INTERNATIONAL ASSOCIATION OF Forensic Nurses

Intimate Partner Violence Nurse Examiner

EDUCATION GUIDELINES

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Introduction

The Centers for Disease Control and Prevention (CDC) defines intimate partner violence (IPV) as "physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner)" (Breiding, Basile, Smith, Black, & Mahendra, 2015). In the United States, recent data found that almost one-third of women and more than one-fourth of men experienced physical violence during their life by an intimate partner; the violence was categorized as severe for almost 25% of women and for 13% of men. Nearly half of the women who experienced completed or attempted rape were victimized by a current or former intimate partner and the violence was not specific to adult relationships, but often begins in adolescence (Smith et al., 2017). In addition, abuse by intimate partners can occur in later life (Altman, 2017). Intimate partner violence is not limited to heterosexual couples; the same survey found that lesbian women and gay men experienced levels of intimate partner violence equal to or higher than those of their heterosexual counterparts with bisexual women having the highest rates of any group surveyed (Walters, Chen, & Breiding, 2013). Although the data is more scant, transgender patients also appear to experience high rates of IPV (Garthe et al., 2018; Langenderfer-Magruder, Whitfield, Walls, Kattari, & Ramos, 2016). Barocas, Emery, and Mills (2016) challenge us to broaden our view of domestic violence to better reflect statutory definitions that include violence between an adult child and parent and violence against other household or family members. The World Health Organization (WHO) reports worldwide that almost one-third of women who have been in a relationship have experienced some form of intimate partner violence, with as many as 38% of murders globally committed by a male intimate partner (WHO, 2017).[1] The World Health Organization and the Pan American Health Organization also include in their examples of femicide the "honor" killings by family members and dowry-related femicide (WHO & Pan American Health Organization 2012a).

In 2002, the Institute of Medicine (IOM) called for professional healthcare organizations to develop guidelines that would better inform clinicians about violence and abuse (IOM, 2002). Clinicians subsequently responded. Almost a decade later, the US Department of Health and Human Services adopted guidelines for Women's Preventive Services that not only included screening and counseling for domestic violence, but also recommended that these screening and counseling practices be covered in health plans without cost (IOM, 2011). In its 2018 guidance, the US Preventive Services Task Force (USPSTF) issued a B recommendation[2] for universal screening for intimate partner violence in women of reproductive age (USPSTF, 2018). Within the United States and

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[1] Internationally, intimate partner violence is often discussed within the context of ***gender based violence*** **(GBV)**. Gender-based violence is defined as "an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private" (Inter-Agency Standing Committee, 2015, p. 5). See also http://www.unfpa.org/gender/violence.htm

[2] A *B recommendation* means the USPSTF recommends this service be provided because moderate certainty exists that the net benefit is moderate to substantial. See also https://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions

other countries, healthcare organizations have developed clinical guidance for their members explicitly for screening and counseling for intimate partner violence (American College of Emergency Physicians, 2019; American College of Obstetrics and Gynecology, 2013; Association of Women's Health, Obstetric and Neonatal Nurses, 2019; British Medical Association, 2018; International Council of Nurses, 2012; Schulman & Hohler, 2012). In 2018, the Emergency Nurses Association (ENA) and the International Association of Forensic Nurses (IAFN) published a joint position statement on IPV; recommendations include routine screening of all adolescent and adult patients and "use of evidence-based tools and educational resources to facilitate and authenticate the approach to screening and caring for the IPV patient" (ENA & IAFN, 2018, p. 2).

The consequences of intimate partner violence are clearly outlined in the scientific literature. The lifetime economic cost of IPV to the US population is estimated to be $3.6 trillion, 59% of which is for direct medical costs (Peterson et al., 2018)). According to the United Nations Women Foundation, annual costs of IPV were calculated at $5.8 billion in the United States, $1.16 billion in Canada, $11.38 billion in Australia, and $32.9 billion in England and Wales (Morse, 2017).

The health consequences, particularly for women, are well-documented, spanning nearly every system of the body and including acute and chronic health conditions (Miller & McCaw, 2019; WHO & Pan American Health Organization, 2012a). For those who are poor or from traditionally underserved or underrepresented populations and are experiencing IPV, factors such as structural and political barriers, historical trauma, and cultural issues may combine to further impact their health (Stockman, Hayashi, & Campbell, 2015). The implications of IPV for pregnant women are profound and may include homicide, significant maternal injuries, and poor fetal outcomes (Hill, Pallitto, McCleary-Sills, & Garcia-Moreno, 2016; Wallace, Hoyert, Williams, & Mendola, 2016). Women may also be subject to reproductive coercion, which involves behaviors that a partner uses to maintain power and control in a relationship. This may include forced sex and interference with birth control, both of which increase the risk of unwanted pregnancy and exposure to sexually transmitted infections, including HIV (Decker et al., 2014; Grace & Anderson, 2018; Zachor, Chang, Zelazny, Jones, & Miller, 2018).

Although IPV alone is a serious healthcare issue, it may co-occur with other issues that adversely affect the health and well-being of a patient, including human trafficking (both international and domestic), forced prostitution, and gang violence. Nurses must be aware that such factors may be present and seek to collaborate with community professionals who have expertise in these areas (Fox, 2015; Schauer & Wheaton, 2006; WHO & Pan American Health Organization, 2012c; Zimmerman & Kiss, 2017).

Purpose of the Guidelines

The purpose of the *Intimate Partner Violence (IPV) Nurse Examiner Education Guidelines* is to:

1. Identify the standardized, evidence-based body of scientific knowledge necessary for the comprehensive medical forensic examination of the patient who has experienced intimate partner violence or abuse;
2. Summarize the concept, development, function, and collaboration of the multidisciplinary team in responding to intimate partner violence; and
3. Summarize forensic nurse examiner professional practice issues.

Defining Patient Populations

The term intimate partner violence—also referred to as domestic violence, domestic abuse, and gender-based violence—describes physical, sexual, psychological/emotional, spiritual, and economic harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy. It may be an intergenerational phenomenon that affects the patient who is abused, the offender, and members of the *extended* family and community.

The patient experiencing IPV, regardless of whether they enter the healthcare system, is the primary focus of this document. However, co-occurrence of intimate partner violence and child abuse is well-documented (Bidarra, Lessard, & Dumont, 2016). For this reason, where the patient reports having children in the home, the clinician must consider the potential impact on the child of witnessing intimate partner violence or the possibility that child maltreatment may be occurring as well.

The forensic nurse should have a clear understanding of factors that influence the nursing process and the subsequent provision of care to individuals following intimate partner violence, including:
1. Age
2. Gender identity
3. Language aptitude
4. Physiologic development
5. Sexual maturation
6. Psychosocial capacity
7. Cognitive ability
8. Sexual orientation
9. Moral, ethical, and legal considerations
10. Spiritual beliefs and practices

11. Cultural experience
12. Health priorities
13. Support systems
14. Trauma history
15. Socioeconomic status
16. Immigration status

Theoretical Framework[3]

In updating the IPV Nurse Examiner Education Guidelines, the Task Force consulted the recently revised Sexual Assault Nurse Examiner (SANE) Guidelines in seeking an appropriate theoretical framework. The SANE Education Guidelines are based on three theoretical frameworks: Sister Callista Roy's Adaptation Model of Nursing, Patricia Benner's From Novice to Expert Theory, and Joanne Duffy's Quality Caring Model. These frameworks are also applicable for the forensic nurse in caring for the patient who has experienced IPV. The frameworks are summarized below.

