Updated: 04/20/2021

Time	Didactic Learning Topic	Objectives	Presenter	Teaching Methods
	I. Overview of Forensic Nursing and Child Maltreatment			
480 min.		1) Forensic Nursing Overview a. History and evolution of forensic nursing b. Role of the pediatric/adolescent Forensic Nurse Examiner (FNE) in caring for pediatric and adolescent sexual abuse/assault patient populations c. Role of the pediatric/adolescent FNE and sexual abuse/assault education and prevention d. Role of the International Association of Forensic Nurses in establishing the scope and standards of forensic nursing practice e. Key aspects of Forensic Nursing: Scope and Standards of Practice f. Professional and ethical conduct related to pediatric/adolescent FNE practice and the care of pediatric and adolescent sexual abuse/assault patient populations, through the ethical principles of autonomy, beneficence, non-malfeasance, veracity, confidentiality, and justice g. Nursing resources, locally and globally, that contribute to current and competent pediatric/adolescent FNE practice h. Vicarious trauma i. Methods for preventing vicarious trauma associated with pediatric/adolescent FNE practice		

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		j. Key concepts associated with the use of evidence-based practice in the care of pediatric and adolescent sexual abuse/assault patient populations 2) Child Sexual Abuse a. Types of child/adolescent sexual abuse/assault b. Types of physical child maltreatment c. Global incidence and prevalence rates for sexual violence and abuse in the female and male pediatric and adolescent populations i. Risk factors for pediatric/adolescent sexual abuse/assault ii. Fundamentals of growth and development in the context of understanding child/adolescent sexual abuse/assault d. Health consequences of sexual abuse/assault, to include physical, psychosocial, cultural, and socioeconomic sequelae e. Unique healthcare challenges to underserved or vulnerable sexual abuse and assault populations and associated prevalence rates, including but not limited to: i. Boys/men ii. Patients with developmental challenges iii. LGBTQIA (gay, lesbian, bisexual, transgender, questioning/queer, intersex, agender/asexual) iv. Patients in emergent or long-term foster care placement v. Patients with disabilities vi. Culturally diverse populations		

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		vii. Mental health populations viii. Patients with language/communication barriers ix. People who are trafficked f. Best practices for improving forensic nursing care to underserved or vulnerable patient populations g. Factors that impact the vulnerability of patients being targeted for sexual abuse/assault (i.e., adverse childhood experiences [ACEs], generational violence, and people who were raised in the foster care system) h. Biases and deeply held beliefs regarding sexual abuse/assault in pediatric and adolescent patient populations i. Key concepts of offender typology and related impact on sexual abuse/assault patient populations j. Differences in typology of offenders targeting pediatric populations k. Grooming or accommodation syndrome with child sexual abuse victims and their families l. Dynamics of familial sexual abuse (incest) and the impact on the child and non-offending caregiver(s) m. Children's disclosure of sexual abuse and the factors related to disclosure		
	II. Victim Responses and Crisis Intervention			

Time	Didactic Learning Topic	Objectives	Presenter	Teaching Methods
90 min.		1) Common psychosocial responses to sexual abuse/assault and child maltreatment in pediatric and adolescent populations 2) Acute and long-term psychosocial ramifications associated with sexual abuse/assault and child maltreatment 3) Emotional and psychological responses and sequelae following sexual abuse/assault, including familiarity with traumatic and stress-related disorders applicable to pediatric and adolescent sexual abuse/assault and child maltreatment patient populations a. Key components of a suicide risk assessment b. Key components of a safety risk assessment 4) Diverse reactions that can be manifested in the patient after sexual violence 5) Risk factors for acute and chronic psychosocial sequelae in pediatric and adolescent patients following sexual abuse/assault and child maltreatment 6) Risk factors for acute and chronic health conditions related to or exacerbated by sexual abuse/assault and child maltreatment, such as asthma, hypertension, and gastrointestinal issues 7) Common concerns regarding reporting to law enforcement following sexual abuse/assault and child maltreatment and potential psychosocial ramifications associated with this decision 8) Culturally competent, holistic care of pediatric and adolescent patients who have experienced sexual abuse/assault, based on objective and subjective assessment data, patient-centered outcomes, and patient tolerance		

