/adolescent sexual abuse/assault 2. Explain reimbursement procedures and options to pediatric and adolescent patient populations C. Confidentiality 1. 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: 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 2. Explain procedures associated with confidentiality to pediatric and adolescent patient populations 3. Collect and analyze data regarding the physiological, psychological, sociocultural, spiritual, safety, and economic needs of pediatric and			

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adolescent sexual abuse/assault patients that may impact confidentiality procedures D. Medical screening examinations 1. Describe legal requirements associated with the provision of a medical screening examination and its impact on the provision of medical-forensic care in pediatric and adolescent patients following sexual abuse/assault, including: a. Emergency Medical Treatment and Active Labor Act (EMTALA) or other applicable legislation 2. Recognize the necessary procedures to secure informed consent and informed refusal in accordance with applicable legislation 3. Recognize the necessary procedures to transfer a patient in accordance with applicable legislation 4. Identify, prioritize, and secure appropriate medical treatment as indicated by specific presenting chief complaints			

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5. Explain medical screening procedures and options to pediatric and adolescent patient populations 6. 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 E. Mandated reporting requirements 1. Describe legal requirements associated with mandated reporting requirements in pediatric/adolescent patient populations a. Explain mandatory reporting requirement procedures to pediatric/adolescent patient populations b. Differentiate between reported and restricted/anonymous medical-forensic evaluations following sexual abuse/assault, if applicable (based on age of patient and local statutes) 2. Demonstrate the knowledge needed to appropriately modify medical-forensic evaluation procedures in non-reported/anonymous cases			

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a. 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 F. Judicial Proceedings 1. Describe legal definitions associated with child sexual abuse/assault 2. Identify pertinent case law and judicial precedence that affect the provision of testimony in judicial proceedings, including but not limited to: a. Admissibility or other applicable laws specific to the area of practice b. Rules of evidence or other applicable laws specific to the area of practice c. Hearsay or other applicable laws specific to the area of practice 3. Differentiate between family, civil, and criminal judicial proceedings to include applicable rules of evidence			

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4. Differentiate between the roles and responsibilities of fact versus expert witnesses in judicial proceedings 5. Differentiate between judge versus jury trials 6. Verbalize an understanding of the following judicial processes: a. Indictment b. Arraignment c. Plea agreement d. Sentencing e. Deposition f. Subpoena g. Direct examination h. Cross-examination i. Objections 7. Identify the forensic nurse's role in judicial proceedings, including but not limited to: a. Educating the trier of fact b. Provision of effective testimony c. Demeanor and appearance d. Objectivity e. Accuracy f. Evidence-based testimony g. Professionalism			

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h. Discuss the key processes associated with pretrial preparation			
	TOTAL REQUIRED MINUTES MUST = 2400 **TOTAL ACTUAL MINUTES =**		

List the full citations of **at least three (3)** evidence-based references/resources used for developing this educational activity:

Alaggia, R. (2004). Many ways of telling: Expanding conceptualizations of child sexual abuse disclosure. *Child Abuse and Neglect, 28*(11), 1213-1227.

American Nurses Association (2nd ed). (2017). *Forensic nursing: Scope and standards of practice*. Silver Spring, MD: Nursesbooks.org.

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Felitti, V J., Anda, R. F., Nordenberg, D.,Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, *14*(4), 245-258.

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Adams, J. A. (2004). Medical evaluation of suspected child sexual abuse. *Journal of Pediatric & Adolescent Gynecology, 17*(3), 191-197.

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Biron Campis, L. B., Hebden-Curtis, J., & DeMaso, D. R. (1993). Developmental differences in detection and disclosure of sexual abuse. *Journal of the American Academy of Child & Adolescent Psychiatry*, *32*(5), 920-924.

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Glick, N. P., Lating, J. M., & Kotchick, B. (2004). Child sexual abuse evaluations in an emergency room: An overview and suggestions for a multidisciplinary approach. *International Journal of Emergency Mental Health*, *6*(3), 111-120.

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Jenney, C. (2011). *Child abuse and neglect: Diagnosis, treatment, and evidence.* St. Louis, MO: Elsevier Saunders.

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Interpretation of Examination Findings

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HIV Postexposure Prophylaxis

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Learning Outcome (s) as a result of participating in the activity: The overall learning outcome for basic SANE education is to provide registered nurses and advanced practice nurses with the knowledge, and skills, and judgment to provide competent, comprehensive, patient-centered, coordinated care to patients being evaluated for sexual assault, or suspected of having been sexually assaulted.

Select all that apply: ☒ **Nursing Professional Development** ☐ **Patient Outcome** ☐ **Other: Describe** Click here to enter text.

CONTENT (Topics)	**TIME FRAME (if live)**	**PRESENTER/AUTHOR**	**TEACHING METHODS/LEARNER ENGAGEMENT STRATEGIES**
Provide an outline of the content	*Approximate time required for content delivery and/or participation in the activity*	*List the name/credentials*	*Select the learner engagement strategies to be used by Faculty, Presenters, Authors (note: PowerPoint and lecture by themselves are not learner engagement strategies) (select all that apply)*

Neu, N., Heffernan-Vacca, S., Millery, M., Stimell, M., & Brown, J. (2006). Postexposure prophylaxis for HIV in children and adolescents after sexual assault: A prospective observational study in an urban medical center. *Sexually Transmitted Diseases, 34*(2), 65-68.

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Crisis Intervention/ Mental Health

Alaggia, R. (2002). Balancing acts: Reconceptualizing support in maternal response to intra-familial child sexual abuse. *Clinical Social Work Journal*, *30*(1), 41-56.