Roy's Adaptation Model of Nursing

Sister Callista Roy's Adaptation Model of Nursing accurately depicts the forensic nursing process. According to Roy's model, the individual is a "bio-psycho-social being in constant interaction with a changing environment" (Petiprin, 2016). Viewing people as individuals and in groups, such as communities and families, is a major component of the model. IPV 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 forensic nursing 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 Intimate Partner Violence (IPV) Education Guidelines incorporate the nursing process as the framework for teaching. This specialized training prepares the forensic nurse to provide holistic care for the patient who has experienced IPV and to 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 forensic nurses provide to their patients (Petiprin, 2016). Each concept influences the other and nursing practice serves as the overarching component for facilitating the healing process.

[3] Adapted from International Association of Forensic Nurses. (2018). *Sexual assault nurse examiner (SANE) education guidelines*. Elkridge, MD: IAFN.

Benner's From Novice to Expert Theory

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 into a meaningful whole a variety of information and practical nursing skills related to patient care. To apply this theory to forensic nursing education, expert nurse mentors or preceptors develop the training and curriculum of the novice forensic nurse and identify implications for teaching and learning at each level.

Forensic nurses use substantial analytical and critical thinking skills as well as expert knowledge and judgment in the clinical care of patients following intimate partner violence. Forensic nurses must identify, analyze, and intervene in a variety of complex situations and patient conditions that may be new to the novice forensic nurse. It is impossible to teach every condition and circumstance that a forensic nurse 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 forensic nurses. 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).

Developing expert forensic nursing practice is essential for providing quality care to patients following intimate partner violence. 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 intimate partner violence. As the forensic nurse develops professionally, they move 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 IPV Nurse Examiner Education Guidelines capitalize on the process of experiential learning and support and sustain expert clinicians as preceptors who will tailor their teaching to the learning abilities of the novice forensic nurse and their unique needs.

Duffy's Quality Caring Model©

The Intimate Partner Violence Education Guidelines describe patient-centered nursing interventions that characterize the forensic nurse's relationship with the patient. The dynamic between the forensic nurse 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© offers a framework to support the interventions and actions of the caring relationship that exists between the forensic nurse and the patient, family, and community. A number of nursing theorists contributed to the creation of the Quality Caring Model—most notably, Watson, who spoke about caring as the essence of nursing. 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, p. 216).

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, Hoskins, & Seifert, 2007). The forensic nurse's interventions, as outlined in the IPV Nurse Examiner Education Guidelines, demonstrate each of these factors. For instance, the forensic nurse exhibits mutual problem-solving when discussing options of care with the patient, empowering the patient to make their own decisions while providing the information necessary for the patient to make an informed choice. Attentive reassurance is the active listening that the forensic nurse provides when taking a patient history. The forensic nurse reflects human respect when asking how the patient prefers to be addressed and then treating that person with dignity. The forensic nurse 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 forensic nurse's assessment of their personal attitudes, privilege, and style of verbal and nonverbal communication. The healing environment is the space that the forensic nurse creates by offering examination rooms that are private, confidential, warm, and ideally removed from the often-chaotic emergency department. Affiliation needs are the forensic nurse's actions in involving families and community collaborators, according to the patient's consent and request. Basic human needs are the actions that the forensic nurse 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[4]

Nurses attending continuing education courses learn in a variety of ways. Knowles's theory informs the process of adult learners. This theory states that active involvement is key to the learning process. The active learner retains more information, more readily sees the applicability of that information and learns more quickly. Knowles assumes that the learner must be self-directed, knows the reason that they need to acquire the information, and brings a different type and quality of experience (Culatta, 2020). Participants in intimate partner violence 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 such 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 forensic nursing 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 forensic nurse, but should be used for the clinical course rather than the didactic course.

Classroom Education

Traditionally, basic forensic nursing education content has been delivered in the classroom setting. Students attend the didactic portion where 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 (ERC, 2017). Questions are answered promptly and the instructor clarifies content, so the attendees benefit from the explanation. Another advantage is the structure provided by the classroom (ERC, 2017). The course is delivered on specific dates at predetermined times. Finally, few technology demands exist in the classroom setting. Computer skills are rarely required. The main disadvantage to this approach is that the instructor may not be able to accommodate the learning style of each participant or the attendee may have difficulty securing the time off necessary for live attendance. Each person learns and retains information in a different manner by listening, seeing, or doing. This consideration should be noted when delivering the curriculum in this format.

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[4] Adapted from International Association of Forensic Nurses. (2018). *Sexual assault nurse examiner (SANE) education guidelines*. Elkridge, MD: IAFN.

Web-Based Education

A growing trend in education has been the development of web-based programs or courses that are available on the Internet. Evidence has shown the effectiveness of Internet learning as documented in medical education (Ruiz, 2006). Message boards, teleconferencing, and chats make collaborative learning more readily available. Ruiz (2006) writes that studies in collaborative learning have shown higher levels of learning satisfaction; improvements in knowledge and self-awareness; and an enhanced understanding of concepts, course learning outcomes, and changes in practice. This type of curriculum delivery allows large numbers of participants to benefit from the learning opportunity. Students complete course requirements at their own pace within a given time frame. The major disadvantage is that the face-to-face interaction with instructors and peers is lost because of a separation of time and space (ERC, 2017). Effective time management skills are required for this type of learning, which may prohibit 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, and case studies. This type of learning has shown to increase patient safety and decrease errors, improve clinical judgment, and is useful for evaluating specific skills (Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014). 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). Cost may also be a significant factor, depending on whether Physical Exam Teaching Associates (PETA), Standardized Patients, or other individuals need to be hired as part of the course. When mechanical simulators are used, patient reactions to procedures are lost (Krishnan, Keloth, & Ubedulla, 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 to the student must be developed and consistently used (Meakim et al., 2013). To address the student's action or inaction in the simulation environment, the instructor should be thoroughly familiar with the scenarios. Successful simulation sessions require much preparation and cannot be loosely organized. Consultation with educators who use various methods of simulation is highly recommended.

Recommendations for Trainers/ Core Faculty Members

It is highly recommended that core faculty members include registered nurses who:

1. Have completed IPV-specific coursework that meets the IPV Nurse Examiner Education Guidelines;
2. Currently practice in an arena where they care for patients affected by IPV;
3. Attend and/or provide routine continuing education for maintaining currency of knowledge related to IPV; and
4. Actively collaborate with multidisciplinary representatives.

Didactic Content: Target Learning Topics

The following content outlines the educational framework for the forensic nurse caring for patients who have experienced intimate partner violence. These target learning topics serve as the minimum level of instruction required. The learning topics are grounded in the nursing process, ensuring that nurses from varied backgrounds are able to provide holistic and comprehensive care for this patient population. 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 this forensic nursing education is to provide registered nurses and advanced practice nurses with the knowledge and skills to provide comprehensive, patient-centered, evidence-based and trauma-informed, coordinated care to the patient experiencing, or suspected of experiencing, intimate partner violence.