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		9) Risk factors for non-adherence in pediatric and adolescent patient populations following sexual abuse/assault 10) Diverse psychosocial issues associated with underserved sexual violence patient populations, such as: a. Males b. Inmates/juvenile detainees c. GLBTQIA (gay, lesbian, bisexual, transgender, questioning/queer, intersex, agender/asexual) d. Familial perpetration (sibling, parent/guardian, etc.) e. Patients with disabilities f. Culturally diverse populations g. People with mental illness h. Patients with language/communication barriers i. People who are trafficked 11) Prioritizing crisis intervention strategies for pediatric and adolescent patients following sexual abuse/assault 12) Patient outcomes, interventions, and evaluation criteria designed to address actual or potential psychosocial problems, based on the patient's chronological age, developmental status, identified priorities, and tolerance 13) Techniques and strategies for interacting with pediatric and adolescent patients and their families following a disclosure of or a concern regarding sexual abuse/assault, including but not limited to: a. Empathetic and reflective listening b. Maintaining dignity and privacy c. Facilitating participation and control		

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		d. Respecting autonomy e. Maintaining examiner objectivity and professionalism		
	III. Collaborating with Community Agencies			
60 min.		1) Multidisciplinary team (MDT), including: a. Overview of roles and responsibilities b. MDT models c. Child advocacy centers d. Family justice centers e. Sexual assault response/resource teams (SART) f. Strategies for implementing and sustaining an MDT/SART g. Benefits and challenges 2) Roles and responsibilities of the following MDT members as they relate to pediatric and adolescent sexual abuse/assault: a. Victim advocates (community- and system-based) b. Medical forensic examiners (pediatric/adolescent SANEs, death investigators, coroners, medical examiners, forensic nurse consultants) c. Law enforcement personnel d. Prosecuting attorneys e. Defense attorneys f. Forensic scientists g. Forensic interviewers h. Child protection agencies i. Other social service agencies		

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		3) Key strategies for initiating and maintaining effective communication and collaboration among MDT members while maintaining patient privacy and confidentiality		
	IV. Medical Forensic History Taking			
240 min.		1) Key components of obtaining a comprehensive, developmentally appropriate patient history, including a focused review of systems with a pediatric/adolescent patient, which can provide context for appropriate healthcare decisions and potential forensic implications, to include: a. Past medical history b. Allergies c. Medications d. Recreational drug use e. Medical/surgical history f. Vaccination status g. Social history i. Parent/caretaker ii. Other information, as needed 2) Developmental history a. Milestones b. Physical development c. Sexual development d. Intellectual development e. Social development f. Emotional development g. Moral development		

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		3) Genitourinary history a. Urinary tract development and disorders b. Reproductive tract development and disorders c. Last consensual intercourse, if applicable d. Pregnancy history, if applicable e. Contraception usage, if applicable f. Menarche and last menstrual period 4) Gastrointestinal history a. Gastrointestinal tract development and disorders b. Constipation and diarrhea history and treatments 5) Event history a. Actual/attempted acts b. Date and time of event c. Location of event d. Assailant information e. Use of weapons, restraints, threats, grooming, manipulation f. Use of recording devices (photographs or videos of the event) g. Suspected drug-facilitated sexual assault h. Condom use i. Ejaculation j. Pain or bleeding associated with acts k. Physical assault l. Strangulation m. Potential destruction of evidence		

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		6) Difference between obtaining a medical forensic history and conducting a forensic interview, and the purpose of each 7) Techniques for establishing rapport and facilitating disclosure while considering the patient's age, developmental level, tolerance, gender identity, and cultural differences 8) Obtaining a child's history independent of other parties 9) Obtaining a caregiver (parent, guardian, etc.) history independent from the child 10) Obtaining a medical forensic history from a child and identifying when doing so would be inappropriate 11) Difference between leading and non-leading questions 12) Importance of using the medical forensic history to guide the physical assessment of the patient and evidence collection 13) Importance of accurate and unbiased documentation of the medical forensic history 14) Coordination between law enforcement representatives and SAFEs regarding the logistics and boundaries of medical forensic history taking and investigative intent		
	V. Observing and Assessing Physical Exam Findings			
450 min.		1) Acute and non-acute medical forensic examination process for the pediatric/adolescent patient 2) Role of the FNE within the child advocacy center model		

