

CHAPTER ONE

Forensic Nursing Science

Virginia A. Lynch

This chapter defines the evolving field of forensic nursing, introduces an innovative framework for the provision of forensic health care, and identifies the opportunities and challenges inherent in the development of forensic nursing practice.



CHAPTER FOCUS

- » History and Development
- » Forensic Nursing Defined
- » Advent of Forensic Nursing
- » A Framework to Guide Forensic Nursing Practice
- » Roles and Responsibilities of Forensic Nurses
- » Present and Future Trends

KEY TERMS

- » clinical forensic practice
- » forensic case management
- » forensic health care
- » forensic nursing
- » forensic patient/client
- » International Association of Forensic Nurses
- » multidisciplinary team approach

Introduction

Forensic nursing is an innovative and evolving nursing specialty that seeks to address healthcare issues that have a medicolegal component. Although forensic nursing has been practiced informally by nurses in various sectors for many years, it has only recently been recognized formally in response to an increasing level of sophistication in identifying its unique body of knowledge.

Crime and violence bring together two of the most powerful systems that impact the daily lives of citizens throughout the world: health and justice. Violent crime and its associated trauma are issues that concern physicians, nurses, attorneys, judges, sociologists, psychologists, social workers, forensic and political scientists, advocates, and activists, as well as criminal justice agencies. No one from any of these disciplines can continue to work in isolation. Effective **forensic case management** has been hampered by lack of sufficient policy and legislation to ensure protection of patients' legal, civil, and human rights. Reducing and preventing human violence requires a multidisciplinary, multidirectional approach.

This new nursing specialty is evolving in response to the healthcare issues presented by criminal violence. This chapter will introduce an innovative framework for forensic health care and for the nurse's role in processing victims, perpetrators, and families through the health and justice systems. In partnership with the forensic medical sciences and the criminal justice system, the emerging discipline of forensic nursing science is assuming responsibility for those affected by human violence and liability-related accidents.

The forensic nurse examiner as clinical investigator represents one member of an alliance of healthcare providers, law enforcement officials, and forensic scientists joined in a holistic approach to the study and intervention of physical, psychological, and sexual violence. While the role of a forensic nurse specialist augments and enhances traditional nursing with exciting and intellectually stimulating responsibilities, it also brings with it a new identity, new language, new terms, and new definitions. It expands the traditional concept of holistic practice—*body, mind, spirit*—to include *the law* (Lynch, 2006).

It is important to emphasize that the forensic nurse does not serve as a criminal investigator; this function remains outside the boundaries of nursing practice. Forensic nurses do not compete with, replace, or supplant other practitioners—rather, they fill voids by performing select forensic tasks in cooperation with other health and justice professionals. Forensic nursing brings to forensic medicine a perspective that historically has been absent, providing the practice with a uniquely qualified clinician who blends biomedical knowledge with an understanding of the basic principles of law and human behavior.

The conceptual framework for the forensic nursing specialty has evolved from society's need to reduce and prevent interpersonal violence and criminal behavior. Benefits derived from clinical forensic intervention, collection, and preservation of forensic evidence, effective sexual assault examinations, identification and reporting of abuse, investigation of suspicious deaths, court-ordered mental health evaluations, and expert testimony by forensically skilled experts in nursing are clearly recognized. These forensic services have been historically absent or insufficient as a result of the failure to integrate the practice of clinical forensic medicine or the principles of forensic pathology into traditional clinical medicine and nursing curricula.

Background Perspectives

Daily, nurses are faced with the extremes of human behavior—child abuse, domestic violence, crimes against the elderly, catastrophic accidents, self-inflicted injuries, blatant neglect, and maltreatment. These incidents must be reported to a law enforcement agency and investigated. Special skills are also required of nurses who provide treatment to or court-ordered assessments of patients in legal custody. As trends in crime and violence change, new legislation is implemented as a means of antiviolence strategies; new resources are required in order to meet the needs of a society at war against crime. Nurses have been challenged to conjoin patient care with the legal system in order to augment resources available to patients with liability-related injuries, mentally disordered offenders, crime victims, and suspects or offenders in police custody.

Forensic nursing represents a new perspective on the holistic approach to legal issues surrounding patient care in clinical or community-based settings. The application of forensic science to contemporary nursing practice allows practitioners a wider role in the clinical investigation of crime and the legal process that contributes to public health and safety (Lynch, 1995). It is not surprising that there is strong support for nurse specialists

who possess the combination of knowledge and skills required to go beyond the traditional treatment of forensic patients to fulfill today's requirements for forensic expertise in health care.

Because many forensic patients first present to the emergency department, trauma care providers must be aware of the indicators of liability-related injuries, abuse of children and the elderly, sexual assault, interpersonal violence, and unnatural deaths. Other forensic patients will present in different departments of the hospital, private or public clinics, law offices, jails, penal institutions, psychiatric hospitals, disaster sites, and the morgue or mortuary.

All trauma is classified as a forensic situation until proven otherwise. Injuries presented in a hospital emergency department require a clinical and criminal investigation in order to confirm or rule out use of force and criminal intent. Failure to meet forensic requirements in the clinical setting can compromise the investigation. A nurse's ignorance of forensic issues could leave unanswered questions related to trauma that later may be of relevance in a court of law.