I. Forensic Nursing Overview
II. Dynamics of Intimate Partner Violence
III. Medical Forensic Evaluation and Nursing Management
IV. Program/Operational Issues
V. Multidisciplinary Collaboration
VI. Legal Considerations and Judicial Proceedings

I. Forensic Nursing Overview

Learning Objective: Upon completing instruction in the following topics, the participant will have the knowledge required to incorporate fundamental forensic principles and practices into the nursing process when providing care for the patient who has experienced intimate partner violence.

    a. History and evolution of forensic nursing
    b. Role of the International Association of Forensic Nurses in establishing scope and standards of forensic nursing practice
    c. Role of the forensic nurse in caring for the patient who has experienced intimate partner violence
    d. Role of the forensic nurse in intimate partner violence education and prevention
    e. Key aspects of *Forensic Nursing: Scope and Standards of Practice*
    f. Professional and ethical conduct related to forensic nursing practice and care of IPV 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 forensic nursing practice
    h. Vicarious/secondary trauma, including identification and prevention in forensic nursing practice
    i. Key concepts associated with the use of evidence-based practice in the care of intimate partner violence patient populations

II. Dynamics of Intimate Partner Violence

Learning Objective: Upon completing instruction in the following topics, the participant will have the knowledge required to recognize the dynamics of intimate partner violence, which provide context for providing care for the patient who has experienced intimate partner violence. The forensic nurse uses this knowledge to educate the patient about the connection between violence and health, and to collaborate with the patient in identifying appropriate interventions and community referrals.

    a. Definition(s) of intimate partner violence
    b. Spectrum of violence and abuse across the lifespan
    c. Unique challenges for the patient experiencing IPV within particular populations, including (but not limited to):
        i. Adolescents
        ii. Patients who identify as LGBTQ+
        iii. Elder patients
        iv. Native/Aboriginal populations
        v. Immigrant/migrant/undocumented patients
        vi. Patients with communication/language barriers
        vii. Patients with disabilities
        viii. Rural/remote populations
        ix. Religious/faith communities
        x. Patients who are in the military
    d. State of the science related to IPV, including:

<div style="margin-left: 2em;">

    i.   Incidence and prevalence data—local, state, national, and international

    ii.   Clinical indicators of IPV

    iii.   Associated short- and long-term health consequences

    iv.   Barriers to service
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- i. Incidence and prevalence data—local, state, national, and international
- ii. Clinical indicators of IPV
- iii. Associated short- and long-term health consequences
- iv. Barriers to service
  - a) Individual
  - b) Systems
- v. Practice delivery models across healthcare settings
- vi. Effective interventions
- vii. Factors that increase vulnerability for IPV and co-occurring abuse
- viii. Lethality, dangerousness, and risk assessment
- ix. Safety and discharge planning and appropriate referrals
  - a) Key components of discharge and safety planning when the patient is returning to the situation/relationship
  - b) Key components of discharge and safety planning when the patient is leaving the situation/relationship
- x. Co-occurrence of child maltreatment
- xi. Co-occurrence of labor and/or sex trafficking, forced prostitution
- xii. Co-occurrence and spectrum of sexual violence and reproductive coercion in the context of IPV relationships

e. Biases and deeply held beliefs regarding intimate partner violence, abuse, and co-occurring violence

f. Key concepts of offender behavior and the effect on the patient who has experienced intimate partner violence

g. Delayed disclosure and recantation as common presentations in intimate partner violence and abuse

III. Medical Forensic Evaluation and Nursing Management

1. Patient Responses to IPV and Crisis Intervention

Learning Objective: Upon completing instruction in the following topics, the participant will have the knowledge required to identify the psychosocial impact of intimate partner violence on the patient. These topics underpin the foundational knowledge of the forensic nurse to appropriately assess, plan, implement, and evaluate care as well as to collaborate with the patient in identifying appropriate care goals and community care referrals.

a. Common psychosocial responses to intimate partner violence, abuse, and co-occurring violence

b. Acute and long-term psychosocial ramifications associated with intimate partner violence, abuse, and co-occurring violence

c. Emotional and psychological responses and sequelae following intimate partner violence, including the impact of trauma on memory, cognitive

functioning, and communication applicable to intimate partner violence patient populations

      i.   Key components of a suicide risk assessment

      ii.   Key components of a safety risk assessment

d. Diverse reactions that can be manifested in the patient following intimate partner violence

e. Risk factors for acute and chronic psychosocial sequelae in the patient following intimate partner violence, abuse, and co-occurring violence

f. Common concerns regarding reporting to law enforcement following intimate partner violence, abuse, and co-occurring violence and potential psychosocial ramifications associated with this decision

g. Culturally competent, holistic care of the patient who has experienced intimate partner violence, based on objective and subjective assessment data, patient-centered outcomes, and patient tolerance

h. Risk factors for nonadherence in the patient who has experienced intimate partner violence

i. Diverse psychosocial issues associated with underserved intimate partner violence patient populations, including

      i.   Adolescents

      ii.   Patients who identify as LGBTQ+

      iii.   Elder patients

      iv.   Native/Aboriginal populations

      v.   Immigrant/migrant/undocumented patients

      vi.   Patients with communication/language barriers

      vii. Patients with disabilities

      viii. Rural/remote populations

      ix.   Religious/faith communities

      x.   Military patients and dependents

j. Factors related to the patient's capacity to consent to services, such as age, cognitive ability, mental state, limited English proficiency, intoxication, and level of consciousness

k. 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

l. Techniques and strategies for interacting with the patient and their families following a disclosure of intimate partner violence, including but not limited to:

      i.   Empathetic and reflective listening

      ii.   Maintaining dignity and privacy

      iii.   Facilitating participation and control

      iv.   Respecting autonomy

      v.   Maintaining examiner objectivity and professionalism

2. Medical Forensic History Taking

Learning Objective: Upon completing instruction in the following topics, the participant will have the necessary knowledge required to accurately, objectively,

and concisely obtain medical forensic information from a patient who has experienced intimate partner violence.

   a. Key components of obtaining a comprehensive, developmentally appropriate patient history, including a focused review of systems with a patient, which can provide context for appropriate healthcare decisions and potential forensic implications, to include:
       i. Past medical history
       ii. Allergies
       iii. Medications
       iv. Recreational drug use
       v. Medical/Surgical history
       vi. Vaccination status
       vii. Anogenital-urinary history
       viii. Pregnancy history
       ix. Contraception usage
       x. Last menstrual period
       xi. Screening for IPV[5]
       xii. History of violence
           • Acute vs. non-acute acts
           • Date and time of event(s)
           • Location of event(s)
           • Assailant information
           • Use of weapons/restraints/threats
           • Use of recording devices (photographs or videos of the event)
           • Sexual assault (including determination of acute vs. non-acute)[6]
           • Strangulation
           • Other victims of violence in the home
   b. Difference between obtaining a medical forensic history and conducting a forensic interview, and the purpose of each
   c. Techniques for establishing rapport and facilitating disclosure while considering the patient's age, developmental level, tolerance, gender identity, and cultural differences
   d. Importance of using the medical forensic history to guide the physical assessment of the patient and evidence collection (if appropriate)
   e. Poly-victimization or co-occurrence of violence using the medical forensic history
   f. Importance of accurate and unbiased documentation of the medical forensic history

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[5] No assumption should exist that patients referred to forensic nursing programs have already disclosed a history of IPV. The patient may have been referred for *suspected* IPV and the forensic nurse will need to screen the patient for IPV as a component of the patient history. Therefore, IPV screening should be taught as an integral part of this section.