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		3) Developmentally appropriate communication skills and techniques with respect to cognitive and linguistic development a. Prioritizing a comprehensive health history and review of systems data b. History, including health issues and immunization status c. History of alleged or suspicious event d. Patient e. Family/caregiver/guardian f. Law enforcement g. Child protection agency 4) Psychosocial assessment of the child/adolescent related to the event a. Crisis intervention for acute presentations b. Behavioral/psychological implications of long-term abuse in the prepubescent, pediatric, and adolescent child c. Suicide and safety assessment and planning d. Impact of substance abuse issues e. Guidance for child, family, and caregivers f. Referrals 5) Comprehensive head-to-toe physical assessment that is age, gender identity, developmentally, and culturally appropriate, as well as mindful of the patient's tolerance, including assessment of: a. Patient's general appearance, demeanor, cognition, and mental status b. Clothing and other personal possessions c. Body surfaces for physical findings		

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		d. Patient's growth and development level e. Patient's sexual maturation f. Patient utilizing a head-to-toe evaluation approach g. Anogenital structures, including the effect of estrogen/testosterone on anogenital structures h. Identification of findings that are: i. Documented in newborns or commonly seen in non-abused children 1. Normal variants 2. Findings commonly caused by other medical conditions 3. Conditions that may be misinterpreted as resulting from abuse ii. Indeterminate iii. Diagnostic of trauma and/or sexual contact 1. Acute trauma to external genital/anal tissues 2. Residual (healing) injuries 3. Injuries indicative of blunt force penetrating trauma 4. Sexually transmitted infection(s) 5. Pregnancy 6. Sperm identified in specimens taken directly from a child's body 6) Mechanical and physical trauma and identification of each type:		

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		a. Blunt force b. Sharp force c. Gunshot wounds d. Strangulation 7) Comprehensive strangulation assessment for the patient with known or suspected strangulation as a part of the history and/or physical findings 8) Terminology related to mechanical and physical trauma findings, including: a. Abrasion b. Laceration/tear c. Cut/incision d. Bruise/contusion e. Hematoma f. Swelling/edema g. Redness/erythema h. Petechiae 9) Anogenital anatomy and physiology, including: a. Normal anatomical variants b. Types and patterns of injury that are potentially associated with sexual abuse/assault c. Physical findings and medical conditions associated with non-assault-related trauma that can be misinterpreted as resulting from sexual abuse/assault 10) Significance of a normal examination 11) Examination positions and methods, including:		

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		a. Labial separation/traction b. Supine/prone knee-chest c. Assistive techniques and equipment for evidence collection where appropriate, including but not limited to: i. Alternate light source ii. Toluidine blue dye application and interpretation iii. Colposcope versus camera with macro lens for photographs iv. Urinary (Foley) catheter, swab, or other technique for visualization of the hymen v. Water flushing vi. Use of cotton swabs 12) Sound critical thinking and decision-making to correlate potential mechanisms of injury for anogenital and non-anogenital findings, including recognizing findings that may result from a culturally specific practice, medical condition, or disease processes a. Medical consultation and trauma intervention when indicated b. Unbiased and objective evaluations 13) Importance of peer review/expert consultation 14) Local and legal maintenance and release of records policies		
	VI. Medical-Forensic Evidence Collection			

Time	Didactic Learning Topic	Objectives	Presenter	Teaching Methods
390 min.		1) Patient (Victim)-Centered Care a. Importance of patient participation and collaboration in evidence collection procedures as a means of recovering from sexual abuse/assault (as appropriate) b. Elements of consent and the procedures required for evidence collection with respect to age and capacity c. Basic growth and development stages in the context of building rapport and tailoring the approach to the patient d. Specimen collection options within the community available to pediatric and adolescent patients who have experienced sexual abuse/assault, including: i. Mandatory reporting requirements ii. Anonymous reporting evidence collection, if applicable (based on the age of the patient and local statutes) iii. Medical evaluation and treatment e. Recommendations for collection time limits of biological specimens following sexual abuse/assault, including the differences in time frames for pre-pubertal victims f. Differences in approach to evidence collection in the pre-pubertal population (i.e., external versus internal samples) g. Types of specimens and methods of collection in the pediatric and adolescent patient following a sexual abuse/assault, based on the event history, including but not limited to:		

