FILED WITH LRC
TIME: 9:30am
NOV 04 2026
REGULATIONS COMPILER

GENERAL GOVERNMENT CABINET

Board of Nursing

(Amendment)

201 KAR 20:411. Sexual Assault Nurse Examiner Program standards and credential requirements.

RELATES TO: KRS 216B.400(2), (4), (5), 314.011(14), 314.103, 314.142, 314.475, 403.707, 421.500-421.575, 431.600-431.660

STATUTORY AUTHORITY: KRS 314.131(1), 314.142(1)

CERTIFICATION STATEMENT: This certifies that this administrative regulation complies with the requirements of KRS 13A.105(2)(a) because the amendments to this regulation will not have a major economic impact.

NECESSITY, FUNCTION, AND CONFORMITY: KRS 314.131(1) authorizes the Board of Nursing to promulgate administrative regulations as may be necessary to enable it to carry into effect the provisions of KRS Chapter 314. KRS 314.142(1) requires the board to promulgate administrative regulations to create a Sexual Assault Nurse Examiner Program. This administrative regulation establishes the requirements relating to a sexual assault nurse examiner course and the credentials of a sexual assault nurse examiner.

Section 1. Definitions. (1) "Adolescent" means a child who has reached the onset of physiologically normal puberty.

(2) "Pediatric" means a child who has not reached the age of eighteen (18).

(3) "SANE-A/A course" means a formal, organized course of instruction that is designed to prepare a registered nurse to perform forensic evaluation of an adult or adolescent sexual assault victim and to promote and preserve the victim's biological, psychological, and social health.

(4) "SANE course" means the SANE-A/A course and the SANE-P/A course.

(5) "SANE-P/A course" means a formal, organized course of instruction that is designed to prepare a registered nurse to perform forensic evaluation of a pediatric or adolescent sexual assault victim and to promote and preserve the victim's biological, psychological, and social health.

Section 2. SANE Course Approval Application. (1) On the form Application for Initial or Continued SANE Course Approval, the applicant for approval of a SANE-A/A course or a SANE-P/A course shall submit evidence to the board of completion of the requirements for course approval that consists of the following documentation:

(a) Position description and qualifications of the nurse administrator of the SANE course;

(b) Qualifications and description of the faculty;

(c) Course syllabus;

(d) Course completion requirements;

(e) Tentative course presentation dates;

(f) Records maintenance policy; and

(g) Copy of certificate of course completion form.

(2) Nurse administrator of SANE course. A registered nurse, with current, active Kentucky licensure or a multistate licensure privilege pursuant to KRS 314.475, a baccalaureate or higher

degree in nursing, and experience in adult and nursing education shall be administratively responsible for assessment, planning, development, implementation, and evaluation of the SANE course.

(3) Faculty qualifications. Faculty qualifications shall be consistent with the instructor qualifications set out in Sexual Assault Nurse Examiner (SANE) Education Guidelines. The name, title, and credentials identifying the educational and professional qualifications for each instructor shall be provided as part of the application.

(4) Course syllabus. The syllabus shall include:

(a) Course prerequisites, requirements, and fees;

(b) Course outcomes, which shall provide statements of observable competencies, which if taken as a whole, present a clear description of the entry level behaviors to be achieved by the learner;

(c) Unit objectives for an individual, which shall be stated in operational or behavioral terms with supportive content identified;

(d) Content as specified in subsection (6) of this section, which shall be described in detailed outline format with corresponding lesson plans and time frame, and which shall be related to, and consistent with, the unit objectives, and support achievement of expected course outcomes;

(e) Teaching methods with the activities of both instructor and learner specified in relation to the content outline, and which shall be congruent with stated course objectives and content, and reflect the application of adult learning principles;

(f) Evaluation methods, which shall be clearly defined for evaluating the learner's achievement of course outcomes, and which shall include a process for annual course evaluation by students, providers, faculty, and administration; and

(g) Instructional or reference materials required, which shall be identified.

(5) Completion requirements. Requirements for successful completion of the SANE course shall be clearly specified and shall include demonstration of clinical competency. A statement of policy regarding a candidate who fails to successfully complete the course shall be included.

(6) The SANE-A/A course and the SANE-P/A course content shall be consistent with Sexual Assault Nurse Examiner (SANE) Education Guidelines.

(a) In addition to that content, the SANE-A/A course and the SANE-P/A course shall include:

1. Observing live or previously recorded criminal trials and meeting with the Commonwealth Attorney or a representative from the Commonwealth Attorney's office in order to gain an understanding of the trial process including testifying;

2. Meeting with the local rape crisis center and a rape crisis center victim advocate in order to gain an understanding of the services provided to victims by rape crisis centers and the role of an advocate;

3. Meeting with local law enforcement officers or investigators responsible for investigating reports of rape or sexual assault in order to gain an understanding of the investigative process; and

4. Application of the Kentucky statewide medical protocol relating to the forensic and medical examination of an individual reporting sexual assault pursuant to KRS 216B.400(2) and (4); and

5. The Kentucky Crime Victim Bill of Rights, KRS 421.500 through 421.575.

(b) In addition to the requirements of paragraph (a) of this subsection, the SANE-P/A course shall include:

1. Principles of child development;

2. Techniques for acute evaluations;

3. An overview of Kentucky Child Advocacy Centers; and

4. An overview of KRS 431.600 through 431.660 which shall include information about multidisciplinary teams and their functions, model protocols approved by the Kentucky Multidisciplinary Commission on Child Sexual Abuse, and the role of peer review in child sexual abuse cases.

Section 3. Contact Hour Credit for Continuing Education. (1) The SANE course shall be approved for contact hour credit which may be applied to licensure requirements.

(2) Approval period. Board approval for a SANE course shall be granted for a four (4) year period.

(3) Records shall be maintained for a period of five (5) years, including the following:

(a) Provider name, date, and site of the course; and

(b) Participant roster, containing at a minimum the name, Social Security number, and license number for each participant.

(4) A participant shall receive a certificate of completion that documents the following:

(a) Name of participant;

(b) Title of course, date, and location;

(c) Provider's name; and

(d) Name and signature of authorized provider representative.

Section 4. Continued Board Approval of a SANE Course. (1) An application for continued approval of a SANE course shall be submitted on the Application for Initial or Continued SANE Course Approval at least three (3) months prior to the end of the current approval period.

(2) A SANE course syllabus shall be submitted with the Application for Initial or Continued SANE Course Approval.

(3) Continued approval shall be based on the past approval period performance and compliance with the board standards described in this administrative regulation.

Section 5. The board may deny, revoke, or suspend the approval status of a SANE course for violation of this administrative regulation.

Section 6. Appeal. If a SANE course administrator is dissatisfied with a board decision concerning approval and wishes a review of the decision, the procedure established in this section shall be followed.

(1) A written request for the review shall be filed with the board within thirty (30) days after the date of notification of the board action which the SANE course administrator contests.

(2) The board, or its designee, shall conduct a review in which the SANE course administrator may appear in person and with counsel to present reasons why the board's decision should be set aside or modified.

Section 7. Requirements for Sexual Assault Nurse Examiner (SANE) Credential.

(1) The applicant for the SANE-A/A or SANE-P/A credential shall:

(a) Hold a current, active registered nurse license in Kentucky or a multistate licensure privilege pursuant to KRS 314.475;

(b) Have completed a board approved SANE educational course or a comparable course, which the board or its designee shall:

1. Evaluate to determine its course comparability; and

2. Advise an applicant if the course is not comparable and specify what additional components shall be completed to allow the applicant to be credentialed.

(c) Complete the Application for Credential as a Sexual Assault Nurse Examiner;

(d) Pay the fee established in 201 KAR 20:240;

(e) Provide a criminal record check by the Department of Kentucky State Police (KSP) and the Federal Bureau of Investigation (FBI);

(f) Use the FBI Applicant Fingerprint Card;

(g) Pay any required fee to the KSP and the FBI;

(h) Complete the criminal record check within six (6) months of the date of the application;

(i) Provide a certified or attested copy of the court record of any misdemeanor or felony conviction as required by 201 KAR 20:370, Section 1(3); and

(j) Provide a letter of explanation that addresses each conviction, if applicable.

(2) Upon completion of the application process, the board shall issue the appropriate SANE credential for a period ending October 31.

(3) An applicant shall not be credentialed until a report is received from the FBI pursuant to the request submitted under subsection (1)(e) of this section and any conviction is addressed by the board.

Section 8. Renewal. (1) To renew the SANE-P/A or the SANE-A/A credential for the next period, each sexual assault nurse examiner shall complete at least five (5) contact hours of

continuing education related to the role of the sexual assault nurse examiner or forensic nursing within each continuing education earning period. A provider of a board approved SANE course may offer continuing education related to the role of the sexual assault nurse examiner.

(2) Upon completion of the required continuing education, completion of the Annual Credential Renewal Application: SANE Credential with RN in Kentucky or Annual Credential Renewal Application: SANE with RN Compact License (Not Kentucky), as applicable, and payment of the fee established in 201 KAR 20:240, the appropriate SANE credential shall be renewed at the same time the registered nurse license is renewed.

(3) The five (5) contact hours may count toward the required contact hours of continuing education for renewal of the registered nurse license.

(4) Failure to meet the five (5) contact hour continuing education requirement shall cause the SANE credential to lapse.

Section 9. Reinstatement. (1) If the SANE credential has lapsed for a period of less than four (4) consecutive registered nurse licensure periods, and the individual wants the credential reinstated, the individual shall apply to reinstate the credential by:

(a) Submitting the Application for Credential as a Sexual Assault Nurse Examiner;

(b) Paying the fee established in 201 KAR 20:240;

(c) Submitting evidence of earning the continuing education requirement referenced in Section 8(1) of this administrative regulation for the number of registered nurse licensure periods since the SANE credential lapsed;

(d) Providing a criminal record check by the KSP and FBI;

(e) Using the FBI Applicant Fingerprint Card;

(f) Paying any required fee to the KSP and the FBI;

(g) Completing the criminal record check within six (6) months of the date of the application;

(h) Providing a certified or attested copy of the court record of any misdemeanor or felony conviction as required by 201 KAR 20:370, Section 1(3); and

(i) Providing a letter of explanation that addresses each conviction, if applicable.

(2) An applicant shall not be credentialed until a report is received from the FBI pursuant to the request submitted under subsection (1)(d) of this section and any conviction is addressed by the board.

(3) If the SANE credential has lapsed for more than four (4) consecutive licensure periods, the nurse shall complete a SANE course prior to reinstatement.

Section 10. The board shall obtain input from the Sexual Assault Response Team Advisory Committee concerning any proposed amendment to this administrative regulation as follows:

(1) The board shall send a draft copy of any proposed amendment to the co-chairs of the Sexual Assault Response Team Advisory Committee prior to approval by the board;

(2) The board shall request that comments on the proposed amendment be forwarded to the board's designated staff person within ninety (90) days; and

(3) At the conclusion of that time period or upon receipt of comments, whichever is sooner, the board, at its next regularly scheduled meeting, shall consider the comments.

Section 11. Incorporation by Reference. (1) The following material is incorporated by reference:

(a) "Application for Initial or Continued SANE Course Approval", 10/2018;

(b) "Application for Credential as a Sexual Assault Nurse Examiner", 10/2022;

(c) "Annual Credential Renewal Application: SANE Credential with RN in Kentucky", 02/2021;

(d) "Annual Credential Renewal Application: SANE with RN Compact License (Not Kentucky)", 02/2021; and

(e) "Sexual Assault Nurse Examiner (SANE) Education Guidelines", 2025[~~2018, International Association of Forensic Nurses~~].

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Board of Nursing, 312 Whittington Parkway, Suite 300, Louisville, Kentucky 40222-5172, Monday through Friday, 8:00 a.m. to 4:30 p.m. This material is also available on the board's Web site at https://kbn.ky.gov/document-library/Pages/default.aspx

(3) The material in subsection 1(e) of this section may be obtained at https://enau.ena.org [~~https://cdn.ymaws.com/www.forensicnurses.org/resource/resmgr/education/2018_sane_edguidelines.pdf~~].

Amended Administrative Regulation

201 KAR 20:411. Sexual Assault Nurse Examiner Program standards and credential requirements.

Adopted: October 22, 2026

Audria Denker, DNP, RN, FAADN

Audria Denker, President
Kentucky Board of Nursing

October 22, 2026
Date

PUBLIC HEARING AND PUBLIC COMMENT PERIOD

A public hearing on this administrative regulation shall be held on January 26, 2027, at 10:00 AM at Kentucky Board of Nursing, 312 Whittington Parkway, Ste 300, Louisville, KY 40222. Individuals interested in being heard at this hearing shall notify this agency in writing by January 19, 2027, five workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing was received by that date, the hearing may be cancelled. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through January 31, 2027. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person or submit a comment at: https://secure.kentucky.gov/formservices/Nursing/PendReg.

CONTACT PERSON:
Jeffrey R. Prather, General Counsel
Kentucky Board of Nursing
312 Whittington Parkway, Suite 300
Louisville, KY 40222
(502) 338-2851
Jeffrey.Prather@ky.gov

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

201 KAR 20:411
Contact Person: Jeffrey Prather
Phone: (502) 338-2851
Email: Jeffrey.prather@ky.gov

Subject Headings:

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation sets standards for Sexual Assault Nurse Examiner (SANE) programs and credential.

(b) The necessity of this administrative regulation: This administrative regulation is necessary because of KRS 314.142.

(c) How this administrative regulation conforms to the content of the authorizing statutes: This administrative regulation conforms to the content of the authorizing statutes by establishing standards.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation assists in the effective administration of the statutes by establishing standards.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: It updates the material incorporated by reference.