[6] Patients who disclose acute sexual assault should be offered appropriate sexual assault medical forensic services per local protocol, regardless of whether it is their chief presenting complaint.

g. Coordination between law enforcement representatives and forensic nurses regarding the logistics and boundaries of medical forensic history taking and investigative intent, where applicable

3. Physical Assessment and Specimen Collection

Learning Objective: Upon completing instruction in the following topics, the participant will have the knowledge required to perform in the role of the forensic nurse in assessing and identifying physical findings in the patient who has experienced intimate partner violence. The forensic nurse is responsible for using evidence-based practice as a framework for identifying and interpreting physical findings and for ensuring that the patient receive holistic, comprehensive, trauma-informed, patient-centered care that focuses on the nursing process, including evidentiary considerations and healthcare priorities and practices.

a. Culturally competent communication to assist the patient in making decisions about the examination process (including collection of physical/biological samples for evidentiary needs):
    i. Patient self-determination/autonomy
    ii. Informed consent
    iii. Mandatory reporting[7]
    iv. Use of interpreters
b. Identification of IPV across healthcare settings and patient populations
c. Use of a trauma-informed model of care[8] to minimize concerns about revictimization within the healthcare system
d. Comprehensive assessment that is age, gender identity, developmentally, and culturally appropriate, while considering the patient's tolerance, including
    i. Patient's general appearance, demeanor, cognition, and mental status
    ii. Body surfaces for physical findings
    iii. Assessment of violence (acute and long-term)
    iv. Related health consequences of IPV, including both direct (e.g., chronic injury) and indirect (e.g., untreated health conditions).
    v. Present safety concerns and needs
    vi. Safety of children/abuse of children/child witnessing (when applicable) or other vulnerable household members.
    vii. Dangerousness, lethality. and/or risk assessment, depending on the type of tool used[9]

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[7] Including when to disclose the limits of confidentiality related to mandatory reporting requirements.
[8] Trauma-informed care is defined as "an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives" (Agency for Healthcare Research and Quality, 2016).
[9] The Danger Assessment, developed by Jacqueline Campbell, is the recommended tool for healthcare providers. Having undergone rigorous psychometric testing, this instrument has been found to be valid and reliable, and is available in English and other languages (Johns Hopkins School of Nursing, 2020).

e. Mechanical and physical trauma and identification of each type
- i. Blunt force
- ii. Sharp force
- iii. Gunshot wounds
- iv. Strangulation
- v. Burns

f. Comprehensive strangulation assessment for the patient with known or suspected strangulation as a part of the history and/or physical findings

g. 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
- i) Burn
- j) Fracture

h. Multimethod approach for identifying and confirming physical findings, which may include:
- i. Peer review/expert consultation
- ii. Current evidence-based references and healthcare practice guidelines for the care of the patient who has experienced intimate partner violence
- iii. Circumstances that may necessitate specialty referral
- iv. Planning care using current evidence-based practice for the patient who has experienced intimate partner violence
- v. Employing clinical judgment to determine care
- vi. Individualized short- and long-term goals based on the physiological, psychological, sociocultural, spiritual, and economic needs of the patient who has experienced intimate partner violence
- vii. Critical thinking elements and evidence-based practice needed to correlate potential mechanisms of injury of anogenital and non-anogenital findings, including recognizing findings that may be the result of medical conditions or disease processes
- viii. Care prioritization based on assessment data and patient-centered goals
- ix. When to employ additional medical consultation and trauma intervention (e.g., OB/GYN, neuro, etc.)
- x. Coordinating comprehensive medical forensic care when the patient requires emergency surgical intervention

i. Identifies physical/biological evidence collection needs and collects, packages, and preserves the samples, as warranted

       i.   Appraisal of data regarding the assault details to facilitate complete and comprehensive medical forensic examination and evidence collection

      ii.   DNA samples

    iii.   Trace/non-biologic samples

    iv.   Chain of custody/procedures for maintaining samples

     v.   Identifying materials and equipment for sample collection, particularly in the absence of an evidence collection kit

    vi.   Evidence-based practice in obtaining evidentiary samples

j. Analyzes the safety issues of the patient and works with the patient and appropriate community partners to develop a comprehensive personalized safety plan

k. Identifies co-existing conditions that may impact both the clinical encounter and patient health outcomes

4. Medical Forensic Documentation

Learning Objective: Upon completing instruction in the following topics, the participant will have the knowledge to accurately, objectively, and concisely document findings and evidentiary specimens associated with intimate partner violence.

a. Roles and responsibilities of the forensic nurse in documenting the IPV medical forensic examination

b. Steps of the nursing process, including patient-centered care, needs, and goals

c. Differentiating and documenting sources of information provided

d. Documentation of sources/sites of evidence collection

e. Documentation of event history by quoting the patient's statements as much as possible

f. Documentation of outcry statement(s) made during the medical forensic examination

g. Differentiation between objective and subjective data;

h. Documentation using language that is free of judgment or bias

i. Processes related to medical forensic documentation that include quality improvement, peer review, and research/evidence-based practice

j. Legal considerations, including:

       i.   Regulatory or other accreditation requirements (see Legal Considerations section)

      ii.   Legal, regulatory, or other confidentiality requirements (see Legal Considerations section)

    iii.   Mandated reporting requirements (see Legal Considerations section)

    iv.   Informed consent and assent (see Legal Considerations section)

     v.   Continuity of care

k. Judicial considerations, including:

       i.   True and accurate representation

      ii.   Objective and unbiased evaluation

          iii.   Chain of custody
- l.   Key principles related to consent, access, storage, archiving, and retention of documentation for:
  - i.   Written/electronic medical records
  - ii.   Body maps/anatomic diagrams
  - iii.   Forms
  - iv.   Photographs (see Medical Forensic Photography section)
- m. 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)
- n. Sharing medical forensic documentation with other treatment providers
- o. Patient access to the medical forensic record
- p. Release, distribution, and duplication of medical forensic records, including photographic images and evidentiary material
- q. Any potential cross-jurisdictional issues
- r. Procedures to safeguard patient privacy and the transfer of evidence/information to external agencies according to institutional protocol
- s. Explanation of laws and institutional policy that have domain over the protection of patient records and information
- t. 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)

5. Medical Forensic Photography

Learning Objective: Upon completing instruction in the following topics, the participant will have the knowledge required to accurately and objectively document through the use of medical forensic photography the physical and evidentiary findings in the patient who has experienced intimate partner violence.

- a. Importance of obtaining informed consent and assent for photography
- b. Impact of abuse involving photography/images on a patient's experience with photo-documentation
- c. Potential legal issues related to photography (e.g., use of filters; alterations to images; use of unauthorized camera equipment, such as personal cell phones or law enforcement's camera)
- d. Physical findings that warrant medical forensic photographic documentation
- e. Biologic and/or trace evidentiary findings that warrant photographic documentation
- f. Physiological, psychological, sociocultural, and spiritual needs of the patient that warrant medical forensic photography following intimate partner violence
- g. Options for obtaining medical forensic photographs, including types of digital imaging equipment
- h. Variables affecting the clarity and quality of photographic images, including skin color, type and location of finding, lighting, aperture, and film speed

i. Key photography principles, including obtaining consent, obtaining images that are relevant, ensuring photos are true and accurate representations of the subject matter, and are necessary and not simply inflammatory
j. Photography principles as they relate to the types of images required by judicial proceedings, including overall orientation, close-up, and close-up with forensic scale/ruler photographs
k. Photography prioritization based on assessment data and patient-centered goals
l. Adapting photography to accommodate patient needs and preferences
m. Selecting the correct media for obtaining photographs based on the type of physical or evidentiary finding(s) warranting photographic documentation
n. Situations that may warrant follow-up photographs
o. Storage, access, and the appropriate release and use of photographs taken during the medical forensic examination
p. Legal and confidentiality issues related to photographic documentation
q. Peer review of photographs to ensure quality and accurate interpretation of photographic findings