Time	Didactic Learning Topic	Objectives	Presenter	Teaching Methods
		i. DNA ii. Trace/non-biologic iii. History documentation iv. Physical findings, identification, and documentation v. Clothing/linen evidence vi. Medical forensic photography vii. Toxicology h. Physical evidence collection through use of: i. Current evidence-based forensic standards and references ii. Current evidence-based forensic standards and references iii. Appropriate identification, collection, and preservation of evidence iv. Appropriate chain of custody procedures v. Recognized variations in practice, following local recommendations and guidelines i. Chain of custody principles and procedures for maintaining j. Drug-facilitated sexual abuse/assault (DFSA), current trends, criteria associated with a risk assessment for DFSA, and when specimen collection procedures are indicated k. Patient/guardian's concerns and common misconceptions that patient/guardians may have regarding specimen collection l. Potential risks and benefits for the patient/guardian associated with evidence collection		

Time	Didactic Learning Topic	Objectives	Presenter	Teaching Methods
		m. Potential risks and benefits for the patient/guardian associated with evidence collection n. Adjunctive tools and methods used in specimen identification and collection and associated risks and benefits, including but not limited to: i. Alternate light sources ii. Swab collection techniques iii. Speculum examination (adolescent/pubertal population) iv. Colposcopy visualization or magnification with a digital camera v. Anoscope visualization, if indicated and within the scope of practice in the Nurse Practice Act o. Appraisal of data regarding the abuse/assault details to facilitate complete and comprehensive medical forensic examination and evidence collection p. Evidence-based practice guidelines for the identification, collection, preservation, handling, and transfer of biologic and trace evidence specimens following pediatric and adolescent sexual abuse/assault q. Evidence-based practice when planning evidentiary procedures r. Materials and equipment needed for biologic and trace evidence collection		

Time	Didactic Learning Topic	Objectives	Presenter	Teaching Methods
		s. Modification of evidence collection based on the patient's age, developmental/cognitive level, and tolerance t. Techniques to support the patient/guardian and minimize the potential for additional trauma during specimen collection procedures u. Techniques to facilitate patient participation during specimen collection procedures (as appropriate) v. Evaluating the effectiveness of the established plan of care and associated evidentiary procedures and adapting the plan based on changes in data collected throughout the nursing process 2) Patient (Suspect)-Centered Care a. Differences in victim and suspect medical forensic examination and evidence collection following sexual abuse/assault b. Legal authorization needed to obtain evidentiary specimens and examine a suspect, including: i. Written consent ii. Search warrant iii. Court order iv. Components of a suspect medical forensic examination		

Time	Didactic Learning Topic	Objectives	Presenter	Teaching Methods
		c. Recommendations for time limits of collection of biologic evidence in the suspect of sexual abuse/assault d. Types of evidence that can be collected in the medical forensic examination of a suspect following sexual abuse/assault, such as: i. DNA evidence ii. Trace/non-biologic evidence iii. Physical findings, identification, and documentation iv. Medical forensic photography v. Toxicology e. Variables in specimen collection, packaging, preservation, and transportation issues for items, including: i. Products of conception ii. Foreign bodies iii. Tampons iv. Diapers f. Synthesizing data from reported abuse/assault to facilitate complete and comprehensive medical forensic examination and evidence collection in the suspect of a sexual abuse/assault g. Preventing cross-contamination if the medical forensic examination and/or evidence collections of the victim and suspect are performed in the same facility or by the same examiner		

Time	Didactic Learning Topic	Objectives	Presenter	Teaching Methods
		h. Evaluating the effectiveness of the established plan of care and adapting the care based on changes in data collected throughout the nursing process		
	VII. Medical-Forensic Photography			
90 min.		1) Consent, storage, confidentiality, and the appropriate release and use of photographs taken during the medical forensic examination 2) Physical findings that warrant photographic documentation 3) Biologic and/or trace evidentiary findings that warrant photographic documentation 4) Physiological, psychological, sociocultural, and spiritual needs of pediatric/adolescent patients that warrant/involve photography following sexual abuse/assault 5) Options for obtaining medical forensic photographs, including colposcopic images and digital imaging equipment 6) Variables affecting the clarity and quality of photographic images, including skin color, type and location of finding, lighting, aperture, and film speed 7) Key photography principles, including consent, obtaining images that are relevant, a true and accurate representation of the subject matter, and non-inflammatory 8) Images obtained by the examiner as part of the medical/health record versus those obtained by other agencies or even the offender		