(b) The necessity of the amendment to this administrative regulation: The edition for one of the incorporated treatises, "Sexual Assault Nurse Examiner (SANE) Education Guidelines, has been revised in 2025.

(c) How the amendment conforms to the content of the authorizing statutes: By providing updated practice guidance.

(d) How the amendment will assist in the effective administration of the statutes: By updating the practice guidance.

(3) Does this administrative regulation or amendment implement legislation from the previous five years? No.

(4) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: Sexual Assault Nurses in Kentucky, approximately 650.

(5) Provide an analysis of how the entities identified in question (4) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (4) will have to take to comply with this administrative regulation or amendment: None.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (4): None.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (4): The entities will be directed to updated practice guidance.

(6) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: None.

(b) On a continuing basis: None.

(7) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: Agency funds.

(8) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: No new fees or funding are required.

(9) State whether or not this administrative regulation established any fees or directly or indirectly increased any fees: No new fees are established either directly or indirectly.

(10) TIERING: Is tiering applied? Tiering is not applied.

FISCAL IMPACT STATEMENT

201 KAR 20:411
Contact Person: Jeffrey R. Prather
Phone: (502) 338-2851
Email: Jeffrey.prather@ky.gov

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation: KRS 314.131 and 314.142.

(2) State whether this administrative regulation is expressly authorized by an act of the General Assembly, and if so, identify the act: KRS 314.131 and 314.142.

(3)(a) Identify the promulgating agency and any other affected state units, parts, or divisions: Kentucky Board of Nursing.

(b) Estimate the following for each affected state unit, part, or division identified in (3)(a):

1. Expenditures:
   For the first year: None.
   For subsequent years: None.
2. Revenues:
   For the first year: None.
   For subsequent years: None.
3. Cost Savings:
   For the first year: None.
   For subsequent years: None.

(4)(a) Identify affected local entities (for example: cities, counties, fire departments, school districts): None.

(b) Estimate the following for each affected local entity identified in (4)(a):

1. Expenditures:
   For the first year: None.
   For subsequent years: None.
2. Revenues:
   For the first year: None.
   For subsequent years: None.
3. Cost Savings:
   For the first year: None.
   For subsequent years: None.

(5)(a) Identify any affected regulated entities not listed in (3)(a) or (4)(a): SANEs.

(b) Estimate the following for each regulated entity identified in (5)(a):

1. Expenditures:
   For the first year: None.
   For subsequent years: None.

2. Revenues:

For the first year: None.

For subsequent years: None.

3. Cost Savings:

For the first year: None.

For subsequent years: None.

(6) Provide a narrative to explain the following for each entity identified in (3)(a), (4)(a), and (5)(a):

(a) Fiscal impact of this administrative regulation: There will not be a fiscal impact on the entities.

(b) Methodology and resources used to reach this conclusion: None.

(7) Explain, as it relates to the entities identified in (3)(a), (4)(a), and (5)(a):

(a) Whether this administrative regulation will have a "major economic impact", as defined by KRS 13A.010(14): There will not be a major economic impact.

(b) The methodology and resources used to reach this conclusion: None.

Summary of Material Incorporated by Reference
And
Summary of Changes to Material Incorporated by Reference

201 KAR 20: 411 Sexual Assault Nurse Examiner Program standards and credential requirements.

Summary of Material Incorporated by Reference

(a) "Application for Initial or Continued SANE Course Approval", 10/2018;

(b) "Application for Credential as a Sexual Assault Nurse Examiner", 10/2022;

(c) "Annual Credential Renewal Application: SANE Credential with RN in Kentucky", 02/2021;

(d) "Annual Credential Renewal Application: SANE with RN Compact License (Not Kentucky)", 02/2021; and

(e) "Sexual Assault Nurse Examiner (SANE) Education Guidelines", 2025[~~2018, International Association of Forensic Nurses~~].

Summary of Changes to Material Incorporated by Reference

The material incorporated by Section 11(e), "Sexual Assault Nurse Examiner (SANE) Education Guidelines", 2018, International Association of Forensic Nurses, is being wholly replaced by the updated edition, "Sexual Assault Nurse Examiner (SANE) Education Guidelines", 2025, This is a seventy (70) page booklet.

INTERNATIONAL ASSOCIATION OF Forensic Nurses

Research. Educate. Lead.

SEXUAL ASSAULT NURSE EXAMINER (SANE)

EDUCATION GUIDELINES



UPDATED 2025

Task Force Chairs

Karin Wickwire, DNP, APRN, AG-ACNP, CPNP-AC, SANE-A, SANE-P

Brookley Del Bosque, MBA, BSN, RN, SANE-A, SANE-P, CA/CP-SANE

Task Force Members

Khara Breeden, DNP, MS, RN, SANE-A, SANE-P, AFN-BC

Leslie Flament, MS, APRN, CPNP-PC, SANE-P

Margaret M. Glembocki, DNP, APRN, ACNP-BC, SANE-A, CSC, FAANP

Hanna Halpenny, BSN, RN, SANE-A

Gail Hornor, DNP, APRN, CPNP, SANE-P

Kalen Knight, MSN, MBA, RN, SANE-A

Shannon Krueger, MSN, APRN, CPNP-PC, SANE-P

Angela Modlin, MSN, SANE-A, SANE-P

Jen Pierce-Weeks, BSN, RN, SANE-A, SANE-P

This recently developed resource is being made available by the Emergency Nurses Association® (ENA)® in support of forensic nurse education development. Note that this resource is no longer associated with a certification.

© 2025 International Association of Forensic Nurses

TABLE OF CONTENTS

Introduction 5
Purpose of the Guidelines 6
Defining Patient Populations 7
Theoretical Framework 8
Instructional Methodologies 11
Sexual Assault Nurse Examiner (SANE) Education Requirements (Overview) 13
Coursework Content 13
Recommendations for Instructors 14
Instructors for Adult/Adolescent Patient Populations 15
Instructors for Pediatric/Adolescent Patient Populations 16
Setting Up Your Course (At-a-Glance) 17
Introduction References 18
Section I 21
Adult/Adolescent Sexual Assault Nurse Examiner (SANE) 21
Adult/Adolescent Didactic Content 21
Adult/Adolescent Clinical Preceptorship Content 30
Section I References 36
Section II 37
Pediatric/Adolescent Sexual Assault Nurse Examiner (SANE) Education Guidelines 37
Pediatric/Adolescent Didactic Content 37
Pediatric/Adolescent Clinical Preceptorship Content 49
Section II References 54
Appendix 1: Adult/Adolescent Sexual Assault Nurse Examiner Initial Competency Validation Form 59
Appendix 2: Pediatric/Adolescent Sexual Assault Nurse Examiner Initial Competency Validation Form 64

International Association of Forensic Nurses

Sexual Assault Nurse Examiner (SANE) Education Guidelines

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 medical forensic needs of those who have been affected by sexual violence, including individual patients, families, communities, and systems. Registered nurses who perform medical forensic evaluations in the expanded practice role of the SANE 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 a competent medical forensic examination, taking into consideration developmental, cultural, racial, ethnic, gender identity, sexual, and socioeconomic diversity.

Given the prevalence of trauma among patient populations, the IAFN recognizes the criticality of the caregiver's use of a trauma-informed approach to care, regardless of the patient's presentation or demeanor. Over half of women and almost 1 in 3 men have experienced sexual violence involving physical contact during their lifetime (Basile, et al., 2022). Additionally, 1 in 4 girls and 1 in 20 boys will experience child sexual abuse before the age of 18 (Finkelhor, Turner, & Colburn, 2024). According to the foundational work of the Substance Abuse and Mental Health Services Administration(SAMHSA) (2014), the four underlying principles of providing trauma-informed care (TIC) are: 1) realizing the prevalence of traumatic events and the widespread impact of trauma; 2) recognizing the signs and symptoms of trauma; 3) responding by integrating knowledge about trauma into policies, procedures, and practices; and 4) seeking to resist re-traumatization actively. The concept of TIC must be considered in all aspects of education related to the care provided to patients who have experienced sexual assault. A TIC model that includes the patient's voice when addressing their needs can increase patient trust and safety while reducing re-traumatization (Bendall, et al., 2021). Although not explicitly listed in the course outline as a stand-alone topic, the concept of TIC is intended to be interwoven throughout the didactic course in its entirety and to serve as a foundational element of the care that SANEs provide.

The nursing process is a critical thinking model that includes assessment, diagnosis, outcomes identification, planning, implementation, and evaluation, and is fundamental to the practice of SANEs. According to the American Nurses Association's (2021) *Nursing: Scope and Standards of Practice*, diagnosis is a clinical judgment about the healthcare consumer's response to actual or potential health conditions or needs. The diagnosis provides the basis for determination of a plan to achieve expected outcomes. Registered nurses utilize nursing and medical diagnoses depending upon educational and clinical preparation and legal authority (American Nurses Association, 2021). In 2015, the American Nurses Credentialing Center's (2023) Commission on Accreditation revised its guidelines to direct that each continuing nursing education activity reflect a learning outcome. The learning outcome is a written statement of the expected result of participation in a learning activity. Learning

objectives may be used as steppingstones or stair steps toward achieving a learning outcome for an activity (American Nurses Credentialing Center, 2023).

The overall learning outcome for SANE didactic education is to provide registered and advanced practice nurses with the knowledge to provide competent, comprehensive, trauma-informed, patient-centered, coordinated care to patients being evaluated for sexual assault, or suspected of having been sexually assaulted. A competent SANE will assess patients for acute healthcare needs, provide consultation, and provide for the stabilization and treatment of the patient. Successful completion of the didactic SANE course and the clinical skills training will provide sexual assault nurse examiners with the knowledge and skills to perform the medical forensic examination, obtain a medical forensic history, demonstrate critical thinking in the collection and documentation of specimens obtained during the examination, and document pertinent physical findings from the examination. Competent SANEs will also possess the knowledge and skills to offer information, testing, treatment, and referrals for sexually transmitted infections (STIs) and other acute and non-acute healthcare concerns; assess pregnancy risk and discuss and offer treatment options to the patient, including reproductive health services; and testify in court to the findings of the medical forensic examination and/or an opinion about the findings. SANEs will also have the knowledge to work collaboratively with the interdisciplinary sexual assault response or resource team (SART), or other coordinated community response (CCR) which may include advocates, law enforcement personnel, attorneys, child protective services, and others.

The *Sexual Assault Nurse Examiner* (*SANE*) *Education Guidelines* set forth the ***minimum*** level of instruction for each key target learning topic in the adult/adolescent and/or pediatric/adolescent patient 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; therefore, some of the content included in these guidelines is limited to application in the United States. A registered nurse who acts in the specialized role of a sexual assault nurse examiner by providing care to adult/adolescent and or pediatric/adolescent patients should complete a minimum 40-hour didactic curriculum that addresses the content outlined in these guidelines. This course is intended for registered and advanced practice nurses. The minimum licensing recommendation to practice as a SANE is the registered nurse due to the scope and practice related to assessment, patient education, and level of care planning. Although physician assistants and physicians may also receive SANE training, this document is limited in scope to the practice of nursing as it applies to SANE education.

Purpose of the Guidelines

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

Identify the standardized, evidence-based body of scientific knowledge necessary for the comprehensive medical forensic examination of the patient who has experienced sexual assault or abuse;

Summarize the concept, development, function, and collaboration of the multidisciplinary team as it relates to sexual violence response;
Summarize sexual assault nurse examiner professional practice issues;
Provide guidance to SANE course facilitators to assist with the delivery of high-quality education.

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 a 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 a patient's experiences during an assault, during the examination process, and following their assault, and how those factors impact application of the nursing process to a patient's unique needs or circumstances (US DOJ, 2024). These factors include:

1. Age
2. Gender identity and sex designated at birth
3. Physical and mental health history
4. Substance use history
5. Disability
6. Language aptitude
7. Ethnic and cultural beliefs and practices
8. Economic status
9. Housing status
10. Immigration or refugee status
11. Sexual orientation
12. Military status
13. History of previous victimization
14. Historical experiences with the criminal justice system
15. Drug or alcohol involvement in assault
16. Historical relationship with suspect, if any
17. Whether assault is part of broader continuum of violence and/or oppression
18. Location of assault
19. Injuries and their severity that resulted from the assault
20. Number of assailants
21. Collateral conduct by the patient at the time of the assault or outstanding criminal charges
22. Activities by the patient prior to the assault that traditionally generate victim blaming or self-blaming
23. Capacity to cope with trauma and level of support available
24. Level of familial support and involvement
25. Presence of dependents

26. Community and cultural attitudes regarding sexual assault
27. Prevalence of violence in the community and historical responsiveness by all agency stakeholders (U.S. D.O.J., 2024).

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 learning topics regarding post-pubertal 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 learning topics regarding prepubertal and adolescent patients up to 18 years of age.

Table 1.0 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, & Rodgers, 2022).

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

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 three theoretical frameworks: 1.) Sister Callista Roy's Adaptation Model of Nursing, 2.) Dr. Patricia Benner's From Novice to Expert Theory, and 3.) Joanne Duffy's Quality Caring Model. Each theory is summarized below along with its application to the *Sexual Assault Nurse Examiner* (*SANE*) *Education Guidelines.*

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" (Roy, 2009; Petiprin, 2016). 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 (Petiprin, 2016), formulates a plan of care, performs interventions based on the patient's risks and assessment findings, and evaluates patient outcomes and responses.

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, planning, 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 (Petiprin, 2016). Each concept influences the other and nursing practice serves as the overarching component for facilitating the healing process.

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 (Benner, 1984).

An expert nurse is able to integrate a variety of information and practical nursing skills related to patient care into a meaningful whole. To apply this theory to SANE education, expert SANEs serve as mentors, preceptors, and peer reviewers to the novice SANE, and identify circumstances in which the novice SANE can learn from to progress along Benner's continuum of professional practice and expertise.