Despite the urgency presented by many cases within the emergency department, as part of the multidisciplinary team attending the victim(s), it is the nurse's responsibility to collect and preserve all forensic evidence. Staff members in these situations are recognizing the need to develop evidence-based procedures for forensic evidence collection within the emergency department (Eisert et al., 2010).

Forensic Nursing Defined

Forensic nursing is defined as the application of the nursing process to public or legal proceedings, and the application of **forensic health care** in the scientific investigation of trauma and/or death related to abuse, violence, criminal activity, liability, and accidents (Lynch, 2004). In order to understand the concept of a forensic nurse specialist, we must first accurately define the term *forensic*. Healthcare and justice professionals in the United States often misinterpret and misuse this term. According to *Taber's Cyclopedic Medical Dictionary* (2009), forensic means "pertaining to the law," specifically, that which is related to public debate (Latin: *forensis*; a forum) in a court of law, implying the debate between the prosecution and defense to determine the innocence or guilt of the accused. The forensic nurse provides direct services to individual clients, consultation services to nursing, medical and law-related agencies, as well as providing expert court testimony in areas dealing with questioned death investigative processes, adequacy of services delivery and specialized diagnoses of specific conditions as related to nursing" (Lynch, 1991b, p. 1). This description was derived from original research at the University of Texas in Arlington, which was published in 1990. Since that time, this description has remained the standard, while at the same time expanding and evolving into broader definitions and emerging subspecialties. A theoretical framework evolved from the 1990 study and continues to evolve as the practice of forensic nursing expands to address society's needs for forensic intervention in health care. The consequences of criminal and interpersonal violence have been recognized as a primary healthcare and human rights concern. As a public service profession, nursing has a responsibility to maintain standards of practice in forensic-related cases. Because of the legal issues involved in caring for victims of human violence, the risk of using forensically unskilled personnel to provide healthcare intervention has become antiquated. Today, enlightened healthcare institutions, death investigation systems, government agencies, and institutes of higher learning have recognized the benefits of the forensic nurse.

A forensic nurse has advanced knowledge in forensic evidence collection and preservation, treatment protocols for victims of sexual assault, domestic violence, child and elder abuse, human trafficking, legal proceedings, legal expert court testimony, death investigation, forensic psychiatric nursing, and correctional nursing. Forensic nursing focuses on those areas where medicine, nursing, and individuals impacted by violence interface with the law.

Thus the potential venues for clinical practice within the field are many and varied. The forensic nurse practices in a collaborative manner with various members within the field of forensic science.

Forensic Science Defined

Forensic science is defined as the application of science to the just resolution of legal issues (American Academy of Forensic Sciences, 2010). The American Academy of Forensic Sciences remains the oldest and most prestigious organization of forensic specialists worldwide. “The objectives of the Academy are to promote integrity, competency, education, foster research, improve practice, and encourage collaboration in the forensic sciences” (American Academy of Forensic Sciences, 2010). The academy, established in 1948, was the first formal association to recognize forensic nursing as a scientific discipline and give credence to this new specialty (Lynch, 1991b). Forensic medicine, one of many specialties within the forensic sciences, applies the standards and principles of medical practice to questions of law. This specialty includes both forensic pathology and clinical forensic medicine.

Other specialties within the boundaries of the forensic sciences include psychiatry and behavioral science, anthropology, odontology, criminalistics, questioned document examination, radiology, biology, jurisprudence, engineering, toxicology, and others. The newest specialties in forensic science comprise unique, emerging areas of expertise, specialties represented by professionals who practice in such innovative areas as forensic accounting, voice analysis, forensic wildlife, and forensic botany; however, these growing specialties will remain uncategorized until a sufficient number of experienced experts in each group are identified. The original application for recognition as a scientific discipline within the American Academy of Forensic Sciences described forensic nursing as “the application of the forensic aspects of health care combined with the bio/psycho/social/spiritual education of the registered nurse in the scientific investigation and treatment of trauma and/or death” (Lynch, 1990).

History and Development

The concept of forensic nursing emerged from the practice of clinical forensic medicine. A subspecialty of forensic medicine defined as the application of forensic medical knowledge and techniques to living patients has existed in Europe and Great Britain as well as Asia, South America, Australia, Africa, and many other countries for more than 2 centuries (McLay, 1990). Medical professionals in this field go by various titles but most often are referred to as police surgeons, forensic medical officers, and most recently, forensic medical examiners. The role of the police surgeon or forensic medical examiner in the United Kingdom served as the conceptual model for the development of the clinical forensic nurse.

Clinical forensic medicine is defined as a medical specialty that applies the principles and practices of clinical medicine to the elucidation of questions in judicial proceedings for the protection of the individual's legal rights prior to death (Eckert et al., 1986). Historically, this healthcare role had been viewed worldwide as a medical specialty and had been restricted to physicians alone. Until recently, practitioners of clinical medicine and nursing in the United States have largely ignored forensic issues in the care of the living patient (Smock, 1998, 2004). Medical examiners or coroners, or combined coroner–medical examiner systems (which are responsible for the investigation of unnatural and suspicious deaths), traditionally have not been assigned the responsibility of dealing with living forensic patients. Yet forensic pathologists strongly believe that if vital legal questions are not addressed during the care of the living patient, justice will suffer, criminals will go free, and innocent persons could be convicted of crimes they did not commit. The practice of clinical forensic medicine is often either unrecognized as such or is consciously or subconsciously evaded by practicing clinical physicians. If clinical physicians and forensic pathologists do not consider themselves responsible for the forensic issues surrounding living patients, who does?