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		9) Photography principles as they relate to the types of images required by judicial proceedings, including overall, orientation, close-up, and close-up with scale photographs 10) Photography prioritization based on assessment data and patient-centered goals 11) Adapting photography needs based on patient tolerance 12) Selecting the correct media for obtaining photographs based on the type of physical or evidentiary finding warranting photographic documentation 13) Overall, orientation, close-up, and close-up with scale photographs that provide a true and accurate reflection of the subject matter 14) Situations that may warrant follow-up photographs and options for securing 15) Consistent peer review of photographs to ensure quality and accurate interpretation of photographic findings 16) Need for anogenital photography in the pediatric population as related to quality assurance, confirmation of the presence or absence of findings, and decreasing the necessity of repeat examinations		
	VIII. Sexually Transmitted Infection Testing and Prophylaxis			

Time	Didactic Learning Topic	Objectives	Presenter	Teaching Methods
90 min.		1) Prevalence/incidence and morbidity and risk factors related to sexually transmitted diseases after sexual abuse and assault 2) Symptoms associated with sexually transmitted diseases 3) Sexually transmitted diseases that are commonly asymptomatic 4) Symptoms and findings that may mimic sexually transmitted diseases 5) Key concepts associated with screening for the risk of transmission of select sexually transmitted diseases based on the specifics of the patient's provided history 6) Probability of maternal transmission versus community-acquired infection 7) Presence of sexually transmitted disease may be evidence of sexual abuse/assault in the pediatric/adolescent patient (see Adams's classification) 8) Patient and/or guardian concerns and myths regarding transmission, treatment, and prophylaxis of select sexually transmitted diseases 9) Physiological, psychological, sociocultural, spiritual, and economic needs of pediatric/adolescent patients who are at risk for an actual or potential sexually transmitted disease(s) following sexual abuse/assault 10) Evidence-based national and/or international guidelines for the testing and prophylaxis/treatment of sexually transmitted diseases when planning care for pediatric/adolescent patients who are at risk for an		

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		actual or potential sexually transmitted disease(s) following sexual abuse/assault 11) Evidence-based practice when planning care for pediatric/adolescent patients who are at risk for an actual or potential sexually transmitted disease(s) following sexual abuse/assault 12) Risks versus benefits of testing for select sexually transmitted disease(s) during the acute medical forensic evaluation versus at the time of initial follow-up after prophylaxis 13) Risks versus benefits of testing for select sexually transmitted disease(s) during the acute medical forensic evaluation versus at the time of initial follow-up after prophylaxis 14) Testing methodologies based on site of collection, pubertal status, and patient tolerance for select sexually transmitted diseases (nucleic acid amplification testing (NAAT) versus culture versus serum) 15) Screening versus confirmatory testing methodologies for select sexually transmitted diseases 16) Prophylaxis options, common side effects, routes of administration, contraindications, necessary baseline laboratory specimens when applicable (e.g., HIV), dosing, and follow-up requirements for select sexually transmitted disease(s) 17) Referrals for follow-up testing (e.g., HIV nPEP)		

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		18) Individualizing short- and long-term goals based on the physiological, psychological, sociocultural, spiritual, and economic needs of pediatric/adolescent patients who are at risk for an actual or potential sexually transmitted disease(s) following sexual abuse/assault 19) Prioritizing care based on assessment data and patient-centered goals 20) Sexually transmitted disease(s) testing and prophylaxis based on current evidence-based practice, risk factors for transmission, and symptomology 21) Sexually transmitted disease(s) testing and prophylaxis based on patient tolerance, adherence, and contraindications 22) Indications for seeking medical consultation 23) Collection, preservation, and transport of testing medias for select sexually transmitted diseases(s) 24) Follow-up care and discharge instructions associated with select sexually transmitted disease(s)		
	IX. Pregnancy Risk Evaluation and Care			
60 min.		1) Prevalence rates for pregnancy following sexual abuse/assault 2) Risk evaluation for pregnancy following sexual abuse/assault based on the specifics of the patient's provided history and pubertal status 3) Testing methods (e.g., blood versus urine; quantitative versus qualitative) 4) Effectiveness of available pregnancy prevention methods		