SANEs use substantial analytical and critical thinking skills as well as expert knowledge and judgement in the clinical care of patients following a 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 comprise a 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 a 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 knowledge gained through textbooks and training. Only with experience will the nurse move through all three domains of competence: technical, interpersonal, and critical thinking, which are requisite when caring for patients who have experienced sexual assault. As the SANE develops professionally, he or she moves from mastery of technical skills, such as conducting the physical examination and obtaining and preserving forensic specimens, to mastery of interpersonal competencies, such as developing a strong therapeutic relationship, understanding and managing psychological reactions and mental health concerns, to employing critical thinking competencies, such as 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 aims to support and sustain clinicians from their completion of the 40-hour didactic and entry as a novice level SANE to the expert SANEs who serve as preceptors and tailor their teaching to the learning abilities of the novice SANE and his or her unique needs.

Duffy's Quality Caring Model©

The *SANE Education Guidelines* describe patient-centered nursing interventions that characterize the SANE's relationship with the patient. The dynamic between the SANE and the patient is a caring relationship, which encompasses patient participation, consent and mutuality, teaching, and a warm and open environment. The goal is to improve the health and welfare of patients, families, and communities.

Joanne Duffy's Quality Caring Model© (20029) offers a framework to support the interventions and actions of the caring relationship that exists between the SANE and the patient, family, and community. Later, Duffy noted, "The relationship, therefore, becomes the base that the nurse and the patient use to share information, thoughts, feelings, and concerns. As this relationship is forged, caring is developed and quality outcomes are achieved" (Duffy, 2009).

Duffy, Hoskins, and Seifert (2007) identified eight factors that are present in a caring relationship. These factors include mutual problem-solving, attentive reassurance, human respect, an encouraging manner, appreciation of unique meanings, a healing environment, affiliation needs, and basic human needs (Duffy, et al., 2007). The SANE's interventions, as outlined in the *SANE Education Guidelines*, demonstrate each of these factors. For instance, the SANE exhibits mutual problem-solving when discussing options of care with the patient,

empowering the patient to makes their own decisions while providing the information necessary to make an informed choice. Attentive reassurance is the active listening that the SANE provides when taking a patient history. The SANE reflects human respect when asks how the patient prefers to be addressed and then treating that person with dignity. The SANE demonstrates an encouraging manner when posing open-ended questions and allowing time and space for the patient to express themselves. Appreciation of unique meanings is the action of inquiry, seeking to understand the patient's history and trauma through reflection and active listening. This also involves the SANE's assessment of their personal attitudes, privilege, and style of verbal and nonverbal communication. The healing environment is the space that the SANE creates by offering examination rooms that are private, confidential, warm, and ideally removed from the often-chaotic emergency department. Affiliation needs are the SANE's actions in involving families and community collaborators, according to the patient's consent and request. Basic human needs are the actions that the SANE provides in performing safety checks and ensuring that the patient's immediate physical and safety needs are being met. Important to Duffy's model is that "evaluation leads to intervention and action with more subsequent evaluation" (Duffy, 2009).

Instructional Methodologies

Nurses attending continuing education courses learn in a variety of ways. Knowles's seminal theory informs the process of adult learners in that they are self-directed, learn by understanding and doing and are intrinsically motivated (Knowles, 1977). 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. The theory assumes that the learner must be self-directed, knows the reason that they need to acquire the information, and brings a different type and quality of experience (Knowles, 1977).

Participants in sexual assault nurse examiner education courses are generally 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.

Key to developing SANE education based on these guidelines is the course planner's understanding that didactic training involves lecture and textbook instruction regarding the specific content areas rather than demonstration or laboratory study. Demonstration and simulation-based learning is a critical component to educating the SANE as well, but should be used for the clinical course rather than the didactic course

Classroom Education

Traditionally, basic SANE education content has been delivered in the classroom setting. Students attend the didactic portion whereby an instructor presents information. This method offers several advantages. First, many participants are comfortable with the traditional classroom setting. It affords an active conversational setting; instructors and peers have the

opportunity to network and learn from each other; Questions are answered immediately and the instructor clarifies content so the attendees benefit from the explanation in real time; Structure exists when coursework is delivered on predetermined dates and times; And, few technology demands exist in the classroom setting. Additionally, undergraduate nursing students continue to prefer the traditional learning methods deployed in the classroom setting (Gloekler & Lucas, 2021). The main disadvantage to this approach in SANE education is that the attendee may have difficulty securing the time off necessary for live attendance.

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 demonstrated that online education delivery methods, including for healthcare professionals, are as effective as standard or traditional classroom methods (Ayoub et al., 2020). Factors that influence the success of a web-based educational offering are related to the student and staff involved in the course, rather than the educational content itself (Ayoub et al., 2020). 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 learning outcomes, and changes in practice. This type of curriculum delivery allows many participants to benefit from the learning opportunity. Students complete course requirements at their own pace within a given time frame. Challenges to online learning include lack of focus, cognitive and communication barriers, and heavy workloads (Kohan et al., 2017). Effective time management skills are required for this type of learning, which may discourage some from excelling.

Simulation

Simulation has become an increasingly popular teaching method in nursing education. The use of simulation includes high-fidelity mechanical simulators, role-playing with standardized patients, scenario setting, case studies and virtual reality. This type of learning has shown to increase patient safety and decrease errors, improve clinical judgment, and is useful for evaluating specific skills (Hayden et al., 2014). It enables students to practice their clinical and decision-making skills in a protected environment increasing the students' sense of security, self-esteem and confidence (Koukourikos et al., 2021). Disadvantages to using simulation include the amount of time required to set up a simulation laboratory, create scenarios, and plan for role plays (Krishnan, Keloth, & Ubedulla, 2017). When mechanical simulators are used, patient reactions to procedures are lost (Krishnan, et al., 2017). The use of simulation to teach and evaluate skills associated with conducting the medical forensic examination may be incorporated into the curriculum, but may not replace the expected hours of didactic content. The simulation must be structured. Clear learning goals with set scenarios and methods for evaluating student performance, based upon the established standards (competency validation tools), are essential. A process for providing feedback or debriefing to the student is a key component of effective use of simulation (Bryant, et al., 2020). To address the student's action or inaction in the simulation environment, the instructors should be thoroughly familiar with the scenarios as well as the feedback strategy. Successful simulation sessions require much preparation and cannot be loosely organized. Consultation with educators who use various methods of simulation is highly recommended.

Once the SANE has completed didactic and clinical training and begun practicing, it is important that learning continues. It is imperative that the ideas of active participation in quality assurance peer review, a means of preceptorship, identifying resources and mentors, and continuing education are shared with learners.

Sexual Assault Nurse Examiner (SANE) Education Requirements (Overview)

Coursework Content

The coursework requirements identified in this section provide the minimum didactic course hours necessary to meet the SANE education eligibility requirements to apply to sit for the Commission for Forensic Nursing Certification (CFNC) examinations. Programs should be designed as basic courses for those who are new to the field of forensic nursing and to the specialized role of the Sexual Assault Nurse Examiner in caring for patients who have experienced sexual assault. Regardless of the didactic course delivery method (live, online or mixed method) or type (Adult/Adolescent, Pediatric/Adolescent, or Combined Pediatric/Adolescent/Adult), the didactic course *in its entirety* must be one educational offering that provides academic credit or the national equivalent from an accredited educational institution, or nursing continuing professional development credits provided by an accredited provider of nursing education, and should not take longer than 15 weeks to complete. Participants should receive a certificate of completion expressly stating the attendee's name, title of the educational activity, name and physical or web address of the provider of the activity, date(s) of the training, the number of nursing continuing professional development credits awarded (or the academic equivalent of 1 semester hour equaling 15 contact hours), and the provider's accreditation statement. Additionally, the final course certificate should clearly state that the participant completed a Sexual Assault Nurse Examiner or Sexual Assault Forensic Examiner program and the appropriate population addressed (Adult/Adolescent, Pediatric/Adolescent, or Combined Pediatric/Adolescent/Adult). Detailed components of the didactic and clinical training can be found later in this document.

Adult/Adolescent

- A minimum of 40 hours of didactic coursework that yields a minimum of 40 nursing continuing professional development credits from an accredited provider of nursing education, or academic credit or the national equivalent from an accredited educational institution; and

- Clinical components, including simulated clinical experiences, that are completed in addition to the coursework and are not calculated as a part of the 40-hour didactic course.

Pediatric/Adolescent

- A minimum of 40 hours of didactic coursework that yields a minimum of 40 nursing continuing professional development credits from an accredited provider of nursing education, or academic credit or the national equivalent from an accredited educational institution; and

- Clinical components, including simulated clinical experiences, that are completed in addition to the coursework and are not calculated as a part of the 40-hour didactic course.

Combination Adult, Adolescent and Pediatric

- A minimum of 64 hours of didactic coursework that yields a minimum of 64 nursing continuing professional development credits from an accredited provider of nursing education, or academic credit or the national equivalent from an accredited educational institution; and

- Clinical components, including simulated clinical experiences, that are completed in addition to the coursework and are not calculated as a part of the 64-hour didactic course.

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

Recommendations for Instructors

Sexual assault nurse examiner course instructors are challenged with designing and teaching a high-quality course that meets all established learning outcomes. It is recommended that various mediums be used when presenting course material. Blended learning Is defined differently depending on the scientific studies utilized, but in nursing generally refers to variety in instruction whether it be classroom and simulation lab combination, or web-based training combined with virtual reality, etcetera (Leidl, 2020). Instructors may present lectures, but have students prepare for the course in advance by completing some lessons via a web-based platform. Classroom didactics, whether online or in-person, should ideally use a combination of presentation modalities including slides and lecture, videos, discussion, case studies, quizzes, interactive assignments and digital readings (de Jong, 2020). Students should be encouraged to discuss the concepts as they apply to actual cases involving forensic healthcare.

Simulation may be used to teach and reinforce skills associated with the medical forensic examination, such as anogenital inspection, speculum insertion, evidence packaging, etc. Certain components of simulation can effectively use mechanical patient manikins, for instance photography and swab collection can effectively be practiced utilizing manikins. However, for live patient simulators should be utilized in history-taking and anogenital examination techniques necessary for conducting the medical forensic sexual assault

examination. Care should be given to the development and evaluation of the scenario content with established learning outcomes for each scenario.

Simulated sexual assault medical forensic examinations should not be used exclusively for teaching or evaluating clinical skills. Precepted medical forensic examinations (MFEs), where the preceptor is trained in performing MFEs and is ideally certified or meets the minimum certification requirements, are an essential component to ensure that the student is ready to perform an adequate medical forensic examination independently. Limited information is available regarding how much simulation should be used in relation to actual precepted patient care. The study by the National Council of State Boards of Nursing (NCSBN) documents that the use of simulation as a teaching method translates to the clinical environment as evidenced by high competency rankings (Hayden, et al., 2014). The NCSBN study recommends using a blend to evaluate student mastery of clinical skills. 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 medical forensic 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.

Instructors for Adult/Adolescent Patient Populations

The IAFN 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):

Core faculty member(s) recommendations

A. Holds current, active, and unrestricted registered nursing licensure with their respective Board of Nursing or other appropriate governing body

B. Has successfully completed the didactic and clinical requirements associated with an adult/adolescent SANE education program

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 IAFN SANE-A ® certification

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

   1. Engaging in active clinical practice in the care of adult/adolescent sexual assault patient populations, and
   2. Having at least five years of experience in caring for adult/adolescent sexual assault patient populations (Benner, 1984)
      a. At least one core faculty member demonstrates expertise in providing instructional content to the adult learner

Multidisciplinary content expert(s) recommendations

A. Demonstrates the ability to present instructional content effectively

B. Demonstrates content expertise as indicated by

   1. Recent experience in the specialty area
   2. Advanced professional development that signifies expertise in the specific content area and/or
   3. Certification in the specialty area and/or
   4. Academic preparation in the specialty area (ANCC, 2023)

Instructors for Pediatric/Adolescent Patient Populations

The IAFN 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):

Core faculty member(s) recommendations:

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

B. Has successfully completed the didactic and clinical requirements associated with a pediatric/adolescent SANE education program

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 IAFN SANE-P® certification

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

1. Engaging in active clinical practice in the care of pediatric/adolescent sexual assault patient populations, and
2. Having at least five years of experience in caring for pediatric/adolescent sexual assault patient populations (Benner, 1984)
    a. At least one core faculty member demonstrates expertise in providing instructional content to the adult learner

Multidisciplinary content expert(s) recommendations

A. Demonstrates the ability to present instructional content effectively

B. Demonstrates content expertise as indicated by

1. Recent experience in the specialty area
2. Advanced professional development that signifies expertise in the specific content area and/or
3. Certification in the specialty area and/or
4. Academic preparation in the specialty area (ANCC, 2023)

Setting Up Your Course (At-a-Glance)

Course Type	Didactic	Clinical*
Adult/ Adolescent	• Final issued certificate equals at least 40 contact hours in nursing or the academic course equivalent • Designed as one educational offering by one accredited provider	Demonstration of clinical skill to establish validated clinical competence at the local level (or "in a simulated or practice setting") in adult/ adolescent clinical learning outcomes
Pediatric/ Adolescent	• Final issued certificate equals at least 40 contact hours in nursing or the academic course equivalent	Demonstration of clinical skill to establish validated clinical competence at the local level (or "in a simulated or practice setting") in pediatric/adolescent clinical learning outcomes

	• Designed as one educational offering by one accredited provider	
Combined Pediatric/ Adolescent/ Adult	• Final issued certificate equals at least 64 contact hours in nursing or the academic course equivalent • Designed as one educational offering by one accredited provider	Demonstration of clinical skill to establish validated clinical competence at the local level (or "in a simulated or practice setting") in adult/ adolescent/pediatric clinical learning outcomes

* The Clinical Skill component may take place in a variety of ways. Some communities offer the IAFN 16-hour Clinical Skills Lab curriculum. Additionally, programs may offer their own clinical skills lab, precepted experience with an expert clinician, or integrated clinical orientation offered by the employer.