6. Discharge and Follow-Up Planning

Learning Objective: Upon completing instruction in the following topics, the participant will have the knowledge to develop, prioritize, and facilitate appropriate discharge and follow-up plans of care for the patient who has experienced intimate partner violence based on the patient's individual needs and consideration of the patient's age, safety, developmental level, cultural values, and geographic differences.

a. Providing resources that address the specific safety, medical, and forensic needs of the patient who has experienced intimate partner violence
b. Individualizing the discharge plan and follow-up care based on medical, forensic, and patient priorities, as well as safety issues
c. Facilitation of access to multidisciplinary collaborative agencies
d. Modifying and facilitating plans for treatment, referrals, and follow-up care based on the patient's needs, safety issues, and concerns
e. Generating, communicating, evaluating, and revising individualized short- and long-term goals related to discharge (including safety) and follow-up needs
f. Determining and communicating follow-up and discharge needs (including safety) based on evidence-based practice, recognizing differences related to age, developmental level, cultural diversity, and geography

IV. Program/Operational Issues

Learning Objective: Upon completing instruction in the following topics, the participant will have the knowledge to develop and evaluate program components to ensure comprehensive care of the patient who has experienced intimate partner violence.

a. Policies and procedures that guide care of the patient who has experienced intimate partner violence
b. Policies and procedures that address the safety of staff
c. Use of body-worn cameras by law enforcement in the healthcare setting
d. Compliance with local and regional privacy regulations for all patients
e. Consistent quality assurance/improvement processes
f. Peer/case review as a tool for maintaining current and competent practice
g. Evidence-based practice models of care
h. Billing procedures that account for patient safety and privacy concerns
i. New program development vs. expanding forensic nursing services
j. Evaluating services

V.   Multidisciplinary Collaboration

Learning Objective: Upon completing instruction in the following topics, the participant will have the foundational knowledge to effectively interact and collaborate with professionals in both an intra- and interdisciplinary way to enhance the care of the patient who has experienced intimate partner violence.

a. The multidisciplinary team in IPV cases
   i. Role of the victim advocate and differences between community-based and law enforcement- (or prosecution-) based advocates
   ii. Population-specific organizations
   iii. Law enforcement agencies
   iv. Prosecutors
   v. Defense attorneys
   vi. Civil attorneys in IPV cases
   vii. Other professionals who may enhance the response to the patient who has experienced IPV, including immigration experts, faith leaders, social service agency professionals and others, as appropriate
b. Key strategies to initiate and maintain effective communication and collaboration among multidisciplinary team members while maintaining patient privacy and confidentiality
c. Collaboration within the local healthcare community
   i. Receiving patients from, and providing consultation for, outside clinicians
   ii. Referring patients to clinicians for consultation and follow-up care
   iii. Strategies for communication while maintaining patient privacy and confidentiality
d. Analyzes model team approaches to IPV, including:
   i. Coordinated Community Response (CCR) teams
   ii. Family Justice Centers (FJC)
   iii. Domestic Violence Response Teams

VI. Legal Considerations and Judicial Proceedings

Learning Objective: Upon completing instruction in the following topics, the participant will have the foundational knowledge required to effectively consider legal requirements that affect the provision of care to the patient who has experienced intimate partner violence and to provide objective, accurate, evidence-based testimony in judicial proceedings.

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 examination in adult and adolescent patient populations
      iii. Differences between legal requirements associated with consent or declination of medical care vs. 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. Potential consequences of reporting options and assisting the patient with informed decision-making
      vii. Potential consequences of withdrawal of consent and/or assent and the need to explain this to the patient while respecting and supporting their decisions
      viii. Coordinating with other providers to support patient choices for medical forensic examination and consent
      ix. Procedures to follow when the patient is unable to consent
      x. The critical importance of never performing the medical forensic examination against the will of the patient
      xi. Physiological, psychological, sociocultural, spiritual, and economic needs of the patient who has experienced intimate partner violence that may affect informed consent procedures
2. Reimbursement
   a. Crime Victim Compensation/reimbursement options that are associated with the provision of a medical forensic examination in cases of adult and adolescent intimate partner and sexual violence as applicable
   b. Reimbursement procedures and options
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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Health Insurance Portability and Accountability Act (HIPAA) or other applicable confidentiality legislation
Key concepts associated with informed consent and the release of protected health information
Physiological, psychological, sociocultural, spiritual, and economic needs of the patient who has experienced intimate partner violence 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 for the patients who has experienced intimate partner violence, including:
      i. Emergency Medical Treatment and Active Labor Act (EMTALA) or other applicable legislation
      ii. Required procedures to secure informed consent and informed declination in accordance with applicable legislation
      iii. Required procedures to transfer or discharge/refer a patient in accordance with applicable legislation
      iv. Prioritizing and securing medical treatment as indicated by specific presenting chief complaints
      v. Physiological, psychological, sociocultural, spiritual, and economic needs of the patient who has experienced intimate partner violence that may affect medical procedures

5. Mandated Reporting Requirements
   a. Legal requirements associated with mandated reporting requirements in adult and adolescent patient populations
   b. Mandatory reporting requirement procedures and options for adult and adolescent patient populations
   c. Reporting requirements for child witnessing, child abuse, and violence or threats of violence toward other household members
   d. Physiological, psychological, sociocultural, spiritual, and economic needs of the patient that has experienced intimate partner violence that may affect mandated reporting requirement procedures
   e. The ethics of informing the patient about any mandatory reporting

6. Judicial Proceedings
   a. Role of the forensic nurse in judicial and administrative proceedings, including:
      i. Civil vs. criminal court proceedings
      ii. Federal and tribal court proceedings
   b. Role of the forensic nurse in an array of judicial and administrative proceedings, including:
      i. Administrative/university proceedings
      ii. Title IX hearings
      iii. Military and court martial proceedings
      iv. Matrimonial/divorce hearings
      v. Child custody proceedings

      vi.   Housing court

      vii.   Hearings for orders of protection

c. Legal definitions associated with intimate partner violence
d. Case law and judicial precedence that affect the provision of testimony in judicial proceedings, such as:
      i.   Admissibility or other applicable laws specific to the area of practice
      ii.   Rules of evidence or other applicable laws specific to the area of practice
      iii.   Hearsay or other applicable laws specific to the area of practice
e. Differences between civil and criminal judicial proceedings, including applicable rules of evidence
f. Differences between the roles and responsibilities of fact vs. expert witnesses in judicial proceedings
g. Differences between judge vs. jury trials
h. Components of the criminal justice system and the process by which a case moves through the system.
i. Terminology related to judicial processes:
      i.   Indictment
      ii.   Arraignment
      iii.   Plea agreement
      iv.   Sentencing
      v.   Deposition
      vi.   Subpoena
      vii.   Direct examination
      viii.   Cross-examination
      ix.   Objections
j. Forensic nurse's role in judicial proceedings, including:
      i.   Educating the fact finder
      ii.   Providing effective testimony
      iii.   Demeanor and appearance
      iv.   Objectivity
      v.   Accuracy
      vi.   Evidence-based testimony
      vii.   Professionalism
k. Key processes associated with pretrial preparation

Clinical Content: Target Competencies[10]

Clinical preceptorships are an integral part of the learning process that allow for application of didactic content and skill development in a mentoring environment. The required clinical experience is in addition to the didactic course. It is recommended that this preceptorship be completed with the guidance of a forensically experienced advanced practice provider or forensically experienced registered nurse who routinely identifies and manages patients who are experiencing IPV.

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 & 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 forensic nurse 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. In addition, because of a lack of knowledge and education, clinicians often miss signs of IPV (DeBoer, Kothari, Kothari, Koestner, & Rhose, 2013). For these reasons, and given the complex nature of IPV, simulation training plays a key role in preparing the forensic nurse for the clinical skills necessary to effectively manage the patient who has experienced IPV.