By the 1980s, U.S. physicians and forensic pathologists were beginning to recognize the inadequacies of the medicolegal structure and the need to establish a more effective partnership between the health and justice systems. The first article to appear in American emergency medicine literature regarding clinical forensic medicine was published in the *Emergency Medicine Clinics of North America* (Smialek, 1983). Smialek stated that “medical care of the critically ill in the emergency department has a significant impact on the practice of forensic medicine. Many victims of homicide or accidents receive some degree of medical or surgical treatment prior to expiration” (p. 699). Smialek recognized that the evidence necessary to accurately reconstruct the event, prove guilt, or establish innocence was disappearing or being destroyed, either by commission or omission, during trauma treatment. That same year, the *American Journal of Nursing* published the article, “Preserving Evidence in the Emergency Department,” by Roger Mittleman, a forensic pathologist, Hollace Goldberg, an emergency nurse, and David Waksman, a state attorney in Florida (Mittleman, Goldberg, & Waksman, 1983). This article emphasized the importance of recognizing and preserving the evidence found on patients presenting to the emergency department—to avoid unnecessary negative consequences for both individuals and the system.

In 1988, Dr. C. Everett Koop, then U.S. surgeon general, criticized our social and legal systems' responses to forensic victims as late and inadequate. He also pointed out that the resources available to help law enforcement and the courts—resources from community and social service organizations—should include those of medicine and health care. Koop stated that it is the responsibility of healthcare professionals—doctors, nurses, physician assistants, paramedics, emergency medical technicians, hospital administrators, and other executives with the power to influence change—to maintain a high index of suspicion in the protection of the victim's rights (Koop, 1988).

As medical professionals began to weigh risk and liability issues involved in the medicolegal management of forensic patients they were required by law to treat, a concerted effort by Dr. William Smock and Dr. George Nichols II of the University of Louisville, Kentucky, established the first clinical forensic medicine program in 1993 (Smock, Nichols, & Fuller, 1993).

With the exception of some academic emergency medical centers and progressive medical examiner/coroner programs, clinical forensic medicine has not enjoyed the same success as forensic nursing (Smock, from Lynch, 2006). In 2000, the American College of Emergency Physicians still had no position or statement regarding the role of clinical forensic physicians (police surgeons) in emergency departments in America. The college's only training guidelines related to the collection of evidence are those for recognizing, assessing, and intervening in case of child abuse. On the other hand, the American College of Emergency Physicians has recognized the benefits of sexual assault nurse examiners and strongly supports their presence in the emergency department (American College of Emergency Physicians, 2000). In spite of some initial resistance from the medical and legal communities, forensic nursing has become the moving force in clinical forensic practice in the United States and Canada. In countries where clinical forensic medicine is already established, current restructuring of forensic services will no doubt result in a greater emphasis on forensic nursing science.

Clinical Forensic Practice

The combined energies of medicine, nursing, and the law have developed into a mutually beneficial, collaborative practice in which knowledge and responsibility are shared in order to reach common goals. The evolution of forensic nursing science has revolutionized the medicolegal management of forensic patients and has reduced the risk of liability due to violation of patients' legal rights for clinical and community facilities in the United States.

Clinical forensic practice is now defined as the application of medical and nursing sciences to the care of living victims of crime or liability-related accidents, as opposed to forensic pathology, which focuses upon the deceased. Clinical forensic practice also applies the principles and philosophies of forensic science to the investigation of trauma in living patients, with the aim of the just resolution of legal issues. Forensic scientists and police have long recognized that there are intervals between the forensic patient's trauma, emergency care, admission to the clinical setting, and initiation of the investigation. During these periods of time, a series of events occur that may compromise the recovery, preservation, and security of forensically significant trace and physical evidence. Biological evidence, which is highly perishable and fragile, is often the most essential evidence that links the perpetrator to the victim or the crime scene. When the clinical staff handling the case lacks forensic education and skills, the loss and destruction of such evidence is predictable.

Advent of Forensic Nursing

As a medicolegal death investigator member of the American Academy of Forensic Sciences and the National Association of Medical Examiners, Lynch recognized the value of forensic education and forensic roles for nurses and proposed the development of a forensic nursing specialty in 1986. The concept became a reality when the University of Texas at Arlington School of Nursing's department of graduate studies accepted the proposed curriculum and implemented the first master's degree for forensic clinical nurse specialists. Although the original proposal focused on preparing the forensic nurse to assist forensic pathologists in death investigations, Lynch rapidly expanded this focus to include the practice of clinical forensic nursing. The first articles on the subject of forensic nursing were incorporated into the introduction of clinical forensic medicine presented at the 1988

annual meeting of the American Academy of Forensic Sciences. These articles, influenced by Lynch's association with the forensic pathologists in the National Association of Medical Examiners, combined with the mandate from Dr. Koop, became the impetus to define forensic nursing as a scientific discipline.