Introduction References

American Nurses Association. (2021). *Nursing: scope and standards of practice (4th ed.).* American Nurses Association.

American Nurses Credentialing Center. (2023). *ANCC NCPD accredited provider: Policy and operations.* American Nurses Credentialing Center. https://www.nursingworld.org/organizational-programs/accreditation/publications-products-promotional-materials/manual-updates/

Ayoub, F., Moussa, M., Papatsoris, A., Chakra, M., Chahine, N., & Fares, Y. (2020). The online learning in medical education: A novel challenge in the era of COVID-19 pandemic. *Hellenic Urology, 32*(2), 89-96. https://doi.org/10.4103/HUAJ.HUAJ_9_20

Basile, K. C., Smith, S. G., Kresnow, N., Khatiwado, S., Leemis, R. W. (2022). The national intimate partner and sexual violence survey: 2016/2017. *Report on Sexual Violence,*

Atlanta, Georgia: National Center for Injury Prevention and Control, CDC. https://www.cdc.gov/nisvs/documentation/nisvsReportonSexualViolence.pdf

Bendall, S., Eastwood, O., Cox, G., Farrelly-Rosch, A., Nicoll, H., Peters, W., Bailey, A. P., McGorry, P. D., & Scanlan, F. (2021). A systematic review and synthesis of trauma-informed care within outpatient and counseling health settings for young people. *Child Maltreatment, 26(*3), 313-324. https://doi.org/10.1177/1077559520927468

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley Publishing.

Bryant, K., Aebersold, M. L., Jeffries, P. R., & Kardong-Edgren, S. (2020). Innovations in simulation: Nursing leaders' exchange of best practices. *Clinical Simulation in Nursing*, 41, 33-40. https://doi.org/10.1016/j.ecns.2019.09.002

De Jong, P. G. M., Pickering, J. D., Hendriks, R. A., Swinnerton, B. J., Goshtasbpour, F., & Reinders, M. E. (2020). Twelve tips for integrating massive open online course content into classroom teaching. Medical Teacher, (42)4, 393-397. https://doi.org/10.1080/0142159X.2019.1571569

Duffy, J. (2009). *Quality caring in nursing: Applying theory to clinical practice 1st ed.* New York City: Springer.

Duffy, J., Hoskins, L. M., & Seifert, R. F. (2007). Dimensions of caring: Psychometric properties of the caring assessment tool. *Advances in Nursing Science, 30*(3), 235–245. https://doi.org/10.1097/01.ANS.0000286622.84763.a9

Finkelhor, D., Turner, H., & Colburn, D. (2024). The prevalence of child sexual abuse with online sexual abuse added. *Child Abuse & Neglect*, 149, 106634. https://doi.org/10.1016/j.chiabu.2024.106634

Gloekler, L. A. & Lucas, D. (2021). Nursing students' preferences in test-taking, e-books, and learning styles: A longitudinal study. *International Journal of Nursing Education, (13)*1, 152-159. https://doi.org/10.37506/ijone.v13i1.13333

Hayden, J. K., Smiley, R. A., Alexander, M., Kardong-Edgren, S., & Jeffries, P. R. (2014). The NCSBN National Simulation Study: A longitudinal, randomized, controlled study replacing clinical hours with simulation in prelicensure nursing education. *Journal of Nursing Regulation, 5*(2 Supplement), S3–S40. https://doi.org/10.1016/S2155-8256(15)30062-4

Hockenberry, M. J., Wilson, D. W., & Rodgers, C. C. (2022). *Wong's essentials of pediatric nursing* (12th ed.). Mosby/Elsevier.

Knowles, M. (1977). Adult learning processes: Pedagogy and andragogy. *Religious Education, 72*(2), 202-211. https://doi.org/10.1080/0034408770720210

Kohan, N., Soltani, A. K., Mojtahedzadeh, R., Abbaszadeh, A., Rakhshani, T., & Emami, A. (2017). Self-directed learning barriers in a virtual environment: A qualitative study. *Journal of Advanced Medical Education and Professionalism, 5*(3), 116-123. https://pmc.ncbi.nlm.nih.gov/articles/PMC5522903/

Koukourikos, K., Tsaloglidou, A., Kourkouta, L., Papathanasiou, I. V., Iliadis, C., Fratzana, A., & Panagiotou, A. (2021). Simulation in clinical nursing education. *Acta Informatica Medica, 29(*1):15-20. https://doi.org/10.5455/aim.2021.29.15-20

Krishnan, D., Keloth, A., & Ubedulla, S. (2017). Pros and cons of simulation in medical education: A review. *International Journal of Medical and Health Research, 3*(6), 84-87.

Leidl, D.M., Ritchie, L., & Moslemi, N. (2020). Blended learning in undergraduate nursing education - A scoping review. *Nurse Education Today,* 86:104318. https://doi.org/10.1016/j.nedt.2019.104318

Petiprin, A. (2016). Nursing theory: Roy adaptation model of nursing. https://nursing-theory.org/theories-and-models/roy-adaptation-model.php

Roy, C. (2009). *The Roy adaptation model.* Pearson Education, Inc.

Ruiz, J. G. (2006). The impact of e-learning in medical education. *Academic Medicine, 81*(3), 207-212. https://doi.org/10.1097/00001888-200603000-00002

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

U.S. Department of Justice Office on Violence Against Women. (2024). *A national protocol for sexual assault medical forensic examination: Adult/adolescent*. https://www.justice.gov/ovw/media/1367191/dl?inline

SECTION I

ADULT/ADOLESCENT SEXUAL ASSAULT NURSE EXAMINER (SANE)

ADULT/ADOLESCENT DIDACTIC CONTENT

Sexual Violence

Sexual violence comprises numerous acts that happen without the consent of the victim or where the victim cannot consent or refuse, ranging from street harassment of a sexual nature to unwanted penetrative acts. It can be committed by any type of perpetrator (e.g., friend, acquaintance, or intimate partner) and occurs in and outside of the context of intimate partner violence (Basile, et al., 2022).

In a multi-country study conducted by the World Health Organization (WHO) (2013), 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 (WHO, 2013).

According to Chen and colleagues (2020), bisexual women had a significantly higher contact sexual violence lifetime prevalence rates compared to heterosexual women with prevalence estimates of 68.8% in bisexual women compared to 36% in heterosexual women (Chen, et al., 2020). This research showed that among different sexual orientations, lifetime exposure to sexual violence varied significantly. When examining lesbian respondents, approximately 46.3% reported experiencing some form of contact sexual violence, with 24.7% reporting rape and 18.0% reporting completed or attempted forced penetration. Sexual coercion was reported by 17.6% of lesbian respondents. The data revealed that lesbian individuals experienced higher rates of certain types of sexual violence compared to heterosexual

respondents, including higher rates of any contact sexual violence, unwanted sexual contact (39.7%), and noncontact unwanted sexual experiences (47.1%). The study also found that bisexual women experienced significantly higher rates of various forms of sexual violence compared to lesbian respondents (Chen, et al., 2020).

Bisexual men consistently had a significantly higher lifetime prevalence of all reportable forms of sexual violence compared with heterosexual men with lifetime prevalence estimates of 39.0% and 16.8% respectively for contact sexual violence. The prevalence estimates of all reportable forms of sexual violence for gay men were also significantly higher than those for heterosexual men (Chen, et al., 2020).

Numerous consequences are associated with sexual violence. Common health implications include physical injury and sexually transmitted infection (e.g., Human Immunodeficiency Virus (HIV)), unwanted pregnancy, fertility problems, post-traumatic stress disorder (PTSD), depression and anxiety, substance misuse and abuse, self-harm, and suicide (WHO, 2021).

Adult/Adolescent Didactic Content Target Learning Topics

The following content framework is designed to provide the adult/adolescent SANE with the ***minimum*** target learning topics 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 learning topics provide adult/adolescent SANEs from a variety of professional practice backgrounds with the foundational knowledge and critical thinking skills necessary to provide holistic, comprehensive, trauma-informed care to adult and adolescent sexual assault patient populations. Each key target learning topic contains measurable outcome criteria that follow the steps of the nursing process, including assessment, diagnosis, outcome identification, planning, implementation, and evaluation.

Learning Outcome: The overall learning outcome for SANE didactic education is to provide registered and advanced practice nurses with the knowledge to provide competent, comprehensive, trauma-informed, patient-centered, evidence-based, coordinated care to adolescent and adult patients being evaluated for sexual assault, or suspected of having been sexually assaulted.

Key Target Didactic Learning Topics

I. Forensic Nursing

- A. Scope and Standards of Practice
  1. Registered and Advanced Practice Nursing
  2. Forensic Nursing Specialty
- B. Role of the SANE
  1. Adolescent patient populations
  2. Adult patient populations
  3. Elder patient populations
- C. Ethics of practice
  1. Autonomy
  2. Beneficence

3. Non-malfeasance
4. Veracity
5. Confidentiality
6. Justice

D. Evidence-based practice
    1. Scientific evidence/research
    2. Clinical experience
    3. Patient preference

II. Sexual Violence

A. Definitions

B. Global incidence and prevalence
    1. Adults
    2. Adolescents
    3. Military
    4. LGBTQIA2S
    5. Individuals with physical or mental disabilities
    6. Individuals with language/communication/cultural barriers
    7. Individuals who are trafficked
    8. Individuals in confinement
    9. Immigrants and asylum seekers

C. Health consequences of
    1. Acute
        a. Physical
        b. Psychological
    2. Long-term
        a. Physical
        b. Psychological

D. Co-occurring violence
    1. Intimate partner violence
    2. Strangulation

E. Offender behavior
    1. Sexual violence
    2. Intimate partner violence

III. Victim Responses and Crisis Intervention

A. Responses to sexual violence (psychological/physical)
    1. During the violence
    2. Following the violence
    3. Delayed disclosure
    4. Recantation

B. Crisis intervention
    1. Suicide/homicide risk assessment
    2. Safety risk assessment
    3. Risk factors of psychological sequelae
    4. Diverse issues affecting marginalized populations
    5. Factors impacting capacity to consent

6. Strategies for effective communication with patient and families

IV. Collaborating with Community Agencies

A. Sexual Assault Resource or Response Teams/Coordinated Community Response Teams defined

B. Sexual Assault Resource or Response Teams/Coordinated Community Response Teams members
   1. Community-based advocates/non-governmental organization service providers
   2. Systems-based advocacy
   3. Medical forensic examiners (i.e., SANEs, physicians, etc.)
   4. Law enforcement
   5. Prosecutors
   6. Forensic scientists/Crime lab personnel
   7. Social service agencies (i.e., adult/child protection, etc.)
   8. Others

C. Role delineation
   1. Community-based advocates/non-governmental organization service providers
   2. Systems-based advocacy
   3. Law enforcement
   4. Prosecutor
   5. Forensic scientists/Crime lab personnel
   6. Adult/child protection

D. Multidisciplinary team models

E. Strategies for implementation and sustainability
   1. Communication
   2. Confidentiality
   3. Evaluation

F. Benefits and challenges

V. Medical Forensic History Taking

A. Establishing rapport
   1. Trauma-informed, patient-centered approach (ongoing)
   2. Gender identity
   3. Developmental level
   4. Cultural considerations

B. Capacity to consent

C. Informed consent (on-going)

D. History-taking vs. forensic interviewing

E. Comprehensive history
   1. Past medical/surgical
   2. Medications including immunizations and contraception
   3. Allergies
   4. Alcohol or illicit drug use
   5. Menstrual and pregnancy history

6. Last consensual intercourse including types
7. Event history
    a. Date and time of event
    b. Actual/attempted acts
    c. Location of event
    d. Assailant information
    e. Use of weapons/restraints/threats
    f. Use of strangulation/suffocation
    g. Use of recording devices
    h. Suspected alcohol or drug-facilitated assault
    i. Condom or other barrier use
    j. Ejaculation
    k. Pain or bleeding
    l. Other forms of physical assault

VI. Observing and Assessing Physical Examination Findings

A. Head-to-toe Assessment and Review of Systems (Hagan & Hagan, 2023)
    1. General appearance
    2. Neurological, including demeanor/cognition/mental status
    3. HEENT (head, eyes, ears, nose, mouth, throat)
    4. Cardiovascular
    5. Respiratory
    6. Gastrointestinal
    7. Genitourinary (see detailed anogenital assessment)
    8. Musculoskeletal
    9. Integumentary

B. Strangulation Assessment
    1. Utilization of strangulation assessment tools
    2. Utilization of diagnostic testing (if applicable)

C. Body Surface Injury/Findings Assessment
    1. Physical trauma
        a. Blunt force injury
        b. Sharp force injury
        c. Fast force (gunshot) injury
        d. Thermal injury
    2. Disease process
    3. Other findings (tattoos, etc.)