Bryant and Benson (2015) used simulation to educate nursing students in the management of patients who had experienced elder abuse and IPV. Although the students initially required encouragement to complete thorough physical assessments, missing many findings of possible abuse, feedback from instructors and standardized

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[10] Adapted from International Association of Forensic Nurses. (2018). *Sexual assault nurse examiner (SANE) education guidelines*. Elkridge, MD: IAFN.

assessment tools resulted in improved physical assessments and student self-reports that the experience was both beneficial and effective. Williams and Song (2016) conducted a scoping review of the literature where they asked the question: "Are simulated patients effective in facilitating the development of clinical competence for healthcare students?" (p. 3). In this review, the authors looked at technical skills (examination skills), non-technical skills (communication and interpersonal skills) and cognitive skills (reasoning and decision-making) (pp. 5-6). Of the 33 published articles selected for review, the majority showed simulation as effective in development of technical skills, communication, interpersonal skills, and decision-making (p. 7).

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:

Clinical experience with the IPV patient population, while the nurse is being precepted by a forensically experienced advanced practice provider or a forensically experienced registered nurse who routinely identifies and manages patients who are experiencing IPV; and/or

Approach 2:

Simulated patient experiences using standardized patients, while the nurse is being precepted by a forensically experienced advanced practice provider or a forensically experienced registered nurse who routinely identifies and manages patients who are experiencing IPV. The standardized patient may be a living simulated patient or mannequin so long as the "patient" can provide real-time feedback and answers to history-taking questions.

The following clinical education content identifies the framework for the forensic nurse who cares for the patient who has experienced IPV. 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:
Upon completing the clinical learning experience, the participant will possess the foundational knowledge and skills required to perform a comprehensive IPV evaluation for the patient who has experienced intimate partner violence.

   a. Effectively screening for and identifying IPV
   b. Presenting examination options and developmentally appropriate patient–nurse dialogue necessary for obtaining informed consent from adult and adolescent patient populations

c. 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

d. Explaining procedures associated with confidentiality and its limits Identifying circumstances where mandatory reporting is necessary and explaining the procedures associated with mandatory reporting to adult and adolescent patient populations

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

f. Explaining medical screening procedures and options

g. Evaluating the effectiveness of the established plan of care regarding medical evaluation/nursing assessment/treatment and modifying or adapting to meet the patient's needs based on changes in data collected throughout the nursing process

h. Evaluating the effectiveness of the established plan of care regarding mandatory reporting requirements and modifying or adapting based on changes in data collected throughout the nursing process

i. Identifying critical elements in the medical forensic history and review of systems and demonstrating effective history-taking skills

j. Demonstrating a complete head-to-toe assessment

k. Collecting and preserving evidence (dependent on local practice, indications by history, and patient consent)

l. Articulating rationales for the specific type and manner of evidentiary specimen collection

m. Packaging evidentiary materials

n. Sealing evidentiary materials

o. Articulating rationales for the packaging and sealing of evidentiary material

p. Maintaining chain of custody for evidentiary materials

q. Articulating the rationale for maintaining proper chain of custody

r. Demonstrating knowledge of consent, storage, confidentiality, and the appropriate release and use of photographs taken during the medical forensic examination

s. Obtaining overall orientation, close-up, and close-up with forensic scale/ruler images for medical forensic photo-documentation to provide a true and accurate reflection of the subject matter

t. Evaluating the effectiveness of the established plan of care and modifying or adapting care based on changes in data collected throughout the nursing process

u. Demonstrating patient–nurse dialogue establishing follow-up care and discharge instructions

v. Identifying discharge and follow-up concerns related to age, safety concerns, developmental level, cultural diversity, and geographic differences

w. 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

x. Prioritizing the need for and implementation of crisis intervention strategies based on assessment findings following intimate partner violence

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

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

      ii. Diagnosis—analyzes the data to determine diagnoses or issues;

      iii. Outcome Identification—identifies individualized patient outcomes based on patient need;

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

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

      vi. Evaluation—evaluates progress toward outcome attainment (American Nurses Association, n.d.).

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

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Appendix 1: Intimate Partner Violence Medical Forensic Examination Initial Competency Validation Form

Learning Outcome for Clinical Education: Upon completing the clinical learning experience, participants will possess the foundational knowledge and skill required to perform an intimate partner violence medical forensic examination as a forensic nurse for adult/adolescent populations within their community.

Competence	Satisfactory Performance (initial/date)	Unsatisfactory Performance (initial/date)	Notes
1. Explains the availability of local, confidential IPV crisis services, and where available, makes introductions allowing for privileged communication regarding available services			
2. Describes circumstances where mandatory reporting (limits of confidentiality) is necessary and explains the procedures associated with mandatory reporting to adult and adolescent patient populations prior to full assessment of the suspected IPV patient			
3. Presents examination options and demonstrates developmentally appropriate dialogue to obtaining informed consent from adult and adolescent patient populations, assuring patient care will not be compromised if portions of examination are declined			
4. Evaluates the effectiveness of the established plan of care regarding consent, modifying or adapting based on assessment of the patient's capacity, developmental level and individual choices			
5. Evaluates the effectiveness of the established plan of care regarding clinical evaluation and treatment			
6. Demonstrates obtaining a thorough history (including past medical			

Competence	Satisfactory Performance (initial/date)	Unsatisfactory Performance (initial/date)	Notes
history, review of systems and event and/or relationship history)			
7. Identifies critical elements in the medical forensic history and review of systems that will impact care			
8. Demonstrates a complete head-to-toe assessment			
9. Assesses for and demonstrates a complete strangulation assessment[1] when strangulation has been identified or is suspected Refer to Appendix 2 for Strangulation Competency			
10. Assesses for and demonstrates a complete sexual assault examination when acute sexual assault is identified Refer to Appendix 3 for Sexual Assault Examination Competency			
11. Demonstrates using a lethality assessment tool to identify risk factors and protective factors that will impact patient education and discharge planning[2]			
12. Lethality assessment should be conducted in a manner that is consistent with trauma informed care (ie. determining safety needs and discharge planning)			
13. Collects and preserves specimens as evidence (dependent on local practice and indications by history and physical exam), including:			
a. Buccal swabs			
b. Bite mark swabbing			
c. Neck/Other body surface swabbing			
d. Fingernail clippings/swabbings			

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[1] When the patient discloses or there is suspicion of strangulation
[2] https://www.dangerassessment.org/

Competence	Satisfactory Performance (initial/date)	Unsatisfactory Performance (initial/date)	Notes
e. Clothing			
14. Explains rationale behind the specific type and manner of evidentiary specimen collection			
15. Packages evidentiary material appropriately			
16. Seals evidentiary material appropriately			
17. Explains rationale for the packaging and sealing of evidentiary material			
18. Explains the process of maintaining chain of custody for evidentiary materials			
19. Explains rationale for maintaining proper chain of custody			
20. Demonstrates how to modify evidence collection techniques based on the patient's age, developmental/cognitive level, and tolerance			
21. Identifies photo-documentation needs Refer to Appendix 4 for Photo-documentation Competency			
22. Evaluates the effectiveness of the established plan of care, modifying or adapting based on changes in data collected throughout the nursing process			
23. Demonstrates effective patient-nurse dialogue establishing follow-up care and discharge instructions			
24. Plans for discharge and follow-up concerns related to age, developmental level, cultural diversity, geographic differences and availability of services			
25. Identifies appropriate discharge referrals related to healthcare, advocacy and criminal justice needs.			
26. Identifies the difference in safety planning for the patient who:			

Competence	Satisfactory Performance (initial/date)	Unsatisfactory Performance (initial/date)	Notes
Is returning to the relationship			
Will attempt to leave the relationship			
Has left the relationship			
27. *Evaluates the effectiveness of established discharge and follow-up plans of care*			

The nursing process as defined by the American Nurses Association (2014), including assessment, diagnosis, outcome identification, planning, implementation and evaluation are incorporated throughout this competency tool.