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		5) Patient education key concepts regarding emergency contraception, including: a. Mechanism of action b. Baseline testing c. Side effects d. Administration e. Failure rate f. Follow-up requirements 6) Patient and guardian concerns, belief systems, and misconceptions related to reproduction, pregnancy, and pregnancy prophylaxis 7) Physiological, psychological, sociocultural, spiritual, and economic needs of pediatric and adolescent patients who are at risk for an unwanted pregnancy following sexual, abuse/assault 8) Evidence-based guidelines for pregnancy prophylaxis when planning care for pediatric and adolescent patients at risk for unwanted pregnancy following sexual abuse/assault 9) Prioritizing care based on assessment data and patient-centered goals 10) Situations warranting medical or specialty consultation 11) Evaluating the effectiveness of the established plan of care and adapting the care based on changes in data collected throughout the nursing process 12) Demonstrating the ability to identify and explain necessary follow-up care, discharge instructions, and referral sources associated with emergency contraception and/or pregnancy termination options		
	X. Medical-forensic Documentation			

Time	Didactic Learning Topic	Objectives	Presenter	Teaching Methods
120 min.		1) Roles and responsibilities of the forensic nurse in documenting the pediatric and adolescent sexual abuse/assault medical forensic examination 2) Steps of the nursing process, including patient/family-centered care, needs, and goals 3) Differentiating and documenting sources of information provided 4) Documentation of event history by using patient/guardian's words verbatim as much as possible 5) Including questions asked by the guardian, patient, and/or the FNE in the history 6) Objective versus subjective data 7) Processes related to medical forensic documentation that include quality improvement, peer review, and research/evidence-based practice 8) Legal considerations, including: a. Regulatory or other accreditation requirements (see legal considerations section) 9) Judicial considerations including: a. True and accurate representation b. Objective and unbiased evaluation c. Chain of custody 10) Key principles related to consent, access, storage, archiving, and retention of documentation for: a. Written/electronic medical records b. Diagrams and trauma grams that accurately reflect photographic and visualized image documentation c. Photographs (see medical-forensic photography section)		

Time	Didactic Learning Topic	Objectives	Presenter	Teaching Methods
		11) Terminology related to pediatric/adolescent sexual abuse/assault 12) Purpose of professional medical-forensic documentation, including: a. Communication b. Accountability c. Quality improvement d. Peer review e. Research 13) Documentation elements of the case: a. Demographic data b. Consent c. History of abuse/assault d. Patient initial presentation & demeanor before, during, and after exam e. Medical history f. Physical examination and findings g. Genital examination and findings h. Impression/opinion i. Treatment j. Interventions k. Mandatory reporting requirements l. Discharge plan and follow-up 14) Storage and retention policies for medical forensic records (including the importance of adhering to criminal justice standards for maintaining records, such as statutes of limitations)		

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		a. Sharing medical forensic documentation with other treatment providers b. Patient/parental access to the medical forensic record 15) Release, distribution, and duplication of medical forensic records, including photographic and video images and evidentiary material a. Any potential cross-jurisdictional issues b. Procedures to safeguard patient privacy and the transfer of evidence/information to external agencies according to institutional protocol c. Explanation of laws and institutional policy that have domain over the protection of patient records and information d. Applicable facility/examiner program policies (e.g., restricted access to medical records related to the medical forensic examination, response to subpoenas and procedures for image release)		
	XI. Discharge and Follow-Up Planning			
60 min.		1) Resources that address the specific safety, medical, and forensic needs of pediatric/adolescent patients following sexual abuse/assault 2) Individualizing the discharge plan and follow-up care based on medical, forensic, and patient priorities 3) Facilitation of access to multidisciplinary collaborative agencies		

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		4) Differences in discharge and follow-up concerns related to age, developmental level, cultural diversity, family dynamics, and geographic differences 5) Evidence-based guidelines for discharge and follow-up care following sexual abuse/assault of a pediatric/adolescent patient 6) Evidence-based practice when planning and prioritizing discharge and follow-up care associated with safety, and psychological, forensic, or medical issues, including the prevention and/or treatment of sexually transmitted disease(s) and pregnancy 7) Modifying and facilitating plans for treatment, referrals, and follow-up care based upon patient/family needs and concerns 8) Generating, communicating, evaluating, and revising individualized short- and long-term goals related to discharge and follow-up needs 9) Determining and communicating follow-up care and discharge needs based on evidence-based practice, recognizing differences related to age, developmental level, cultural diversity, and geography		
	XII. Courtroom Testimony and Judicial Proceedings			
210 min.		1) Legal Considerations a. Consent i. Key concepts associated with obtaining informed consent and assent ii. Methodology for obtaining consent to perform a medical forensic evaluation in pediatric/adolescent patient populations		