D. Detailed anogenital assessment
    1. Sexual maturation
    2. Positioning for the exam
    3. Labial separation and traction
    4. Speculum examination
    5. Other examination techniques
        a. Colposcopic examination
        b. Anoscopic examination
        c. Swab or balloon catheter hymen examination
        d. Alternate light source (ALS)
        e. Toluidine blue dye 1% aqueous solution
    6. Anogenital photo or video documentation (see medical forensic photography)

7. Anogenital injury/findings assessment
    a. Blunt force injury
    b. Sharp force injury
    c. Fast force injury
    d. Thermal injury
    e. Differential diagnosis/disease process

VII. Medical Forensic Specimen Collection in the Victim (US DOJ, OVW, 2024; US DOJ, OJP, NIJ, 2017)

A. Use of a standardized sexual assault evidence collection kit (SAECK)

B. Patient options (i.e., anonymous, etc.)

C. Integration throughout the examination process

D. Time frames for collection

E. Collection and packaging techniques

F. Preventing cross-contamination

G. Possible evidentiary samples
    1. Clothing
    2. Debris
    3. Foreign material
    4. Hair combings
    5. Oral swabs
    6. Penile swabs
    7. Scrotal swabs
    8. Tampons
    9. Vaginal swabs
    10. Cervical swabs
    11. Anal swabs
    12. Rectal swabs
    13. Foreign bodies
    14. Products of conception
    15. Known DNA standard
    16. Toxicological specimens
        a. Urine
        b. Blood

H. Chain of custody

VIII. Medical Forensic Specimen Collection in the Suspect

A. Legal authorization
    1. Consent
    2. Search warrant
    3. Court order

B. Time frames for collection

C. Collection and packaging techniques

D. Preventing cross-contamination

E. Possible evidentiary samples

1. Clothing
2. Debris
3. Foreign material
4. Hair combings
5. Oral swabs
6. Penile swabs
7. Scrotal swabs
8. Tampons
9. Vaginal swabs
10. Cervical swabs
11. Anal swabs
12. Rectal swabs
13. Foreign bodies
14. Known DNA standard
15. Toxicological specimens
    a. Urine
    b. Blood

F. Chain of custody

IX. Medical Forensic Photography

A. Informed consent

B. Privacy preservation

C. Considerations when abuse involved images/video

D. Body surface
1. Long range
2. Medium range
3. Close-up without a standard/color and measurement tool
4. Close-up with a standard/color and measurement tool

E. Anogenital

F. Storage as part of the medical record and release

G. Legal issues in photography
1. Use of cell phones or unauthorized equipment
2. Use of filters/altering images
3. Law enforcement as the photographer

X. Sexually Transmitted Infection Testing, Prophylaxis and Treatment (Workowski, et al., 2021)

A. Prevalence/Incidence/Transmission
1. Gonorrhea
2. Chlamydia
3. Trichomonas
4. Genital Herpes
5. Human Papilloma Virus
6. Syphilis
7. Human Immunodeficiency Virus
8. Pelvic Inflammatory Disease

B. Symptoms

1. Gonorrhea
2. Chlamydia
3. Diseases Characterized by Vulvovaginal Itching, Burning, Irritation, Odor or Discharge
    a. Trichomoniasis
    b. Bacterial Vaginosis
    c. Candidiasis
4. Genital Herpes
5. Human Papilloma Virus (HPV)
6. Syphilis
7. Human Immunodeficiency Virus
8. Pelvic Inflammatory Disease
9. Hepatitis

C. Prophylaxis
1. Gonorrhea
2. Chlamydia
3. Trichomonas
4. Human Immunodeficiency Virus

D. Treatment
1. Gonorrhea
2. Chlamydia
3. Diseases Characterized by Vulvovaginal Itching, Burning, Irritation, Odor or Discharge
    a. Trichomoniasis
    b. Bacterial Vaginosis
    c. Candidiasis
4. Genital Herpes
5. Human Papilloma Virus (HPV)
6. Syphilis
7. Human Immunodeficiency Virus
8. Pelvic Inflammatory Disease

E. Prevention
1. HPV
2. Hepatitis B

XI. Pregnancy Risk Evaluation and Care

A. Prevalence following sexual assault

B. Pregnancy risk evaluation
1. Developmental stage
2. Assault characteristics
3. Contraception methods
4. Testing

C. Pregnancy prevention methods
1. Levonorgestrel
    a. Mechanism of action
    b. Efficacy
    c. Side effects
    d. Dosage

        e. Follow-up requirements
    2. Ulipristal acetate
        a. Mechanism of action
        b. Efficacy
        c. Side effects
        d. Dosage
        e. Follow-up requirements
    3. Intrauterine device
        a. Mechanism of action
        b. Efficacy
        c. Side effects
        d. Resources to obtain

D. Established pregnancy post sexual assault
    1. Patient options
    2. Resources for access
    3. Ensuring effective evidence when warranted

XII. Medical Forensic Documentation

A. Consent

B. History and source

C. Physical examination and findings

D. Review of systems and findings

E. Evidence collection, packaging and transfer/release

F. Photographs

G. Treatment or prophylaxis

H. Presence of others during care

I. Services/consultations provided by inter and intra professionals

J. Mandatory reporting

K. Follow-up necessary

L. Discharge or transfer of care instructions

XIII. Discharge and Follow-Up Planning

A. Scheduled follow-up visits

B. Safety

C. Ongoing medical needs

D. Ongoing psychological needs

E. How to seek additional services

XIV. Judicial Proceedings

A. Jurisdictional and case law
    1. Sexual assault
    2. Sexual abuse

3. Other forms of associated sexual crimes
4. Rules of evidence
5. Hearsay and exceptions

B. Judicial processes
    1. Arraignment
    2. Plea
    3. Sentencing
    4. Deposition
    5. Subpoena
    6. Role of the judge
    7. Role of the prosecutor
    8. Role of the defense
    9. Role of the jury

C. Jurisdictional and administrative proceedings
    1. Criminal court
    2. Civil court
    3. Family court
        a. Matrimonial/divorce proceedings
        b. Child custody proceedings
    4. Administrative hearings
    5. Title IX hearings
    6. Military or court martial proceedings

D. Role of the SANE
    1. Pre-trial preparation
    2. Fact witness
    3. Expert witness
    4. Report-writing

XV. Vicarious Trauma

A. Signs/symptoms

B. Vicarious trauma and quality of life scales (Newman, et al., 2024)

C. Strategies for reduction

XVI. Programmatic

A. Role of the advanced practice provider

B. Policy and procedure

C. Reimbursement for the medical forensic examination

Adult/Adolescent Clinical Preceptorship Content

Clinical Preceptorship 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 or 64-hour didactic course. It is recommended that this preceptorship be completed with the guidance of an

appropriately trained physician, physician assistant, advanced practice nurse or registered nurse who is an experienced SANE.

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 the nurse demonstrates competence, 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 their 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 a non-sexual assault patient population, while the nurse is being precepted by a physician, physician assistant, advanced practice nurse or an experienced registered nurse SANE who adheres to the clinical content described below until competency is achieved; and

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

Approach 2:

A. Simulated patient experiences using live models, while the nurse is being precepted by a physician, physician assistant, advanced practice nurse, or an experienced registered nurse SANE who adheres to the clinical content described below until competency is achieved; and

B. Clinical experience with patients who have experienced sexual assault, while the nurse is being precepted by a physician, advanced practice nurse, or an experienced registered nurse SANE who adheres 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 the nurse is being precepted by a physician, physician assistant, advanced practice nurse, or a forensically experienced registered nurse who adheres to the clinical content described below; and

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

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

Learning Outcome for Clinical Preceptorship: Upon completing the clinical learning experience, the participant will possess the foundational skills and practice required to perform as a sexual assault nurse examiner who provides care for adult/adolescent patients who have experienced sexual assault.

Evaluation of the participants' clinical skills during preceptorship should minimally include the following:

- Presenting examination options and developmentally appropriate patient–nurse dialogue necessary for obtaining informed consent from adult and adolescent patients.

- Evaluating the effectiveness of the established plan of care regarding consent and modifying or adapting the care based on assessment of the patient's capacity and developmental level from data collected throughout the nursing process.

- Explaining procedures associated with confidentiality to adult and adolescent patients.

- Identifying circumstances where mandatory reporting is necessary and explaining the procedures associated with mandatory reporting to adult and adolescent patients.
- Identifying critical elements in the medical forensic history and review of systems and demonstrating effective history-taking skills.
- Demonstrating a complete head-to-toe assessment and review of systems.
- Preparing the adult and/or adolescent patient for the anogenital examination.
- Differentiating normal anogenital anatomy from normal variants and abnormal findings.
- Demonstrating anogenital visualization techniques:
    - Labial separation
    - Labial traction
    - Hymenal assessment (indwelling urinary catheter, swab, or other technique)
    - Speculum assessment of the vagina and cervix
    - Colposcopic visualization, if expected and within the scope of practice in the jurisdiction's Nurse Practice Act or other jurisdictional law
    - Anoscopic visualization, if expected and within the scope of practice in the jurisdiction's Nurse Practice Act or other jurisdictional law
    - Collecting specimens for testing for sexually transmitted infection(s)
- Articulating rationales for specific tests for sexually transmitted infection(s) and collection techniques
- Collecting and preserving evidence (dependent on jurisdictional practice and indications by history), including but not limited to:
    - Clothing and underwear
    - Foreign materials on patient's body
    - Swabs of suspected semen, saliva, and/or suspicious areas
    - Hair collection if applicable
    - Vaginal/cervical swabs
    - External genitalia swabbing

  - Penile and scrotal swabs
  - Anal/perianal swabs
  - Oral swabs
  - Other body swabs (i.e., bite mark swabs, touch DNA)
  - Known standard sample for DNA analysis and comparison (i.e., buccal swab)
  - Toxicology samples
  - Other samples (i.e., parts of conception)

- Articulating rationales for the specific type and manner of evidentiary specimen collection
- Packaging evidentiary materials
- Sealing evidentiary materials
- Articulating rationales for the packaging and sealing of evidentiary material
- Maintaining chain of custody for evidentiary materials
- Articulating the rationale for maintaining proper chain of custody
- Modifying evidence collection techniques based on the patient's age, developmental/cognitive level, and tolerance
- Demonstrating knowledge of consent, storage, confidentiality, and the appropriate release and use of photographs taken during the medical forensic examination
- Obtaining overall orientation, close-up, and close-up with scale for medical forensic photo documentation to provide a true and accurate reflection of the subject matter
- Evaluating the effectiveness of the established plan of care and modifying or adapting care based on changes in data collected throughout the nursing process
- Demonstrating patient–nurse dialogue regarding follow-up care and discharge instructions associated with treatment the patient has received (EC, STI and HIV prevention, etc.).
- Identifying discharge and follow-up concerns related to age, developmental level, cultural diversity, and geographic differences

- Evaluating the effectiveness of established discharge and follow-up plans of care, and revising the established plan of care while adhering to current evidence-based practice guidelines

- Prioritizing the need for and implementation of crisis intervention strategies in adult and adolescent patients based on assessment findings.

- Demonstrating the nursing process as a foundation of the nurse's decision-making, including:

    - Assessment—collects data pertinent to the patient's health and situation;

    - Diagnosis—analyzes the data to determine diagnoses or issues;

    - Outcome Identification—identifies individualized patient outcomes based on patient need;

    - Planning—develops a plan that prescribes strategies to attain the expected outcomes;

    - Implementation—implements the plan, including any coordination of care, patient teaching, consultation, prescriptive authority, and treatment; and

    - Evaluation—evaluates progress toward outcome attainment (ANA, 2021)

Participation in chart review, quality assurance peer review, ongoing education, supervision, and mentoring is essential to prepare and sustain the registered and advanced practice nurse for the adult/adolescent SANE role. It is recommended that every SANE, novice through expert, regularly participate in these activities. Ongoing involvement in skill development will promote standardized practice, quality outcomes, and proficiency.

Optional Preceptorship Content

Optional preceptorship content describes areas that instructors may choose to include in the overall program expectation, but that IAFN does not deem to be expected as part of the SANE's training as these items may not be readily available in all communities.

- Demonstrating additional visualization techniques:

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

    - Specialized equipment used in some practice communities, such as magnification tools, colposcopes, alternate light sources (ALS), etc.

SECTION I REFERENCES

American Nurses Association. (2021). *Nursing: Scope and Standards of Practice 4th Ed*. Silver Spring, MD. ANA.

Basile, K. C., Smith, S. G., Kresnow, M., Khatiwada S., & Leemis, R. W. (2022). *The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Sexual Violence.* Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/nisvs/documentation/nisvsReportonSexualViolence.pdf

Benner, P. (1982). From novice to expert. *American Journal of Nursing, 82*(3), 402-407. https://doi.org/10.2307/3462928

Chen, J., Walters, M. L., Gilbert L. K, Patel N. Sexual Violence, Stalking, and Intimate Partner Violence by Sexual Orientation, United States. *Psychological Violence, 10*(1), 110-119. https://psycnet.apa.org/doi/10.1037/vio0000252

Dreyfus, S. E. (1980). *A five-stage model of the mental activities involved in directed skill acquisition.* Berkley, CA: University of California.

Hagan, S. & Hagan, A. F. (2023). The review of systems and the physical exam. In: Wong, C. J., Jackson, S. L. (eds) *The patient-centered approach to medical note-writing.* Springer, Cham. https://doi.org/10.1007/978-3-031-43633-8_12

Newman, C., Roche, M., & Elliott, D. (2024). Vicarious trauma and health outcomes in forensic mental health nurses. Journal of Forensic Nursing, 20(2), 87-94. https://doi.org/10.1097/JFN.0000000000000450

US Department of Justice, Office of Justice Programs, National Institute of Justice. (2017). *National best practices for sexual assault kits: A multidisciplinary approach.* US Department of Justice, Office of Justice Programs. https://www.safeta.org/wp-content/uploads/2021/12/National_Best_Practices_for_.pdf

US Department of Justice, Office on Violence Against Women. (2024). *A national protocol for sexual assault medical forensic examinations: Adult/adolescents (3rd ed.).* US Department of Justice, Office on Violence Against Women. https://www.justice.gov/ovw/media/1367191/dl?inline

Workowski, K. A., Bachmann, L. H., Chan, P. A., Johnston, C. M., Muzny, C. A., Park, I., Reno, H., Zenilman, J. M., & Bolan, G. A. (2021). Sexually transmitted infections treatment guidelines, 2021. *Morbidity and Mortality Weekly Report, 70*(4), 1-187. https://doi.org/10.15585/mmwr.rr7004a1

World Health Organization. (2021). *Violence against women prevalence estimates, 2018: Global, regional, and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women.* Geneva: World Health Organization. Available at https://iris.who.int/handle/10665/341337

World Health Organization. (2013). *Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines.* World Health Organization. https://www.who.int/publications/i/item/9789241548595

Section II

Pediatric/Adolescent Sexual Assault Nurse Examiner (SANE) Education Guidelines

Pediatric/Adolescent Didactic Content

Child Sexual Abuse

The World Health Organization (2017) 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. vii).