Name of Examiner (Print)

Name of Preceptor #1 & Credentials (Print/Initials)

Name of Preceptor #2 & Credentials (Print/Initials)

Name of Preceptor #3 & Credentials (Print/Initials)

Name of Preceptor #4 & Credentials (Print/Initials)

Name of Preceptor #5 & Credentials (Print/Initials)

Appendix 2: Strangulation Evaluation Initial Competency Validation Form

Learning Outcome for Clinical Education: Upon completing the clinical learning experience, participants will possess the foundational knowledge and skill required to perform a strangulation examination as a forensic nurse for adult/adolescent populations within their community.

Competence	*Satisfactory Performance (initial/date)*	*Unsatisfactory Performance (initial/date)*	*Notes*
1. Explains the limitations of confidentiality in regards to the medical documentation (depending on patient reporting choices and/or local laws)			
2. *Describes circumstances where mandatory reporting (limits of confidentiality) is necessary and explains the procedures associated with mandatory reporting to the patient prior to full strangulation assessment*			
3. *Explains the rationale behind the strangulation assessment*			
4. *Presents examination options and developmentally appropriate patient-nurse dialogue necessary to obtaining informed consent from adult and adolescent patient, populations, assuring patient care will not be compromised if portions of examination are declined*			
5. *Evaluates the effectiveness of the established plan of care regarding consent and modifying or adapting based on assessment of the patient's capacity and developmental level from data collected throughout the nursing process, including patient choices*			
6. *Evaluates the effectiveness of the established plan of care regarding confidentiality and modifying or adapting based on assessment of the patient's capacity and*			

Competence	Satisfactory Performance (initial/date)	Unsatisfactory Performance (initial/date)	Notes
developmental level from data collected throughout the nursing process, including patient choices			
7. Evaluates the effectiveness of the established plan of care regarding clinical evaluation and treatment			
8. Evaluates the effectiveness of the established plan of care regarding mandatory reporting requirements and modifying or adapting based on changes in data collected throughout the nursing process			
9. Demonstrates obtaining a thorough history (including past medical history, review of systems and event history) rewording questions to the appropriate developmental level of the patient			
10. Demonstrates obtaining a history from presenting caregiver(s) for cognitively impaired, obtunded or unconscious patients			
11. Identifies critical elements in the medical forensic history and review of systems that may impact care			
12. Demonstrates a complete head-to-toe assessment			
Demonstrates a complete strangulation assessment			
14. At a minimum, assesses for:			
a) Voice changes			
b) Swallowing changes			
c) Breathing changes			
d) Neurological findings			
e) Neck swelling			
f) Miscarriage/Pregnancy g) FHT/LMP when appropriate			
h) Lung injuries			
i) Other symptoms (acid reflux, etc.)			

Competence	Satisfactory Performance (initial/date)	Unsatisfactory Performance (initial/date)	Notes
j) Pain/discomfort/tenderness			
15. Examines the head, face, neck, and chest completely, using 360 degrees			
16. Closely examines the sclera, conjunctiva, lips, oral cavity, palate, ears, and scalp			
17. Completes comprehensive strangulation assessment documentation to include:			
a) Written documentation form			
b) Body mapping of injuries			
c) Photo-documentation Refer to Appendix 4 for Photo-documentation Competency			
18. Completes optional facility/program procedures:			
a) Mannequin demonstration			
b) Use of alternative light source/ultraviolet light for enhancement of visual bruises (not to be used to identify bruises that cannot be seen)			
c) Neck circumference measurement			
19. Collects and preserves specimens as evidence as applicable or if indicated (dependent on local practice and indications by history and physical assessment), including but not limited to:			
a. Buccal swabs			
b. Neck swabs			
c. Dried and moist secretions (foreign stains)			
d. Fingernail clippings/swabbings/scrapings			
e. Clothing			

Competence	Satisfactory Performance (initial/date)	Unsatisfactory Performance (initial/date)	Notes
20. Explains rationales behind the specific type and manner of evidentiary specimen collection			
21. Packages evidentiary materials appropriately			
22. Seals evidentiary materials appropriately			
23. Explains rationales for the packaging and sealing of evidentiary material			
24. Explains how to maintain chain of custody for evidentiary materials			
25. Explains rationale for maintaining proper chain of custody			
26. Demonstrates how to modify evidence collection techniques based on the patient's age, developmental/cognitive level, and tolerance			
27. Considers and collaborates appropriately to meet imaging needs If evaluation results indicate			
28. Considers and collaborates appropriately to meet admission or observation needs if evaluation results indicate			
29. Evaluates the effectiveness of the established plan of care and modifying or adapting care based on changes in data collected throughout the nursing process			
30. Demonstrates effective patient-nurse dialogue establishing follow-up care and discharge instructions associated with strangulation			
31. Plans for discharge and follow-up concerns related to age, developmental level, cultural diversity, geographic differences and availability of services			
32. Identifies appropriate discharge referrals related to healthcare, advocacy and criminal justice needs/desires			

Competence	Satisfactory Performance (initial/date)	Unsatisfactory Performance (initial/date)	Notes
33. 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			
34. Prioritizes the need for and implementation of crisis intervention strategies based on assessment findings			

The nursing process as defined by the American Nurses Association (2014), including assessment, diagnosis, outcome identification, planning, implementation and evaluation are incorporated throughout this competency tool.

_____   _____
Name of Examiner (Print)   *Name of Preceptor #1 & Credentials (Print/Initials)*

_____   _____
Name of Preceptor #2 & Credentials (Print/Initials)   *Name of Preceptor #3 & Credentials (Print/Initials)*

_____   _____
Name of Preceptor #4 & Credentials (Print/Initials)   *Name of Preceptor #5 & Credentials (Print/Initials)*

Appendix 3: Photo-documentation Competency Validation Form

Learning Outcome for Clinical Education: Upon completing the clinical learning experience, participants will possess the foundational knowledge and skill required to perform photo-documentation as a component of a comprehensive medical forensic examination.