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		iii. Difference between legal requirements associated with consent or declination of medical care versus consent or declination of evidence collection and release iv. Impact of age, developmental level, and physical and mental incapacitation on consent procedures and the appropriate methodology for securing consent in each instance v. Legal exceptions to obtaining consent as applicable to the practice area vi. Communicating consent procedures and options to pediatric and adolescent patient populations vii. Physiological, psychological, sociocultural, spiritual, and economic needs of pediatric and adolescent patients following sexual abuse/assault that may affect informed consent procedures 2) Reimbursement a. Crime Victim Compensation/reimbursement options that are associated with the provision of a medical forensic evaluation in cases of pediatric/adolescent sexual abuse/assault b. Reimbursement procedures and options for pediatric and adolescent patient populations 3) Confidentiality a. Legal requirements associated with patient confidentiality and their impact on the provision of protected health information to patients, families, and multidisciplinary agencies, including:		

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		i. Health Insurance Portability and Accountability Act (HIPAA) or other applicable confidentiality legislation ii. Key concepts associated with informed consent and the release of protected health information b. Explaining procedures associated with confidentiality to pediatric and adolescent patient population c. Physiological, psychological, sociocultural, spiritual, safety, and economic needs of pediatric and adolescent patients following sexual abuse/assault that may impact confidentiality procedures 4) Medical screening examinations a. Legal requirements associated with the provision of a medical screening examination and its impact on the provision of medical forensic care in pediatric and adolescent patients following sexual abuse/assault, including Emergency Medical Treatment and Active Labor Act (EMTALA) or other applicable legislation b. Required procedures to secure informed consent and informed declination in accordance with applicable legislation c. Required procedures to transfer or discharge/refer a patient in accordance with applicable legislation d. Prioritizing and securing appropriate medical treatment as indicated by specific presenting chief complaints		

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		e. Explaining medical screening procedures and options to pediatric and adolescent patient populations f. Physiological, psychological, sociocultural, spiritual, and economic needs of pediatric and adolescent patients following sexual abuse/assault that may affect medical procedures 5) Mandated reporting requirements a. Legal requirements associated with mandated reporting requirements in pediatric/adolescent patient populations b. Mandatory reporting requirement procedures and options for pediatric/adolescent patient populations c. Differentiating between reported and restricted/anonymous medical forensic evaluations following sexual abuse/assault, if applicable (based on age of patient and local statutes) d. Modifying medical forensic evaluation procedures in anonymous cases e. Physiological, psychological, sociocultural, spiritual, and economic needs of adult and adolescent patients following sexual abuse/assault that may affect mandated reporting requirement procedures 6) Judicial proceedings a. Role of the FNE in judicial and administrative proceedings; must include civil versus criminal court proceedings		

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		b. Role of the FNE in judicial and administrative proceedings may include: i. Family court proceedings (may) ii. Administrative/university proceedings iii. Title IX hearings iv. Military and court martial proceedings v. Matrimonial/divorce proceedings vi. Child custody proceedings 7) Legal definitions associated with child/adolescent sexual abuse/assault 8) Case law and judicial precedence that affect the provision of testimony in judicial proceedings, including but not limited to: a. Admissibility or other applicable laws specific to the area of practice b. Rules of evidence or other applicable laws specific to the area of practice c. Hearsay or other applicable laws specific to the area of practice 9) Differences among family, civil, and criminal judicial proceedings, including applicable rules of evidence 10) Differences between the roles and responsibilities of fact versus expert witnesses in judicial proceedings 11) Differences between judge versus jury trials 12) Judicial processes: a. Indictment b. Arraignment		

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		c. Plea agreement d. Sentencing e. Deposition f. Subpoena g. Direct examination h. Cross-examination i. Objections 13) Forensic nurse's role in judicial proceedings, including: a. Educating the trier of fact b. Providing effective testimony c. Demeanor and appearance d. Objectivity e. Accuracy f. Evidence-based testimony g. Professionalism 14) Key processes associated with pretrial preparation		