Lynch identified all areas of nursing in which nurses were providing a *nursing* service within a forensic environment to forensic patients, or were providing a *forensic* service within a healthcare environment to forensic patients. At that time, these nurses had no specialty practice recognition, yet they were highly aware that they were filling a unique role. Their jobs included providing death scene investigations, sexual assault examinations, psychiatric evaluations, and treatment of offenders. There were nurses practicing in various venues including law offices, penal institutions, and other areas where they interfaced with the law.

The initial intent of the forensic nursing curriculum was to combine instruction in nursing science, forensic science, and the law, expanding existing nursing education to address critical healthcare and legal issues surrounding patient care. Traditional nursing education was conspicuously lacking in forensic knowledge and skills, yet nurses were expected daily to provide forensic services. By 1995, however, forensic nursing had been recognized as one of the four major areas for nursing development in the 21st century (Marullo, 1995). That same year the International Association of Forensic Nurses (IAFN) was formed by a group of sexual assault nurses whose original intent was to form an organization to meet their specific needs in this narrow field of practice. The specialty was formally recognized by the American Academy of Forensic Sciences in 1991 and by the American Nurses Association (ANA) in 1995. In 1997 the Scope and Standards of Forensic Nursing Practice was developed and published through the joint efforts of the IAFN and the ANA. The framework for the specialty was poised to meet legal requirements and to ensure that the Joint Commission on Accreditation for Healthcare Organizations guidelines were fulfilled with reasonable certainty (JCAHO, 1995).

An Integrated Practice Model

As a graduate student at the University of Texas at Arlington, Lynch finalized research, titled "Clinical Forensic Nursing: A Descriptive Study in Role Development" (Lynch, 1990). The purpose of this descriptive study was to identify forensic role behaviors and to clarify role expectations of the emergency department nurses working with trauma victims. It further sought to identify and examine the differences between the frequency and perceived importance of selected forensic role behaviors performed by emergency department nurses. This study promoted the need for a **multidisciplinary team** approach to the identification of forensic trauma and the recovery and preservation of evidence. Research results defined the appropriate application of selected forensic concepts to professional nursing practice and education and described the potential for a forensic clinical nurse specialist. Since that time, replications of this study have assessed trauma centers and first responders, as opposed to emergency departments, further validating the significance of forensic health care.

Progressive trauma centers that include forensic nurses assign a high value to the services provided. The American College of Surgeons encourages establishment of comprehensive systems to assure that standards of trauma care are being met in the form of trauma centers that provide state-of-the-art care to patients with life-threatening injuries (American College of Surgeons, 1999). While recognizing the overwhelming importance

of the physiological need of the patient, the clinician must also acknowledge the patient's psychological trauma and the priority of legal requirements (Rooms, 2004). The application of forensic science to contemporary nursing practice reveals a wider role for the nurse in the clinical investigation of crime and the legal process that contributes to public health and safety (Lynch, 1995).

The integrated practice model for forensic nursing science incorporates a synthesis of shared theory from a variety of disciplines, including social science, nursing science, and forensic science. It presents a global perspective on the interrelated disciplines and knowledge bases that affect forensic nursing practice and social justice. An integrated practice model is especially relevant to the applied health sciences.

Theoretical Foundations

Forensic nursing derives its theoretical foundations from several mainstream nursing theories, which are integrated with theories from sociology and philosophy. Like every nursing specialty, forensic nursing offers specific strategies and considerations for addressing the biological, psychological, social, and spiritual dimensions of patient care—with the important addition of the legal dimension. The connection that brings the philosophies of nursing science together with the law defines forensic nursing's body of knowledge (Lynch, 2006).

Forensic nursing theory incorporates the various human dimensions pertinent to all nursing theories of care, yet projects beyond the biological, psychological, social, spiritual and cultural aspects to incorporate the dimension of law. Forensic nursing is holistic in nature, addressing these concepts individually and collectively, and has been recognized by the professional bodies of nursing that direct the development of nursing education, research, and practice (Lynch, 2006).

Truth as a Central Paradigm

The forensic nursing practice model integrates sociology (sociopolitical impact), criminology (crime, violence, criminal justice, social sanctions, and human rights), clinical and criminal investigation (forensic science), and education (nursing and medicolegal knowledge, education of staff and **forensic patient/clients**). The cyclic nature of the model speaks to continuance, perpetuation, and balance. The scales of justice are balanced when justice is served to those who have been victimized, to those accused of a crime, and to society as a whole. Justice is served when truth is identified, verified, and demonstrated. Thus, the forensic nurse becomes an advocate for justice and an advocate for truth. Truth and justice perpetuate holistic health in its biological, psychological, sociological, spiritual, and cultural dimensions (Lynch, 2006).

The dynamics of the interlocking circles are omnidirectional (see **Figure 1-1**). The outer circle, framing and encompassing these components, is symbolic of the environment—society, education, and other social systems. At the center of the internal triangle, the symbol of forensic nursing is displayed. This symbol, reflecting the legal sciences, forensic medical, physical, psychosocial, and nursing sciences, is composed of the scales of justice, the bundle of public service, the caduceus, and the eternal flame of nursing. The flame illustrates enlightenment of humanity and the challenge in nursing to continually evolve and expand into new roles as societal trends demand.