Competence	Satisfactory Performance (initial/date)	Unsatisfactory Performance (initial/date)	Notes
1. Explains medical forensic photography procedures and rationale including:			
a. Purpose (medical documentation)			
b. Procedures			
c. Potential uses for health care			
d. Potential use for criminal justice needs			
2. Articulates facility policy and procedure related to storage of images			
3. Articulates facility policy and procedure related to disposition (release) of images			
4. Demonstrates developmentally appropriate patient-nurse dialogue necessary to obtaining informed consent from adult and adolescent patient populations), assuring patient care will not be compromised if photo-documentation is declined			
5. Evaluates the effectiveness of the established plan of care regarding consent and modifying or adapting based on assessment of the patient's capacity and developmental level from data collected throughout the nursing process, including patient choices			
6. Considers patient support and/or privacy needs by offering support person of patient's choice and			

Competence	Satisfactory Performance (initial/date)	Unsatisfactory Performance (initial/date)	Notes
inquiring if privacy is preferred			
7. Identifies photo-documentation needs for: - Body surface injury - Ano-genital assessment - Strangulation assessment - Evidentiary considerations (IE- trace evidence, damaged clothing, blood spatter, clothing when patient opts out of clothing collection)			
8. Links patient's identity and the date to the obtained series of photographs			
9. Drapes patient appropriately for each photograph, taking into consideration patient privacy, modesty and comfort			
10. Uses shutter speed and lens aperture to control exposure when relevant to available equipment)			
11. Uses adequate lighting/troubleshoots lighting issues such as shadows or washout			
12. Keeps the plane of the camera parallel to the plane of the object being documented			
13. Maintains sharp focus			
14. Photographs trace evidence before moving or collecting			
15. When there are injuries present that require cleaning, photographs show before and after cleaning, as well as before and after repair			
16. Demonstrates orientation of images			
a. Overview image of each injury, including easily identifiable anatomic landmarks, to show injury orientation to a body region			

Competence	Satisfactory Performance (initial/date)	Unsatisfactory Performance (initial/date)	Notes
b. Medium range image of each injury, providing wide enough view to identify anatomical site being photographed as well as the specific injury			
c. Close up image of each injury, using a macro lens or setting to capture subtleties in texture, color and, when present, pattern			
d. Close up image of each injury using a scale (for size reference), with uninjured body surface area visible between the injury and scale			
17. Demonstrates corresponding written documentation of each injury in the medial record utilizing			
a. Body diagrams			
b. Written description describing injury type, size, color and other relevant details (bleeding, pain, patient history of how injury was obtained, etc.)			
18. Considers and follows facility policy regarding images obtained during ano-genital examination when relevant			
19. Considers and follows facility policy regarding images obtained during strangulation assessment (refer to strangulation competency assessment as appropriate)			
20. Demonstrates how to modify photo-documentation techniques based on the patient's age, developmental/cognitive level, and tolerance			
21. Evaluates the need for potential follow up photographs and develops a plan with the patient to obtain them			
22. Demonstrates effective patient-nurse dialogue establishing follow-up care and discharge instructions			

Competence	Satisfactory Performance (initial/date)	Unsatisfactory Performance (initial/date)	Notes
associated with photo-documentation			
23. Incorporates nursing process as a foundation of the nurses' decision-making, including:			
a. Assessment-collecting data pertinent to the patient's health and situation;			
b. Diagnosis-analyzing the data to determine diagnosis or issues;			
c. Outcome Identification-identifies individualized patient outcomes based on patient need;			
d. Planning-develops a plan that prescribes strategies to attain the expected outcomes;			
e. Implementation-implements the plan, including any coordination of care, patient teaching, consultation, prescriptive authority and treatment; and			
f. Evaluation-evaluates progress toward outcome attainment. (ANA, 2010)			

The nursing process as defined by the American Nurses Association (2014), including assessment, diagnosis, outcome identification, planning, implementation and evaluation are incorporated throughout this competency tool.

_____   _____
Name of Examiner (Print)   Name of Preceptor #1 & Credentials
                                                          (Print/Initials)

_____   _____
Name of Preceptor #2 & Credentials   Name of Preceptor #3 & Credentials
        (Print/Initials)   (Print/Initials)

Name of Preceptor #4 & Credentials (Print/Initials)		Name of Preceptor #5 & Credentials (Print/Initials)

Appendix 4: Ano-Genital Photo-documentation Competency Validation Form

Learning Outcome for Clinical Education: Upon completing the clinical learning experience, participants will possess the foundational knowledge and skill required to perform ano-genital photo-documentation as a component of a comprehensive medical forensic examination.

Competence	*Satisfactory Performance (initial/date)*	*Unsatisfactory Performance (initial/date)*	*Notes*
1. *Explains forensic photography procedures and rationale including:*			
a. *Purpose (medical documentation)*			
b. *Procedure*			
c. *Potential uses for health care*			
d. *Potential use for criminal justice needs*			
2. *Articulates facility policy and procedure related to storage of images*			
3. *Articulates facility policy and procedure related to disposition (release) of images*			
4. *Demonstrates developmentally appropriate patient-nurse dialogue necessary to obtaining informed consent from adult and adolescent patient populations (and assent for pediatric patients), assuring patient care will not be compromised if photodocumentation is declined*			
5. *Evaluates the effectiveness of the established plan of care regarding consent and modifying or adapting based*			

Competence	Satisfactory Performance (initial/date)	Unsatisfactory Performance (initial/date)	Notes
on assessment of the patient's capacity and developmental level from data collected throughout the nursing process, including patient choices			
6. Considers the impact of abuse involving photography/images on a patient's experience with photodocumentation and determines when photography is more of a detriment to the patient than a benefit			
7. Considers patient support and/or privacy needs by offering support person of patient's choice and inquiring if privacy is preferred			
8. Links patient's identity and the date to the obtained series of photographs			
9. Drapes patient appropriately, taking into consideration patient privacy, modesty and comfort			
10. Captures all ano-genital structures			

Competence	Satisfactory Performance (initial/date)	Unsatisfactory Performance (initial/date)	Notes
Female			
a. Mons pubis			
b. Labia majora			
c. Perineum			
d. Anus			
e. Clitoral hood and clitoris			
f. Labia minora			
g. Fossa navicularis			
h. Posterior fourchette			
i. Urethra			
j. Hymen			
k. Vaginal opening and vagina (in post pubertal patients)			
l. Cervix (in post pubertal patients)			
Male			
a. Mons pubis			
b. Perineum			
c. Anus			
d. Anterior penile shaft and glans			
e. Urethra			
f. Posterior penile shaft and glans			
g. Retracts foreskin in			

Competence	Satisfactory Performance (initial/date)	Unsatisfactory Performance (initial/date)	Notes
uncircumcised males (only performs in prepubescent males if foreskin easily retracts)			
h. Scrotum			
11. Maintains sharp focus			
12. Photographs trace evidence before moving or collecting			
13. When injury, discharge or blood is present and requires cleaning, photographs should show before and after cleaning, as well as before and after any repair			
14. Demonstrates corresponding written documentation of each injury in the medial record utilizing:			
a. Body diagrams			
b. Written description describing injury type, size, color and other relevant details (bleeding, pain, patient history of how injury was obtained, etc.)			
15. Considers and follows facility policy regarding images obtained during ano-genital examination			
16. Develops a plan with the patient to obtain follow up photographs when warranted			
17. Demonstrates effective patient-nurse dialogue establishing follow-up care and discharge instructions associated with photodocumentation			
18. Incorporates nursing process as			

Competence	Satisfactory Performance (initial/date)	Unsatisfactory Performance (initial/date)	Notes
a foundation of the nurses' decision-making, including:			
a. Assessment-collecting data pertinent to the patient's health and situation;			
b. Diagnosis-analyzing the data to determine diagnosis or issues;			
c. Outcome Identification-identifies individualized patient outcomes based on patient need;			
d. Planning-develops a plan that prescribes strategies to attain the expected outcomes;			
e. Implementation-implements the plan, including any coordination of care, patient teaching, consultation, prescriptive authority and treatment; and			
f. Evaluation-evaluates progress toward outcome attainment. (ANA, 2010)			

_____   _____

Name of Examiner (Print)   *Name of Preceptor #1 & Credentials*

Name of Preceptor #2 & Credentials *(Print/Initials)*	*Name of Preceptor #3 & Credentials* *(Print/Initials)*
Name of Preceptor #4 & Credentials *(Print/Initials)*	*Name of Preceptor #5 & Credentials* *(Print/Initials)*