Sexual abuse can involve contact (touching) and noncontact behaviors (Mathews & Collin-Vezina, 2019). The non-touching behaviors include exposing a child to pornography or forcing a child to view adult sexual activity, online grooming, image based sexual abuse, nonconsensual sexting, sextortion and online commercial exploitation (Finkelhor, et al., 2024). Contact sexual abuse behaviors can range from fondling of the breasts, genitalia, or buttocks to oral, vaginal, or anal penetration (Barth, et al., 2013; Murray, et al., 2015). The compilation of research across multiple decades and the dramatic emergence of non-contact and technology-facilitated sexual abuse has created ambiguity around the different categories of perpetrators, as well as a need for the epidemiology of sexual abuse that subcategorizes perpetrators (Mathews, et al., 2024).

Extensive research demonstrates that child sexual abuse is associated with an extensive array of adverse mental and physical health outcomes and health risk behaviors throughout the individuals' life(Guiney, et al., 2024; Noll, 2021; Hailes, et al., 2019; Felitti et al., 1998). However, the majority of children impacted by sexual abuse also experience other forms of maltreatment and trauma (Loomis, Feely, & Kennedy, 2020). Felitti and colleagues pivotal Adverse Childhood Experiences (ACEs) study (1998) solidified the knowledge that exposure to psychosocial traumas in childhood can negatively influence adult physical and mental health in a dose-related gradient. Adverse childhood experiences are common, with two-thirds of the study population experiencing at least one ACE (Felitti et al., 1998). Adverse childhood experiences rarely occur in isolation, with one out of every eight people experiencing four or more ACEs (Felitti et al., 1998). Child sexual abuse is an ACE. Nearly half (41%) of ACE study participants who experienced child sexual abuse also suffered two additional ACEs, including physical abuse, psychological abuse, exposure to IPV, parental mental illness, and parental substance abuse (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 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 (Herbert et al., 2023). 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 illicit drug use, and experience more physical abuse and sexual revictimization (Noll, et al., 2019).

Given the prevalence of trauma among patient populations, the IAFN recognizes the criticality of the caregiver's use of a trauma-informed approach to care, regardless of the patient's presentation or demeanor. According to Forkey et al. (2021), the clinical strategies and skills

involved in the provision of trauma-informed care (TIC) are: knowledge about trauma and its potential lifelong effects; support for the caregiver-child relationship to build resilience and prevent traumatic stress reactions; screening for trauma history and symptoms; recognition of the cultural context of trauma experiences, response, and recovery; anticipatory guidance for families and health care workers; avoidance of retraumatization; process for referral to evidence-based therapies; and attention to the prevention and treatment of secondary traumatic stress and associated sequelae. The Center for Healthcare Strategies (2024) finds that small changes in the physical and emotional aspects of the care environment and the attitude of caregivers yield positive results in fostering safety and trust. The concept of TIC must be considered in all aspects of education related to the care provided to patients who have experienced sexual abuse. The stand-alone topic of TIC is not listed in the course outline because it is meant to be interwoven throughout the didactic course in its entirety and to serve as a foundational element of the care that SANEs provide.

Child sexual abuse often occurs within the context of secrecy and shame and may involve coercion and manipulation or "grooming" behavior. Often a child does not disclose sexual abuse for weeks, months, or years, and many never disclose at all (Grandgenett et al., 2021)." Studies have shown that child disclosures are often delayed, and as few as a quarter of child victims are thought to disclose immediately following CSA (McElvaney, 2015). 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 (Lahtinen et al., 2018). Factors contributing to delayed disclosure and nondisclosure of sexual abuse include: a child's age and development, feelings of embarrassment or shame; feelings of responsibility or self-blame; lack of understanding of the abuse; limited communication abilities (e.g., preverbal) 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; and anticipation of disbelief or an unsupportive response (Grandenett et al., 2021).

An accurate accounting of the incidence and prevalence of CSA is challenging due in part to substantial underreporting. A recent survey of 2,639 young adults (18-28 years) in the United States reported a lifetime experience of sexual abuse with and without an online sexual solicitation component at 21.7%; 31.6% for females and 10.8% for males (Finkelhor et al., 2024). The World Health Organization (2023) reports the lifetime prevalence of CSA to be 18% for females and 7.6% for males. Due to variations in definition, cultural meaning, levels of surveillance, and awareness, countries that provide CSA data show considerable variability in prevalence.

Pediatric/Adolescent Didactic Content Target Learning Topics

The following content framework is designed to provide the pediatric/adolescent SANE with the ***minimum*** target learning topics 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 learning topics provide pediatric/adolescent SANEs from a variety of professional practice backgrounds with the foundational knowledge and critical thinking skills necessary to provide holistic, comprehensive, trauma-informed care

to pediatric and adolescent sexual abuse/assault patient populations. Each key target learning topic contains measurable outcome criteria that follow the steps of the nursing process, including assessment, diagnosis, outcome identification, planning, implementation, and evaluation.

Learning Outcome: 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 evidenced-based care to prepubescent and adolescent patients being evaluated for sexual abuse/assault, or suspected of having been sexually abused or assaulted.

Key Target Didactic Learning Topics

I. Forensic Nursing

A. Scope and Standards of Practice
   1. Registered and Advanced Practice Nursing
   2. Forensic Nursing Specialty

B. Role of the SANE
   1. Prepubescent patient populations
   2. Adolescent patient populations

C. Ethics of practice
   1. Autonomy
   2. Beneficence
   3. Non-malfeasance
   4. Veracity
   5. Confidentiality
   6. Justice

D. Evidence-based practice
   1. Scientific evidence/research
   2. Clinical experience
   3. Patient preference

II. Sexual Violence

A. Definitions

B. Global incidence and prevalence
   1. Children
   2. Adolescents
   3. LGBTQIA2S
   4. Individuals with physical or mental disabilities
   5. Individuals with language/communication/cultural barriers
   6. Individuals who are trafficked
   7. Individuals in confinement

C. Health consequences of
   1. Acute
      a. Physical
      b. Psychological

2. Long-term
    a. Physical
    b. Psychological

D. Co-occurring violence/maltreatment
    1. Intimate partner/dating violence
    2. Strangulation
    3. Other forms of child maltreatment

E. Offender behavior
    1. Typology
    2. Grooming

III. Victim Responses and Crisis Intervention

A. Responses to sexual abuse/violence (psychological/physical)
    1. During
    2. Following
    3. Delayed disclosure
    4. Recantation

B. Crisis intervention
    1. Developmental considerations
    2. Suicide/homicide risk assessment
    3. Safety risk assessment
    4. Risk factors of psychological sequelae
    5. Diverse issues affecting marginalized populations
    6. Factors impacting capacity to consent
    7. Strategies for effective communication with patient and families

IV. Collaborating with Community Agencies

A. Sexual Assault Resource or Response Teams/Coordinated Community Response Teams defined

B. Sexual Assault Resource or Response Teams/Coordinated Community Response Teams members
    1. Community-based advocates/non-governmental organization service providers
    2. Systems-based advocacy (Child Advocacy and Family Justice Center models)
    3. Medical forensic examiners (i.e., SANEs, physicians, etc.)
    4. Law enforcement
    5. Prosecutors
    6. Forensic scientists/Crime lab personnel
    7. Social service agencies (i.e., child protection, etc.)
    8. Others

C. Role delineation of team members
    1. Community-based advocates/non-governmental organization service providers
    2. Systems-based advocacy
    3. Law enforcement
    4. Prosecutor
    5. Forensic scientists/Crime lab personnel
    6. Child protection

D. Multidisciplinary team models

E. Strategies for implementation and sustainability
    1. Communication
    2. Confidentiality
    3. Evaluation

F. Benefits and challenges

V. Medical Forensic History Taking

A. Establishing rapport
    1. Trauma-informed, patient-centered approach (ongoing)
    2. Gender identity
    3. Developmental considerations
    4. Cultural considerations

B. Capacity to consent/assent

C. Informed consent/assent (on-going)

D. History-taking vs. forensic interviewing

E. Comprehensive history
    1. Past medical/surgical
    2. Medications including immunizations and contraception
    3. Allergies
    4. Alcohol or illicit drug use
    5. Menstrual and pregnancy history
    6. Last consensual intercourse including types
    7. Event history
        a. Obtained from (patient/presenting adult)
        b. Date and time of event
        c. Actual/attempted acts
        d. Location of event
        e. Assailant information
        f. Use of weapons/restraints/threats
        g. Use of strangulation/suffocation
        h. Use of recording devices
        i. Suspected alcohol or drug-facilitated assault
        j. Condom or other barrier use
        k. Ejaculation
        l. Pain or bleeding
        m. Other forms of physical assault
        n. Potential destruction of evidence
    8. Familial/Psychosocial history
        a. Living/visitation arrangements
        b. Exposure to IPV
        c. Parental/caregiver mental/cognitive health
        d. Parental substance misuse/abuse
        e. Previous involvement with child protection/law enforcement
        f. Parental history of sexual abuse
    9. Developmental/Behavioral history
        a. Milestones
        b. Physical development

c. Sexual development
d. Cognitive/intellectual development
e. Social/emotional development
f. Behavioral concerns

10. Genitourinary history
    a. Urinary tract development/disorders
    b. Reproductive tract development/disorders
    c. Urogenital signs/symptoms
    d. Consensual sexual activity (if applicable)
    e. Pregnancy history (if applicable)
    f. Contraception use (if applicable)
    g. Menarche onset and LMP
    h. Sexually transmitted infections
    i. Surgical
11. Gastrointestinal history
    a. GI tract development/disorders
    b. Constipation history and treatment
    c. Diarrhea history and treatment

VI. Observing and Assessing Physical Examination Findings

A. Head-to-toe Assessment and Review of Systems (Hagan & Hagan, 2023)
    1. General appearance
    2. Neurological including demeanor/cognition/mental status
    3. HEENT (head, eyes, ears, nose, mouth, throat)
    4. Cardiovascular
    5. Respiratory
    6. Gastrointestinal
    7. Genitourinary (see detailed anogenital assessment)
    8. Musculoskeletal
    9. Integumentary

B. Strangulation Assessment
    1. Utilization of strangulation assessment tools
    2. Utilization of diagnostic testing (if applicable)

C. Body surface Injury/Findings Assessment
    1. Physical trauma
        a. Blunt force injury
        b. Sharp force injury
        c. Fast force (gunshot) injury
        d. Thermal injury
    2. Disease process
    3. Other findings (tattoos, etc.)

D. Detailed anogenital assessment
    1. Sexual maturation
    2. Positioning for the exam
        a. Supine frog-leg
        b. Prone knee chest
        c. Lithotomy
        d. Lateral recumbent
    3. Assessment techniques
        a. Labial separation

b. Labial traction
c. Speculum examination (if developmentally appropriate)

4. Other examination techniques
    a. Colposcopic examination
    b. Anoscopic examination
    c. Swab or balloon catheter hymen examination (if developmentally appropriate)
    d. Sterile water/saline for hymen visualization
    e. Alternate light source (ALS) for potential specimen identification
    f. Toluidine blue dye 1% aqueous solution
5. Anogenital photo or video documentation (see medical forensic photography)
6. Anogenital injury/findings assessment
    a. Blunt force injury
    b. Sharp force injury
    c. Fast force injury
    d. Thermal injury
    e. Interpretation of findings (Kellogg, et al., 2023)
    f. Differential diagnosis/disease process
        a. Labial fusion/agglutination
        b. Failure of midline fusion
        c. Lichen sclerosis
        d. Urethral prolapse
        e. Normal variants

VII. Medical Forensic Specimen Collection in the Victim (US DOJ, OVW, 2024; US DOJ, OJP, NIJ, 2017; US, DOJ, OVW, 2016)

A. Use of a standardized sexual assault evidence collection kit (SAECK)

B. Patient options

C. Integration throughout the examination process

D. Time frames for collection

E. Collection and packaging techniques

F. Preventing cross-contamination

G. Possible evidentiary samples
    1. Clothing
    2. Debris
    3. Foreign material
    4. Hair combings
    5. Oral swabs
    6. Penile swabs
    7. Scrotal swabs
    8. Tampons
    9. Vaginal swabs (if developmentally appropriate)
    10. Cervical swabs (if developmentally appropriate)
    11. Anal swabs
    12. Rectal swabs
    13. Foreign bodies
    14. Products of conception

15. Known DNA standard
16. Toxicological specimens
    a. Urine
    b. Blood

H. Chain of custody

VIII. Medical Forensic Specimen Collection in the Suspect

A. Legal authorization
    1. Consent
    2. Search warrant
    3. Court order

B. Time frames for collection

C. Collection and packaging techniques

D. Preventing cross-contamination

E. Possible evidentiary samples
    1. Clothing
    2. Debris
    3. Foreign material
    4. Hair combings
    5. Oral swabs
    6. Penile swabs
    7. Scrotal swabs
    8. Tampons
    9. Vaginal swabs
    10. Cervical swabs
    11. Anal swabs
    12. Rectal swabs
    13. Foreign bodies
    14. Known DNA standard
    15. Toxicological specimens
        a. Urine
        b. Blood