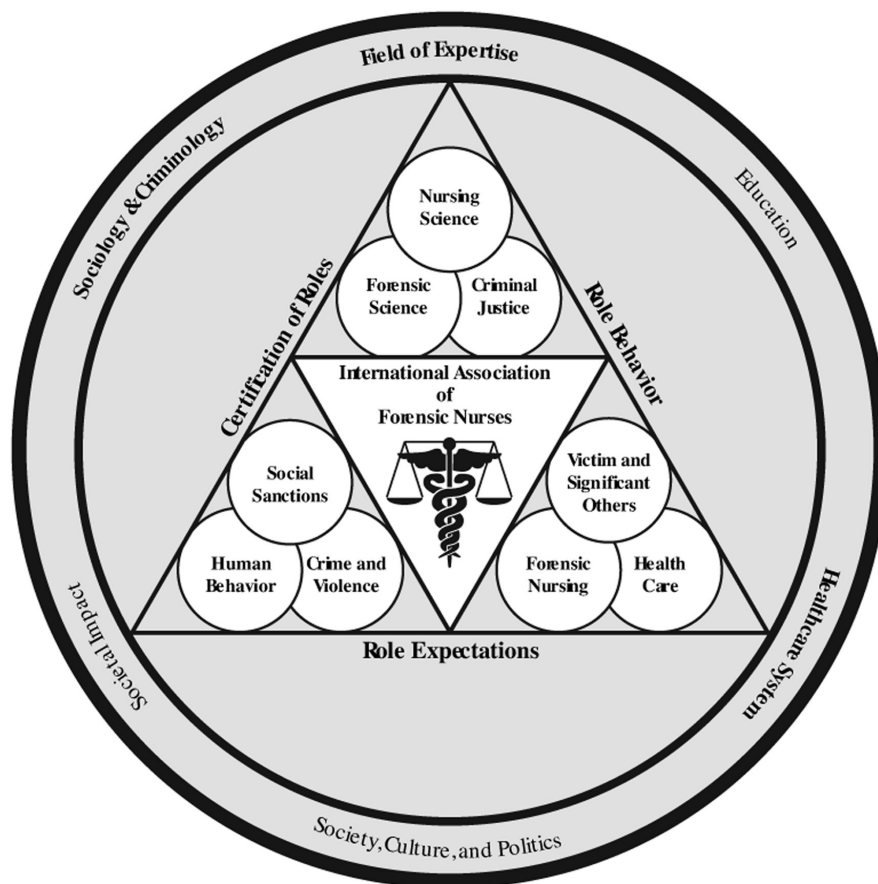


Figure 1-1 Integrated practice model.

Source: Copyright 1990 Virginia Lynch, used with permission.

This enlightenment reflects awareness of the connectedness that the healthcare system has to other social systems. A caduceus represents medical science and, enmeshed in this symbol, the interdisciplinary collaboration that integrates nursing into the multitude of highly specialized scientific psychocultural arenas. The bundle of public service represents the complexity and weight of public service obligations, which all modern systems in our society bear. Finally, the scales of justice emphasize the necessary balance to determine the truth and the notion that patient care must now require the consideration of legal as well as human rights.

The Forensic Nurse

Roles and Relevance

Nurses who apply concepts and strategies of forensic science in their specialty practice include the following:

Clinical Forensic Nurse: Provides care for the survivors of crime-related injury and deaths that occur within the healthcare institution. This specialist has a duty to defend the patient's legal rights through the proper collection and documentation of evidence.

Forensic Nurse Investigators: Employed in a medical examiner's/coroner's jurisdiction and represents the decedent's right to social justice through scientific investigation of the scene and circumstances of death. This role may also include the investigation of criminal behavior in long-term care facilities, institutionalized care, insurance fraud and abuse, or other aspects of investigative exigency.

Forensic Nurse Examiner: Provides an incisive analysis of physical and psychological trauma, questioned deaths, and/or psychopathology evaluations related to forensic cases and interpersonal violence.

Forensic Correctional, Institutional, or Custodial Nurse: Specializes in the care, treatment, and rehabilitation of persons who have been sentenced to prisons or jails for violation of criminal statutes and require medical assessment and intervention.

Legal Nurse Consultant: Provides expert witness testimony and education to judicial, criminal justice, and healthcare professionals in areas such as personal injury, product liability, and malpractice, among other legal issues related to civil and criminal cases.

Nurse Attorney: A registered nurse with a Juris Doctorate degree who practices as an attorney at law, generally specializing in civil or criminal cases involving healthcare-related issues.

Nurse Coroner: A registered nurse serving as an elected officiator of death duly authorized by state and jurisdictional statutes to provide the investigation and certification of questioned deaths; to determine the cause and manner of death, as well as the circumstances pertaining to the decedent's identification and notification of next of kin.

Each of these forensic nursing roles is investigative in nature, requiring specific knowledge of the law and the skill of expert witness testimony. The prevalence of criminal and liability-related trauma indicates a growing need for healthcare providers to intercede on behalf of social justice; to recognize and report crime-related injury and death; to ensure accurate documentation and security of evidence; and to evaluate, assess, and treat offenders.

The Forensic Nurse Examiner

A registered nurse specifically trained to provide comprehensive care in the medicolegal management of forensic patients with demonstrated competency in the performance of the forensic examination and the ability to testify as an expert witness in a court of law can assume the title forensic nurse examiner. Documented nursing and forensic education, certification, clinical performance, and other pertinent credentials determine the nurse's competency.