Bal, S., De Bourdeaudhuij, I., Crombez, G., & Van Oost, P. (2005). Predictors of trauma symptomatology in sexually abused adolescents: A 6-month follow-up study. *Journal of Interpersonal Violence, 20*(11):1390-1405.

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Brill, C., Fiorentino, N., & Grant, J. (2001). Covictimization and inner city youth: A review. *International Journal of Emergency Mental Health*, *3*(4), 229-239.

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Gavril, A, R., Kellogg, N. D., & Nair, P. (2012). Value of follow-up examinations of children and adolescents evaluated for sexual abuse and assault. *Pediatrics, 129*(2), 282-289.

Goodman-Brown, T., Edelstein, R., Goodman, G., Jones, D., & Gordon, D. (2003). Why children tell: A model of children's disclosure of sexual abuse. *Child Abuse & Neglect, 27*(5), 525-540.

Greeson, J. K., Briggs, E. C., Layne, C. M., Belcher, H. M., Ostrowski, S. A., Kim, S., ... & Fairbank, J. A. (2014). Traumatic childhood experiences in the 21st century: Broadening and building on the ACE studies with data from the National Child Traumatic Stress Network. *Journal of interpersonal violence*, *29*(3), 536-556.

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Habigzang, L. F., Stroeher, F. H., Hatzenberger, R., Cunha, R. C., Ramos, M. S., & Koller, S. H. (2009). Cognitive behavioral group therapy for sexually abused girls. *Revista de Saude Publica, 43(*Supplement 1), 70-78.

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Kawsar, M., Anfield, A., Walters, E., McCabe, S., & Forster, G. E. (2004). Prevalence of sexually transmitted infections and mental health needs of female child and adolescent survivors of rape and sexual assault attending a specialist clinic. *Sexually Transmitted Infections Journal, 80*(2), 138-141.

Kendell-Tackett, K. A., Meyer-Williams, L., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin, 113*(1), 164-180.

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Leventhal, J. M., Murphy, J. L., & Asnes, A. G. (2010). Evaluations of childhood sexual abuse: Recognition of overt and latent family concerns. *Child Abuse & Neglect, 34*(5), 289-295.

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Marks, S., Lamb, R., & Tzioumi, D. (2009). Do no more harm: The psychological stress of the medical examination for alleged child sexual abuse. *Journal of Paediatrics & Child Health*, *45*(3), 125-132.

Massat, C. R., & Lundy, M. (1999). Service and support needs of non-offending parents in cases of intrafamilial sexual abuse. *Journal of Child Sexual Abuse, 8*(2), 41-56.

INTERNATIONAL ASSOCIATION OF FORENSIC NURSES

Educational Planning Table – Live/Enduring Material

Learning Outcome (s) as a result of participating in the activity: The overall learning outcome for basic SANE education is to provide registered nurses and advanced practice nurses with the knowledge, and skills, and judgment to provide competent, comprehensive, patient-centered, coordinated care to patients being evaluated for sexual assault, or suspected of having been sexually assaulted.

Select all that apply: ☒ Nursing Professional Development ☐ Patient Outcome ☐ Other: Describe Click here to enter text.

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McGregor, K., Julich, S., Glover, M., & Gautam, J. (2010). Health professionals' response to disclosure of child sexual abuse history: Female child sexual abuse survivors' experience. *Journal of Child Sexual Abuse, 19*(3), 239-254.

Olshen, E., McVeigh, K. H., Wunsch-Hitzig, R. A., & Rickert, V. I. (2007). Dating violence, sexual assault, and suicide attempts among urban teenagers. *Archives of Pediatrics & Adolescent Medicine*, *161*(6), 539-545.

Werner, J., & Werner, M. C. M. (2008). Child sexual abuse in clinical and forensic psychiatry: A review of recent literature. *Current Opinion in Psychiatry, 21*(5), 499-504.

If Live:

Note: Time spent evaluating the learning activity may be included in the total time when calculating contact hours.

Total minutes 2400 divided by 60= 40 contact hour(s)

If Enduring:

Method of calculating contact hours:

☐ **Pilot Study** ☐ **Mergener formula** ☐ **Historical Data** ☐ **Complexity of Content** ☐ **Other: Describe** Click here to enter text.

Criteria for Awarding Contact Hours

Criteria for awarding contact hours for live and enduring material activities include:

(Check all that apply)

- ☒ Attendance for a specified period of time (e.g., 100% of activity, or miss no more than 10 minutes of activity)
- ☐ Credit awarded commensurate with participation
- ☐ Attendance at 1 or more sessions
- ☒ Completion/submission of evaluation form
- ☐ Successful completion of a post-test (e.g., attendee must score _____% or higher)
- ☐ Successful completion of a return demonstration
- ☐ Other - Describe: _____

Estimated Number of Contact Hours to Be Awarded: Click here to enter text.

Description of evaluation method: How change in knowledge, skills, and/or practices of target audience will be assessed at the end of the activity (relate this to identified practice gap and educational need):

Short-term evaluation options:	**Long-term evaluation options:**
☐ Intent to change practice ☐ Active participation in learning activity ☐ Post-test ☐ Return demonstration ☐ Case study analysis ☐ Role-play ☐ Other – Describe: _____	☐ Self-reported change in practice ☐ Change in quality outcome measure ☐ Return on Investment (ROI) ☐ Observation of performance ☐ Other – Describe: _____

Completed By (name/credentials): Click or tap here to enter text. **Date:** Click or tap to enter a date.

QUESTIONS? Phone: 410.626.7805 ext. 116
Please return the completed Educational Planning Table Form to IAFN at:
EMAIL: CE@forensicnurses.org