F. Chain of custody

IX. Medical Forensic Photography

A. Informed consent/assent

B. Privacy preservation

C. Considerations when abuse involved images/video

D. Body surface
    1. Long range
    2. Medium range
    3. Close-up without a standard/color and measurement tool
    4. Close-up with a standard/color and measurement tool

E. Anogenital

F. Storage as part of the medical record and release

G. Legal issues in photography
    1. Use of cell phones or unauthorized equipment
    2. Use of filters/altering images
    3. Law enforcement as photographer

X. Sexually Transmitted Infection Testing, Prophylaxis and Treatment (Workowski, et al., 2021)

A. Prevalence/Incidence/Transmission
    1. Gonorrhea
    2. Chlamydia
    3. Trichomonas
    4. Genital Herpes
    5. Human Papilloma Virus
    6. Syphilis
    7. Human Immunodeficiency Virus
    8. Pelvic Inflammatory Disease

B. Symptoms
    1. Gonorrhea
    2. Chlamydia
    3. Diseases Characterized by Vulvovaginal Itching, Burning, Irritation, Odor or Discharge
        a. Trichomoniasis
        b. Bacterial Vaginosis
        c. Candidiasis
    4. Genital Herpes
    5. Human Papilloma Virus (HPV)
    6. Syphilis
    7. Human Immunodeficiency Virus
    8. Pelvic Inflammatory Disease
    9. Hepatitis

C. Prophylaxis
    1. Gonorrhea
    2. Chlamydia
    3. Trichomonas
    4. Human Immunodeficiency Virus

D. Treatment
    1. Gonorrhea
    2. Chlamydia
    3. Diseases Characterized by Vulvovaginal Itching, Burning, Irritation, Odor or Discharge
        a. Trichomoniasis
        b. Bacterial Vaginosis
        c. Candidiasis
    4. Genital Herpes
    5. Human Papilloma Virus (HPV)
    6. Syphilis
    7. Human Immunodeficiency Virus
    8. Pelvic Inflammatory Disease

E. Prevention

1. HPV
2. Hepatitis B

XI. Pregnancy Risk Evaluation and Care

A. Prevalence following sexual assault

B. Pregnancy risk evaluation
   1. Developmental stage
   2. Assault characteristics
   3. Contraception methods
   4. Testing

C. Pregnancy prevention methods
   1. Levonorgestrel
      a. Mechanism of action
      b. Efficacy
      c. Side effects
      d. Dosage
      e. Follow-up requirements
   2. Ulipristal acetate
      a. Mechanism of action
      b. Efficacy
      c. Side effects
      d. Dosage
      e. Follow-up requirements
   3. Intrauterine device
      a. Mechanism of action
      b. Efficacy
      c. Side effects
      d. Resources to obtain

D. Established pregnancy post sexual assault
   1. Patient options
   2. Resources for access
   3. Ensuring effective evidence when warranted

XII. Medical Forensic Documentation

A. Consent/assent

B. History and source

C. Physical examination and findings

D. Review of systems and findings

E. Evidence collection, packaging and transfer/release

F. Photographs

G. Treatment or prophylaxis

H. Presence of others during care

I. Services/consultations provided by inter and intra professionals

J. Mandatory reporting

K. Follow-up necessary

L. Discharge or transfer of care instructions

XIII. Discharge and Follow-Up Planning

A. Scheduled follow-up visits

B. Safety

C. Ongoing medical/developmental needs

D. Ongoing psychological needs

E. How to seek additional services

XIV. Judicial Proceedings

A. Jurisdictional and case law
    1. Sexual assault
    2. Sexual abuse
    3. Other forms of associated sexual crimes
    4. Rules of evidence
    5. Hearsay and exceptions

B. Judicial processes
    1. Arraignment
    2. Plea
    3. Sentencing
    4. Deposition
    5. Subpoena
    6. Role of the judge
    7. Role of the prosecutor
    8. Role of the defense
    9. Role of the jury

C. Jurisdictional and administrative proceedings
    1. Criminal court
    2. Civil court
    3. Family court
        a. Matrimonial/divorce proceedings
        b. Child custody proceedings
    4. Administrative hearings
    5. Title IX hearings
    6. Military or court martial proceedings

D. Role of the SANE
    1. Pre-trial preparation
    2. Fact witness
    3. Expert witness
    4. Report-writing

XV. Vicarious Trauma (Newman, et al. 2024)

A. Signs/symptoms

B. Vicarious Trauma and Quality of Life Scales

C. Strategies for reduction

XVI. Programmatic

A. Role of the advanced practice provider

B. Policy and procedure

C. Reimbursement for the medical forensic examination

Pediatric/Adolescent Clinical Preceptorship Content

Clinical Preceptorship 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 or 64-hour didactic course. It is recommended that this preceptorship be completed with the guidance of an appropriately trained physician (child abuse pediatrician), physician assistant, advanced practice nurse or registered nurse who is an experienced SANE.

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 the nurse demonstrates competence, 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 their 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 a non-sexual assault patient population, while the nurse is being precepted by a physician, physician assistant, advanced practice nurse or an experienced registered nurse SANE who adheres to the clinical content described below until competency is achieved; and

B. Clinical experience with patients who have experienced sexual assault, while the nurse is being precepted by a physician (child abuse pediatrician), physician assistant, or advanced practice nurse with experience in child sexual abuse examination, or an experienced registered nurse SANE who adheres to the clinical content described below until competency is achieved at the local program level.

Approach 2:
A. Simulated patient experiences using live models, while the nurse is being precepted by a physician, physician assistant, advanced practice nurse, or an experienced registered nurse SANE who adheres to the clinical content described below until competency is achieved.

B. Clinical experience with patients who have experienced sexual assault, while the nurse is being precepted by a physician (child abuse pediatrician), physician assistant, or advanced practice nurse with experience in child sexual abuse examination, or an experienced registered nurse SANE who adheres 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 the nurse is being precepted by a physician (child abuse pediatrician), physician assistant, advanced practice nurse with experience in child sexual abuse examination, or an experienced registered nurse SANE who adheres to the clinical content described below; and

B. Clinical experience with patients who have experienced sexual assault, while the nurse is being precepted by a physician (child abuse pediatrician), physician assistant, or advanced practice nurse with child sexual abuse examination experience, or an experienced registered nurse SANE who adheres to the clinical content described below until competency is achieved at the local program level.

The following clinical education content identifies the framework for the SANE who cares for the pediatric/adolescent sexual abuse/assault patient population. These target learning topics outline the minimum level of instruction required during the clinical preceptorship experience. As with the didactic portion of training, the clinical learning topics are grounded

in the nursing process of assessment, diagnosis, outcome identification, planning, implementation, and evaluation.

Learning Outcome for Clinical Preceptorship: Upon completing the clinical learning experience, the participant will possess the foundational skills and practice required to perform as a sexual assault nurse examiner who provides care for pediatric/adolescent patients who have experienced sexual abuse/assault.

Evaluation of the participants' clinical skills during preceptorship should minimally include the following:

- Presenting examination options and developmentally appropriate patient–nurse dialogue necessary for obtaining informed consent from the adolescent patient.
- Presenting examination options and appropriate patient–nurse dialogue necessary for obtaining informed consent from the parent/caregiver of a child.
- Evaluating the effectiveness of the established plan of care regarding consent and modifying or adapting the care based on assessment of the patient's capacity and developmental level from data collected throughout the nursing process.
- Explaining procedures associated with confidentiality to the adolescent patient.
- Identifying circumstances where mandatory reporting is necessary and explaining the procedures associated with mandatory reporting to the adolescent patient and to the parent/caregiver of the child patient.
- Identifying critical elements in the medical forensic history and review of systems and demonstrating effective, developmentally appropriate history-taking, skills.
- Demonstrating a complete head-to-toe assessment with review of systems.
- Preparing the prepubescent child and/or adolescent patient for the anogenital examination.
- Differentiating normal anogenital anatomy from normal variants and abnormal findings.
- Demonstrating anogenital visualization techniques:
    - Labial separation
    - Labial traction
    - Hymenal assessment (indwelling urinary catheter, swab, or other technique if developmentally appropriate)

  - Speculum assessment of the vagina and cervix in the adolescent
  - Colposcopic visualization, if expected and within the scope of practice in the jurisdiction's Nurse Practice Act or other jurisdictional law
  - Anoscopic visualization, if expected and within the scope of practice in the jurisdiction's Nurse Practice Act or other jurisdictional law
  - Collecting specimens for testing for sexually transmitted infection(s)
- Articulating rationales for specific tests for sexually transmitted infection(s) and collection techniques
- Collecting and preserving evidence (dependent on jurisdictional practice and indications by history), including but not limited to:
  - Clothing and underwear/diapers
  - Foreign materials on patient's body
  - Swabs of suspected semen, saliva, and/or suspicious areas
  - Hair collection if applicable
  - Vaginal/cervical swabs if developmentally appropriate
  - External genitalia swabbing
  - Penile and scrotal swabs
  - Anal/perianal swabs
  - Oral swabs
  - Other body swabs (i.e., bite mark swabs, touch DNA)
  - Known standard sample for DNA analysis and comparison (i.e., buccal swab)
  - Toxicological specimens
  - Other samples (i.e., parts of conception)
- Articulating rationales for the specific type and manner of evidentiary specimen collection.
- Packaging evidentiary materials.
- Sealing evidentiary materials.
- Articulating rationales for the packaging and sealing of evidentiary material.

- Maintaining chain of custody for evidentiary materials.
- Articulating the rationale for maintaining proper chain of custody.
- Modifying evidence collection techniques based on the patient's age, developmental/cognitive level, and tolerance.
- Demonstrating knowledge of consent, storage, confidentiality, and the appropriate release and use of photographs taken during the medical forensic examination.
- Obtaining overall orientation, close-up, and close-up with scale for medical forensic photo documentation to provide a true and accurate reflection of the subject matter.
- Evaluating the effectiveness of the established plan of care and modifying or adapting care based on changes in data collected throughout the nursing process.
- Demonstrating patient–nurse or caregiver-nurse dialogue regarding follow-up care and discharge instructions associated with treatment the patient has received (EC, STI and HIV prevention, etc.).
- Identifying discharge and follow-up concerns related to age, developmental level, cultural diversity, and geographic differences.
- Evaluating the effectiveness of established discharge and follow-up plans of care and revising the established plan of care while adhering to current evidence-based practice guidelines.
- Prioritizing the need for and implementation of crisis intervention strategies in prepubescent and adolescent patients based on assessment findings.
- Demonstrating the nursing process as a foundation of the nurse's decision-making, including:
    - Assessment—collects data pertinent to the patient's health and situation;
    - Diagnosis—analyzes the data to determine diagnoses or issues;
    - Outcome Identification—identifies individualized patient outcomes based on patient need;
    - Planning—develops a plan that prescribes strategies to attain the expected outcomes;
    - Implementation—implements the plan, including any coordination of care, patient teaching, consultation, prescriptive authority, and treatment; and
    - Evaluation—evaluates progress toward outcome attainment (ANA, 2021)

Participation in chart review, quality assurance 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. Ongoing involvement in skill development will promote standardized practice, quality outcomes, and proficiency.

Optional Preceptorship Content

Optional preceptorship content describes areas that instructors may choose to include in the overall program expectation, but that IAFN does not deem to be expected as part of the SANE's training as these items may not be readily available in all communities.

1. Demonstrating additional 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.

SECTION II REFERENCES

American Nurses Association. (2021). *Nursing: Scope and Standards of Practice 4th Ed*. Silver Spring, MD. ANA

Barth, J., Bermetz, L., Heim, E., Trelle, S., & Tonia, T. (2013). The current prevalence of child sexual abuse worldwide: A systematic review and meta-analysis. *International Journal of Public Health,* 58, 469–483. https://doi.org/10.1007/s00038-012-0426-1

Benner, P. (1982). From novice to expert. *American Journal of Nursing, 82*(3), 402-407. https://doi.org/10.2307/3462928

Center for Healthcare Strategies (2024). *Trauma-informed care.* https://www.chcs.org/topics/trauma-informed-care/

Dreyfus, S. E. (1980). *A five-stage model of the mental activities involved in directed skill acquisition.* University of California.

Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., . . . Marks, J. (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 Preventative Medicine, 14(4), 245-258. https://doi.org/10.1016/s0749-3797(98)00017-8

Finkelhor, D., Turner, H., & Colburn, D. (2024). The prevalence of child sexual abuse with online sexual abuse added. *Child Abuse & Neglect, 149,* 1-9. https://doi.org/10.1016/j.chiabu.2024.106634

Forkey, H., Szilagyi, M., Kelly, E.T., Duffee, J., the Council on Foster Care, Adoption, and Kinship Care, Council on Community Pediatrics, Council on Child Abuse and Neglect, & Committee on Psychosocial Aspects of Child and Family Health. (2021). Trauma-informed care. *Pediatrics, 148(2),* 1-26. https://doi.org/10.1542/peds.2021-052580

Grandgenett, H.M., Pittenger, S.L., Dworkin, E.R., & Hansen, D. J. (2021). Telling a trusted adult: Factors associated with the likelihood of disclosing child sexual abuse prior to and during a forensic interview. *Child Abuse & Neglect, 116,* 1-9. https://doi.org/10.1016/j.chiabu.2019.104193

Guiney, H., Caspi, A., Ambler, A., Belsky, J., Kokaua, J., Broadbent, J., Cheyne, K., Dickson, N., Hancox, R.J., Harrington, H., Hogan, S., Ramrakha, S., Righarts, A., Thomson, W.M., Moffitt, T.E., & Poulton, R. (2024). Childhood sexual abuse and pervasive problems across multiple life domains: Findings from a five-decade study. *Developmental Psychopathology, 36(*1), 219-235. https://doi.org/10.1017/S0954579422001146

Hagan, S. & Hagan, A. F. (2023). The review of systems and the physical exam. In: Wong, C. J., Jackson, S. L. (eds) *The patient-centered approach to medical note-writing*. Springer, Cham. https://doi.org/10.1007/978-3-031-43633-8_12

Hailes, H.P., Yu, R., Danese, A., & Fazel, S. (2019). Long-term outcomes of childhood sexual abuse: An umbrella review. *Lancet Psychiatry, 6(10),* 830-839. https://doi.org/10.1016/s2215-0366(19)30286-x

Herbert, L., Comeau, J., Smith, C., Smith-Carrier, T., Saxby, C., & Botelho, N. (2023). Child maltreatment and adult economic outcomes: A systematic review. *Children and Youth Services, 144,* 1-14. https://doi.org/10.1016/j.childyouth.2022.106711

Kellogg, N.D., Farst, K. J., & Adams, J.A. (2023). Interpretation of medical findings in suspected child sexual abuse: An update for 2023. *Child Abuse & Neglect, 145,* 1-15. https://doi.org/10.1016/j.chiabu.2023.106283

Lahtinen, H.M., Korkman, J., & Ellonen, N. (2018). Children's disclosures of sexual abuse in a population-based sample. *Child Abuse & Neglect, 76,* 84-94. https://doi.org/10.1016/j.chiabu.2017.10.011

Loomis, A. M., Feely, M., & Kennedy, S. (2020). Measuring self-reported polyvictimization in foster youth research: A systematic review. *Child Abuse & Neglect, 107,* 1013. https://doi.org/10.1016/j.chiabu.2020.104588

Mathews, B., Finkelhor, D., Pacella, R., Scott, J.G., Higgins, D.J., Meinck, F., Erskine, H.E., Thomas, H.J., Lawrence, D., Malacova, E., Haslam, D.M., & Collin-Vézina, D. (2024). Child sexual abuse by different classes and types of perpetrator: Prevalence and trends from an Australian national survey. *Child Abuse & Neglect,* 147, 1-15. https://doi.org/10.1016/j.chiabu.2023.106562.

Mathews, B., & Collin-V´ezina, D. (2019). Child sexual abuse: Toward a conceptual model and definition. *Trauma, Violence, & Abuse, 20*(2), 131–148. https://doi.org/10.1177/1524838017738726

McElvaney, R. (2015). Disclosure of child sexual abuse: Delays, non-disclosure and partial disclosure. What the research tells us and implications for practice. *Child Abuse Review, 24(3),* 159-169. https://doi.org/10.1002/car.2280

Murray, L.K., Nguyen, A., & Cohen, J.A. (2015). Child sexual abuse. *Child Adolescent Psychiatry Clinics of North America,* 23, 321–337. https://doi.org/10.1016/j.chc.2014.01.003

Newman, C., Roche, M., & Elliott, D. (2024). Vicarious trauma and health outcomes in forensic mental health nurses. *Journal of Forensic Nursing, 20*(2), 87-94. https://doi.org/10.1097/JFN.0000000000000450

Noll J.G. (2021). Child Sexual Abuse as a Unique Risk Factor for the Development of Psychopathology: The Compounded Convergence of Mechanisms. Annual Review of Clinical Psychology 17:439-464. https://doi.org/10.1146/annurev-clinpsy-081219-112621.

Noll, J., Guastaferro, K., Beal, S.J., Schreier, H.M.C., Barners, J., Reader, J. M., & Font, S.A. (2019). Is sexual abuse a unique predictor of sexual risk behaviors, pregnancy, and motherhood in adolescence? *Journal of Research on Adolescence, 29(4),* 967-983. https://doi.org/10.1111/jora.12436

U.S. Department of Justice Office on Violence Against Women. (2024). *A national protocol for sexual assault medical forensic examination: Adult/adolescent*. https://www.justice.gov/ovw/media/1367191/dl?inline

US Department of Justice, Office of Justice Programs, National Institute of Justice. (2017). *National best practices for sexual assault kits: A multidisciplinary approach.* US Department of Justice, Office of Justice Programs. https://www.ojp.gov/pdffiles1/nij/250384.pdf

U.S. Department of Justice Office on Violence Against Women. (2016). *A national protocol for sexual assault medical forensic examination: Pediatric*. https://www.ojp.gov/pdffiles1/ovw/249871.pdf

Workowski, K. A., Bachmann, L. H., Chan, P. A., Johnston, C. M., Muzny, C. A., Park, I., Reno, H., Zenilman, J. M., & Bolan, G. A. (2021). Sexually transmitted infections treatment guidelines, 2021. *Morbidity and Mortality Weekly Report, 70*(4), 1-187. https://doi.org/10.15585/mmwr.rr7004a1

World Health Organization. (2017). Responding to children and adolescents who have been sexually abused: WHO clinical guidelines. Geneva, Switzerland. https://www.who.int/publications/i/item/9789241550147

World Health Organization. (2023). *Lifetime prevalence of child sexual abuse*. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/lifetime-prevalence-of-child-sexual-abuse-(-)

Appendix 1: Adult/Adolescent Sexual Assault Nurse Examiner Initial Competency Validation Form

Learning Outcome for Clinical Education: Upon completing the clinical learning experience, participants will possess the foundational skills and practice required to perform as a sexual assault nurse examiner who provides care for adult/adolescent patients who have experienced sexual assault.

Competence	Satisfactory Performance (initial/date)	Unsatisfactory Performance (initial/date)	Notes/N/A
Presents examination options and developmentally appropriate patient-nurse dialogue necessary to obtaining informed consent from adult and adolescent patients			
Evaluates the effectiveness of the established plan of care regarding consent and modifying or adapting the care based on assessment of the patient's capacity and developmental level from data collected throughout the nursing process.			
Explains procedures associated with confidentiality to adult and adolescent patients.			
Explains options for care to the adult and adolescent patient.			
Identifies circumstances where mandatory reporting is necessary and explains the procedures associated with mandatory reporting to adult and adolescent patients.			

Identifies critical elements in the medical forensic history and review of systems and demonstrates effective history-taking skills.			
Demonstrates a complete head-to-toe assessment and review of systems.			
Prepares the adult and/or adolescent patient for the anogenital examination.			
Differentiates normal anogenital anatomy from normal variants and abnormal findings.			
Demonstrates anogenital assessment and visualization techniques, including:			
Gender appropriate anogenital assessment			
Labial separation			
Labial traction			
Hymenal assessment (indwelling urinary catheter, swab, or other technique)			
Speculum assessment of the vagina and cervix			
Explains rationale and collects specimens for testing for sexually transmitted diseases			
Differentiates normal anogenital anatomy from normal variants and abnormal findings			

Colposcopic visualization, if expected and within the scope of practice in the jurisdiction's Nurse Practice Act or other jurisdictional law			
Anoscopic visualization, if expected and within the scope of practice in the jurisdiction's Nurse Practice Act or other jurisdictional law			
Collects and preserves evidence (dependent on jurisdictional practice and indications by history), including but not limited to:			
Clothing and underwear			
Foreign materials on patient's body			
Swabs of suspected semen, saliva, and/or suspicious areas			
Hair collection if applicable			
Vaginal/cervical swabs			
External genitalia swabs			
Penile and scrotal swabs			
Anal/perianal swabs			
Oral swabs			
Toxicology samples			
Explains rationales behind the specific type and manner of evidentiary specimen collection			
Packages and seals evidentiary materials			

Explains the rationale for and maintains proper chain of custody of evidentiary materials			
Takes appropriate actions related to consent, storage, confidentiality, and the appropriate release and use of photographs taken during the medical-forensic examination			
Obtains overall, orientation, close-up and close-up with scale for medical-forensic photo documentation to provide a true and accurate reflection of the subject matter			
Evaluates the effectiveness of the established plan of care and modifies or adapts care based on changes in data collected throughout the nursing process			
Demonstrates patient–nurse dialogue regarding follow-up care and discharge instructions associated with treatment the patient has received (EC, STI and HIV prevention, etc.).			
Identifies discharge and follow-up concerns related to age, developmental level, cultural diversity and geographic differences			
Evaluates the effectiveness of established discharge and follow-up plans of care, and revises the established plan of care while adhering to current evidence-based practice guidelines			
Prioritizes the need for and implementation of crisis intervention strategies in adult and adolescent patients based on assessment findings			
Incorporates the nursing process as a foundation of the nurses' decision-making, including:			

Assessment-collecting data pertinent to the patient's health and situation;			
Diagnosis-analyzing the data to determine diagnosis or issues;			
Outcome Identification-identifies individualized patient outcomes based on patient need;			
Planning-develops a plan that prescribes strategies to attain the expected outcomes;			
Implementation-implements the plan, including any coordination of care, patient teaching, consultation, prescriptive authority and treatment; and			
Evaluation-evaluates progress toward outcome attainment. (ANA, 2021)			

Name of SANE (Print)

Name and Credentials of Preceptor

Name and Credentials of Preceptor

Name and Credentials of Preceptor

Name and Credentials of Preceptor

Name and Credentials of Preceptor

Appendix 2: Pediatric/Adolescent Sexual Assault Nurse Examiner Initial Competency Validation Form

Learning Outcome for Clinical Education: Upon completing the clinical learning experience, the participant will possess the foundational skills and practice required to perform as a sexual assault nurse examiner who provides care for pediatric/adolescent patients who have experienced sexual abuse/assault.

Competence	Satisfactory Performance (initial/date)	Unsatisfactory Performance (initial/date)	Notes/N/A
Presents examination options and developmentally appropriate patient-nurse dialogue necessary to obtaining informed consent from the adolescent patients			
Presents examination options and appropriate patient–nurse dialogue necessary for obtaining informed consent from the parent/caregiver of a child.			
Evaluates the effectiveness of the established plan of care regarding consent and modifying or adapting the care based on assessment of the patient's capacity and developmental level from data collected throughout the nursing process.			
Explains procedures associated with confidentiality to adolescent patients.			
Explains options for care to the adult and adolescent patient.			

Identifies circumstances where mandatory reporting is necessary and explaining the procedures associated with mandatory reporting to the adolescent patient and to the parent/caregiver of the child patient.			
Identifies critical elements in the medical forensic history and review of systems and demonstrates effective history-taking skills.			
Demonstrates a complete head-to-toe assessment and review of systems.			
Prepares the prepubescent child and/or adolescent patient for the anogenital examination.			
Differentiates normal anogenital anatomy from normal variants and abnormal findings.			
Demonstrates developmentally appropriate anogenital assessment and visualization techniques, including:			
Gender appropriate anogenital assessment			
Labial separation			
Labial traction			
Examination in supine frog-leg position			
Examination in supine knee-chest position			
Examination in prone knee-chest position			
Hymenal assessment (indwelling urinary catheter, swab, or other			

technique) if developmentally appropriate			
Speculum assessment of the vagina and cervix in the adolescent			
Explains rationale and collects specimens for testing for sexually transmitted diseases			
Differentiates normal anogenital anatomy from normal variants and abnormal findings			
Colposcopic visualization, if expected and within the scope of practice in the jurisdiction's Nurse Practice Act or other jurisdictional law			
Anoscopic visualization, if expected and within the scope of practice in the jurisdiction's Nurse Practice Act or other jurisdictional law			
Collects and preserves evidence (dependent on jurisdictional practice and indications by history), including but not limited to:			
Clothing and underwear			
Foreign materials on patient's body			
Swabs of suspected semen, saliva, and/or suspicious areas			
Hair collection if applicable			
Vaginal/cervical swabs if developmentally appropriate			
External genitalia swabs			
Penile and scrotal swabs			
Anal/perianal swabs			

Oral swabs			
Toxicology samples			
Explains rationales behind the specific type and manner of evidentiary specimen collection			
Packages and seals evidentiary materials			
Explains the rationale for and maintains proper chain of custody of evidentiary materials			
Takes appropriate actions related to consent, storage, confidentiality, and the appropriate release and use of photographs taken during the medical-forensic examination			
Obtains overall, orientation, close-up and close-up with scale for medical-forensic photo documentation to provide a true and accurate reflection of the subject matter			
Evaluates the effectiveness of the established plan of care and modifies or adapts care based on changes in data collected throughout the nursing process			
Demonstrates patient–nurse or caregiver-nurse dialogue regarding follow-up care and discharge instructions associated with treatment the patient has received (EC, STI and HIV prevention, etc.).			
Identifies discharge and follow-up concerns related to age, developmental level, cultural diversity and geographic differences			
Evaluates the effectiveness of established discharge and follow-up			

plans of care, and revises the established plan of care while adhering to current evidence-based practice guidelines			
Prioritizes the need for and implementation of crisis intervention strategies in prepubescent and adolescent patients based on assessment findings			
Incorporates the nursing process as a foundation of the nurses' decision-making, including:			
Assessment-collecting data pertinent to the patient's health and situation;			
Diagnosis-analyzing the data to determine diagnosis or issues;			
Outcome Identification-identifies individualized patient outcomes based on patient need;			
Planning-develops a plan that prescribes strategies to attain the expected outcomes;			
Implementation-implements the plan, including any coordination of care, patient teaching, consultation, prescriptive authority and treatment; and			
Evaluation-evaluates progress toward outcome attainment. (ANA, 2021)			

Name of SANE (Print)

Name and Credentials of Preceptor

Name and Credentials of Preceptor	Name and Credentials of Preceptor
Name and Credentials of Preceptor	Name and Credentials of Preceptor

INTERNATIONAL ASSOCIATION OF Forensic Nurses



www.forensicnurses.org