Forensic nurse examiners will encounter individuals of all ages who present with suspected criminal or liability-related trauma. Physical, psychological, or sexual trauma in both living and deceased patients mandate a forensic evaluation.

Forensic nurse examiners enhance patient care through their expertise, patient education, referrals, and crisis intervention. Forensic nursing services address perceived physical and/or emotional symptoms associated with criminal violence, abuse, and neglect, which are often undiagnosed and may require prompt intervention as well as ongoing investigation of causative factors. The forensic nurse examiner is also responsible for the forensic

care of the criminal suspect or offender, providing unbiased, objective assessment and treatment in the clinical or correctional setting.

Forensic nursing care is often episodic, primary, and acute in nature. It is frequently unscheduled, most commonly occurring as the need arises in a specific care setting, such as an emergency department, a mobile unit, a suicide prevention center, the crime scene, the scene of death, or the forensic pathology laboratory. Forensic nurse examiners share a common interest with medicine and law, where scientific knowledge and human caring is applied to the administration of social justice.

Education for the forensic nurse examiner should encompass study of the following:

- » Forensic photography
- » Nursing and emergency medical technician responsibilities
- » Bite mark interpretation and analysis
- » Death investigation
- » Psychological abuse
- » Deviant behavior and psychopathology assessment
- » Interpretation of blunt, sharp, or fast (e.g., gunshot) trauma
- » Sexual abuse and rape
- » Jurisprudence
- » Injuries to individuals held in legal custody
- » Elder abuse
- » Child abuse and neglect
- » Substance abuse
- » Psychological and physical abuse from occult or religious practices
- » Tissue and organ donation

The Forensic Clinical Nurse Specialist

The forensic clinical nurse specialist was the first formal role to incorporate forensic science into nursing practice. The forensic clinical nurse specialist is defined as a nurse educated at the graduate level (master of science in nursing) in a clinical specialist program in forensic nursing at a regionally accredited institution of higher learning. Texas was the first state to address the issue of the forensic clinical nurse specialists as an advanced practice role through the state board of nurse examiners. Advanced practice, credentialed by the state, is still premature without a greater number of practicing forensic nurses with advanced degrees. However, the majority of nurses who first applied forensic science to patient care were registered nurses without advanced education in nursing or forensic science. These nurses were the collective force that established the forensic nursing specialty, showing the commitment and dedication that is the strength of forensic nursing today.

Times change, as science and technology continue to advance and challenge the knowledge and skills of nurses. No physicians, lawyers, scientists, or judges practice their profession without advanced education. Yet these are the colleagues with whom we interface, collaborate, and consult on forensic issues as well as debate within courts of law. Ideally, forensic clinical nurse specialist candidates would hold a bachelor of science in nursing or master of science in nursing degree and have 3–5 years of clinical experience plus a forensic specialization background. As forensic nurses become the standard by which forensic health care is measured, we must step up to the witness stand qualified, certified, and credentialed in our specialty area.

Flexibility is critical in the development of a role that remains in constant evolution based on the needs and demands of society. The role of the forensic nurse will remain flexible and continue to evolve as changing trends in crime and criminality present new challenges.

Forensic Nursing Process

In 1995, the American Nurses Association Congress of Nursing Practice granted specialty status to forensic nursing based on its demonstrated use of the nursing process. The forensic nursing process is client centered and establishes a feedback loop that ensures a dynamic mechanism for the reevaluation and revision of care plans. Collaboration is vital to the forensic nursing process (Lynch, 2006).

The following concepts are among the variables that influence the forensic nursing process:

- » Assessment: Identification of forensic situation, potential victims
- » Planning: Investigation
- » Intervention: Documentation pertaining to the situation, collection of evidence, interviewing, provision of appropriate care, reporting to the appropriate legal agency
- » Evaluation: Postintervention review

The forensic nurse also provides traditional nursing interventions such as crisis care for traumatized victims and their families (Lynch, 2006).

Forensic Nursing, Present and Future

International Association of Forensic Nurses

Since its founding in 1992, the **International Association of Forensic Nurses** has promoted the education of forensic nurses and the implementation of forensic nursing roles worldwide. The vision of the founding group was to develop an organization that would encompass a wide and diverse body of those who practice nursing within the arena of the law. Nurses who apply concepts and strategies of forensic science while providing nursing interventions fall within this field of practice. The organization holds the annual Scientific Assembly of Forensic Nurses for the purpose of disseminating knowledge and expertise to members and nonmembers from the United States and abroad.

With the establishment of graduate and undergraduate education programs, role development in forensic nursing in the United States and abroad is recognized as an essential component of antiviolenence strategies. The International Association of Forensic Nurses recognizes more than 2000 members in 11 countries and territories. Institutions of higher learning offer formal and informal curricula in Australia, Canada, England, Scotland, Singapore, Brunei, Central America, Italy, South Africa, Sweden, Turkey, Zimbabwe, India, and Japan. South Africa has become the first country to designate forensic nursing as a national priority program. Through the media of the World Wide Web, Internet education and information connects this new frontier in forensic health care with the global community.

Advancing Humanity

One final aspect of forensic nursing science is the issue of human rights. Worldwide, forensic nurses must address the dynamics of archaic cultural traditions and religious practices that continue to pose threats to vulnerable subjects in each society—women, children, the disabled, the elderly, and the poor. An awareness of cultural and traditional practices such as female genital mutilation, honor killings, bride burning, and dowry deaths; criminal issues such as child prostitution and the incarceration of rape victims; and the effects of poverty and lack of education for women must become a part of forensic nursing education.

Within our strategic plan for nursing, we must strive to include issues that the World Health Organization has identified as having the highest priority, not limiting our concerns only to state and national agendas. In addition to basic and advanced forensic studies, a strong emphasis on human rights and international law is an integral part of the educational curricula for forensic nurses. Another critical aspect of their education is a broader focus on transcultural nursing, covering issues unique to immigrants and refugees who are survivors of war or torture, and victims of cultural practices that have maimed and crippled them, physically and emotionally (Lynch, 2006).

Our research, curricula, and practices must address prevention of HIV/AIDS and its direct connection to sexual assault. Forensic nursing must encompass the consequences of disease and death related to the lack of early detection and management of chronic conditions. The need to reduce the abuse of women and children and to curb infant mortality arising from multiple causes must be emphasized. Frank, open, culturally sensitive discussions are imperative for achieving positive responses from victims representing a vast array of social and cultural experiences (Lynch, 2006).

Interpersonal violence and its associated trauma impact all societies. Crimes against women, children, and the elderly are common. In order for forensic nurses to better assist in the management of medicolegal cases, they must be trained in transcultural nursing perspectives, the ethical and moral dimensions of health care, healthcare practices of diverse cultures, and local, national, and international laws as well as the United Nations Declaration of Human Rights.

Challenges and Opportunities

The development of a new field of practice is a challenging experience that brings together diverse professionals who recognize a mutual benefit through collaborative practice, exchange of knowledge, and shared successes in order to reach common goals. We must remain concerned with improving the health care of at-risk populations and advancing the information technologies that are revolutionizing forensic nursing research, clinical care, and education. A partnership must be nurtured between forensic nurses and professionals from all disciplines with similar interests in eliminating threats to health and justice.

Antiquated laws and social policies, restrictive family values, disregard for human equality, and inequalities in healthcare access and delivery must be addressed within the forensic sciences in order to reduce and prevent interpersonal violence. The health and justice challenges that arise from violent crime will not be eradicated for many generations, but it is imperative that the mission is launched within this decade.

Summary

Advances in the forensic and nursing sciences have brought this new discipline to the forefront as one of the four major areas for nursing development in the 21st century. Forensic nursing addresses the manner in which nursing is practiced within various countries, the unique cultures and traditions that influence crimes in each specific locale, the court system and the law, as well as the current and future application of forensic nursing science.

These are extraordinary times for personnel in the health sciences, and both challenges and opportunities abound in every sector of healthcare delivery. The sophisticated capabilities of medical and nursing sciences, rapid transportation, instant communication, and an interdependent world economy have compelled healthcare personnel to reexamine their missions and geographical boundaries of practice. A healthy world cannot be achieved merely within a vacuum of highly industrialized nations. Governments alone cannot meet the immense needs of adults and children who need preventive and restorative health care. Forensic medical and forensic nursing personnel have been among the first to step forward and become involved in the global issues of health care. This involves a broad acumen of knowledge, skills, and attention to justice concerns of the world's peoples (Lynch, 2006).

In achieving an international focus, nurses who have reached out to address human violence and its associated trauma have recognized the similarities of interpersonal crime in all societies. In order for nurses to assist in the forensic assessment and management of medicolegal cases, the incorporation of transcultural nursing perspectives, the ethical and moral dimensions of human care, healthcare practices of diverse cultures, a review of the law—local, national, and international, and an in-depth knowledge of individual human rights are required.

A strong working knowledge of the law promotes interaction with local law enforcement agencies and helps to develop an accurate approach to forensic nursing interventions. Nurses who apply concepts and strategies of forensic nursing science in their specialty practice are becoming recognized as vital resources to the global health and justice system. To meet the healthcare needs of an increasingly diverse population of patients with forensic assessment needs, the establishment of formal and informal education programs, in addition to role development in forensic nursing in the United States and abroad, is recognized as one important component of antiviolence strategies. Individuals who have embraced the challenges of today will provide leadership and solutions for the future.



QUESTIONS FOR DISCUSSION

1. Describe the historical background of forensic nursing.
2. Why is forensic nursing defined as a specialty within clinical nursing?
3. Describe the various roles inherent within the practice of forensic nursing.
4. Do any new roles suggest themselves in light of the information presented in this chapter?
5. How has the development of the International Association of Forensic Nursing influenced the development of the specialty?
6. How will the implementation of the 2010 Affordable Care Act impact the growth of the forensic nursing specialty?

REFERENCES

- American Academy of Forensic Sciences. (2010). Website home page. Retrieved May 5, 2011, from <http://www.aafs.org>.
- American College of Emergency Physicians. (1999). *Management of the patient with the complaint of sexual assault*. [ACEP policy statement No. 400130]. Irving, TX: Author.
- American College of Emergency Physicians. (2000). *Child abuse*. [ACEP policy statement No. 400279]. Irving, TX: Author.
- American College of Surgeons. (1999). *Resources for optimal care of the injured patient*. Chicago, IL: Author.
- American Nurses Association and the International Association of Forensic Nurses. (1998). *Scope and standards of forensic nursing practice*. Washington, DC: Author.
- Eisert, P. J., Eldredge, K., Hartlaub, T., Huggins, E., Keirn, G., O'Brien, P., ... March, K. S. (2010). CSI: New York: Development of forensic evidence collection guidelines for the emergency department. *Critical Care Nursing Quarterly*, 33(2), 190–199.
- Geberth, V. (1996). *Practical homicide investigation: Checklist and field guide*. Boca Raton, FL: CRC Press.
- Joint Commission on Accreditation of Healthcare Organizations. (1995). *Accreditation manual for hospitals*. Oakbrook Terrace, IL: Author.
- Koop, C. E. (1988). President and surgeon general condemns violence against women, call for new attitudes, programs. *National Organization Victims Assistance Newsletter*, 13.
- Lynch, V. (1990). *Clinical forensic nursing: A descriptive study in role development* (Unpublished master's thesis). Arlington: University of Texas Health Science Center.
- Lynch, V. (1991a). Forensic nursing in the emergency department: A new role for the 1990s. *Critical Care Nursing Quarterly*, 14(3), 69–86.
- Lynch, V. (1991b). Proposal for a new scientific discipline: Forensic nursing. Presentation to the general section at the annual meeting of the American Academy of Forensic Sciences, Anaheim, CA. Feb 18–23.
- Lynch, V. (1993). Forensic aspects of health care: New roles, new responsibilities. *Journal of Psychosocial Nursing*, 31(11), 5–6.
- Lynch, V. (1995, September). A new perspective in the management of crime victims from trauma to trial. *Critical Care Nursing Clinics of North America*, 7(3), 489–507.
- Lynch, V. (Ed.). (2006). *Forensic nursing*. St. Louis, MO: Elsevier.
- Marullo, G. (1995). Keynote address. Annual Scientific Assembly of the International Association of Forensic Nurses, Kansas City, MO. October.
- McLay, W. D. S. (1990). *Clinical forensic medicine*. London, England: Pinter.
- Mittleman, R., Goldberg, H., & Waksman, D. (1983). Preserving evidence in the emergency department. *American Journal of Nursing*, 83(12), 1652–1656.
- National Institute of Health. (1974). Report on National Institute of Child Health and Human Development Research Planning Workshop. *Recognition of infants at risk for sudden infant death: An approach to prevention* (Pub. no. 76-1013). Bethesda, MD: Department of Health, Education and Welfare.
- Rooms, R. (2004). *Forensic nursing practice in United States trauma centers* (Unpublished master's thesis). Houston: University of Texas Health Science Center.
- Smialek, J. (1983). Forensic medicine in the emergency department. *Emergency Medicine Clinics of North America*, 1(3), 1685.
- Smock, W. (1998). Clinical forensic medicine. In P. Rosen (Ed.), *Emergency medicine: Concepts and clinical practice* (pp. 248–262). St. Louis, MO: Mosby.
- Smock, W., Nichols, G., & Fuller, P. (1993). Development and implementation of the first clinical forensic medicine training program. *Journal of Forensic Sciences*, 38(4), 835–839.
- Taber's cyclopedic medical dictionary* (21st ed.). (2010). Philadelphia, PA: FA Davis.

SUGGESTED FURTHER READING

- Cashin, A., Newman, C., Eason, M., Thorpe, A., & O'Discoll, C. (2010). An ethnographic study of forensic nursing culture in an Australian prison hospital. *Journal of Psychiatric Mental Health Nursing*, 17(1), 39–45.
- Clevinger, R. J. (2010). When your pediatric patient becomes a crime scene. *Emergency Nurse*, 36(1), 53–54.
- Gildberg, F. A., Elverdam, B., & Hounsgaard, L. (2010). Forensic psychiatric nursing: A literature review and thematic analysis of staff-patient interaction. *Journal of Psychiatric Mental Health Nursing*, 17(4), 359–368.
- Kent-Wilkinson, A. (2009). An exploratory study of forensic nursing education in North America: Constructed definitions of forensic nursing. *Journal of Forensic Nursing*, 5(4), 201–211.
- Kent-Wilkinson, A. E. (2010). Forensic psychiatric/mental health nursing: Responsive to social need. *Issues in Mental Health Nursing*, 31(6), 425–431.
- Mercer, D. (2009). Research in state institutions: A critical issue for forensic nursing. *Journal of Forensic Nursing*, 5(2), 107–108.
- Price, B. (2010). Receiving a forensic medical exam without participating in the criminal justice process: What will it mean? *Journal of Forensic Nursing*, 6(2), 74–87.
- Shelton, D. (2009). Forensic nursing in secure environments. *Journal of Forensic Nursing*, 5(3), 131–142.
- Sievers, V., & Lechner, M. (2009). Forensic nursing: Evolving practice in response to the epidemic of violence. *Colorado Nurse*, 109(2), 11–12.
- Snow, A. F., & Bozeman, J. M. (2010). Role implications for nurses caring for gunshot wound victims. *Critical Care Nursing Quarterly*, 33(3), 259–264.
- Williams, T., Richardson, S., O'Donovan, P., & Ardagh, M. (2005). The forensic nurse practitioner role (emergency nursing)—potential response to changing health needs in New Zealand. *Medicine and Law*, 24(1), 111–123.