

## CHAPTER TWO

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# Theoretical Foundations for Advanced Practice Forensic Nursing

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*This chapter proposes organizing a conceptual framework for forensic nursing to define and establish the relationships among selected concepts identified as relevant to the practice of forensic nursing and to the understanding of the domain concepts of nursing. Such a framework provides opportunities to review relationships between healthcare systems and forensic systems (judicial, correctional, legal) and establish the assumptions upon which these views are based.*



### CHAPTER FOCUS

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- » Organizing Forensic Nursing Theory
- » Environment/Violence
- » Human Beings/Victimization
- » Nursing
- » Health

### KEY TERMS

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- » assumptions
- » caring
- » critical thinking
- » evidence-based practice
- » health
- » lived experience
- » manipulation
- » organizing framework
- » revictimization
- » violence

## Introduction

The nursing profession is based on a specialized body of knowledge that reflects different philosophies and views about those phenomena of interest to nursing. Conceptualized as the science and technology of human **caring**, nursing is concerned with reality-based changing life patterns and experiences of humans (Kenney, 1996; Rodgers & Knafl, 2000). Nursing theory provides a conceptual framework for organizing and relating knowledge for nursing within what are recognized as domain concepts. Health, the environment, human beings, and nursing are the domain concepts of nursing science. When defined and interrelated sufficiently within a specific population or health event, these concepts have the potential to increase our understanding of human experiences within the contexts of their lives (Alligood & Marriner-Tomey, 2006).

A conceptual framework provides a structure by which a discipline can be understood in terms of philosophical **assumptions**, theoretical methods, and developmental influences. Those forces that have shaped the development of forensic nursing occur in the wider context of society and represent the point of contact between healthcare systems and legal systems. Consistent with the framework for nursing, forensic nursing can be described in terms of the domain concepts of nursing as a distinct area of education, practice, and scientific inquiry. A heuristic approach to understanding advanced practice nursing lies in the elaboration of definitions and relationships among the concepts of human beings, environment, health, and nursing.

The forum of medicine and forensic science is an unlikely environment for the development of a nursing specialty if one considers the common conception of nursing as a caring profession that emphasizes holistic understanding of the **lived experience** of persons (Kenney, 2006). Traditional views of nursing place caregivers at the bedside of a sick person, applying the art and science of compassion and healing to the restoration of the human body, mind, and spirit. Contemporary understandings of nursing encompass a wide variety of settings and roles, including the care of society and communities through the identification and prevention of **violence** and traumatic injury (Burgess, Berger, & Boersma, 2004; Sheridan, 2004). A theoretical foundation for forensic nursing establishes linkages between caring constructs and forensic principles.

Current trends in nursing include increased numbers of nurses with graduate preparation and shared experiences with forensic populations. New themes in nursing education stress **critical thinking, evidence-based practice**, and theoretical as well as experiential preparation of advanced nurse practitioners (Kenney, 2006; Oberle & Allen, 2001). Observation of phenomena unique and common to forensic experiences, along with emerging prescriptions for nursing interventions specific to forensic populations, signal the need to organize theoretical knowledge applied to forensic nursing.

The general conception of any field of inquiry ultimately determines the kind of knowledge the field develops. The patterns and images that emerge as we observe forensic clients, forensic settings, and the interactions of forensic nurses and colleagues are indicative of the basic understanding we have of our field of work. It is characterized by bias and the influence of other experiences and disciplines, reflecting the nature of existing environments in which forensic nursing takes place (McEwen & Wills, 2002; Meleis, 2006). In addition to empirical knowledge, nursing decisions are based on knowledge derived from our ethics and values, our sense of aesthetics, and our personal experience. The aim of the application of this knowledge is to organize nursing practice by comprehensively assessing clients, recognizing patterns, diagnosing problems, and using selected nursing methods and technology to care for and assist clients and their families, as well as communities, in their responses to those problems. Nurses in forensic practice are obliged to identify an **organizing framework** as the foundation of practice in order to systematically and reliably carry out its aims.

## Organizing Forensic Nursing Theory

In order to understand forensic nursing practice as a distinct nursing specialty, a body of knowledge that is unique to this application of nursing must be identified, along with a set of nursing interventions aimed at using this knowledge to apply the nursing process.

The value of a conceptual framework for forensic nursing is threefold: (1) It allows for the public debate of philosophical assumptions about the specialty, providing the opportunity for self-evaluation and accountability to the public and to the profession; (2) the development of a conceptual framework provides for the structure of theoretical statements and hypotheses suggesting appropriate and effective nursing interventions; and (3) hypotheses derived from a conceptual framework allow for systematic scrutiny and analysis of emerging care protocols. A conceptual framework also identifies developmental and political influences on the practice of forensic nursing, giving the profession a base from which to determine best practices and best policies for regulation within the field.

Forensic nursing is an evolving entity in search of an identity; it is in competition with and in collaboration with such other disciplines and professionals as forensic psychiatry, forensic psychology, physician assistants, forensic pathologists, emergency room physicians, and medical examiners, to name a few. Major trends in nursing education and nursing practice in the United States include advanced education for nursing practice (nurse practitioners and clinical nurse specialists) and nationally recognized certification in an area of clinical specialization. Other trends include use of specialized bodies of knowledge and skills to deliver research-based or evidence-based practice, use of nontraditional practice sites, and the growth of community-based nursing care. Building on these trends, it is reasonable and prudent for those who identify themselves as forensic nurses to systematically build a body of nursing knowledge by which to differentiate the specialty, providing a framework for basic and advanced nursing education and an agenda for research.

Because this new forensic nursing identity is just emerging, there are very different conceptualizations of it in the United States compared to the United Kingdom and other countries. In Canada and the United Kingdom, the term *forensic nurse* most commonly applies to those nurses working in secure settings with psychiatric patients. In the United States, the term *forensic nurse* is most commonly identified with nurses working in forensic medical settings such as the medical examiner's office and the coroner's office. These nurses, at first appraisal, seem to share nothing but a common term, *forensic*, and the public, along with many in nursing, are confused and at times offended by the association of this name with nursing.

As an applied practice profession, nursing has emerged as a dominant integrator of knowledge applicable to human caring. Nursing borrows from fields of social and biological sciences, as well as the humanities and other applied fields, in order to understand principles explaining health and the nature of human beings. Nursing theory tells us how to apply this knowledge to activities and problems that are distinctly *nursing*.

One can look beyond the stereotype of analyzing the criminal mind or investigating the scene of the crime for a comprehensive role for nursing. The role of a nurse includes the diagnosis and treatment of human responses to actual or potential health problems among clients (individuals, groups, families, or communities) who are victims or perpetrators of crimes, violence, or trauma. Forensic nursing, like so many other nursing specialties, came into being because there was a need that was not being met, in settings where nurses have access, and in which the knowledge and skill set of the nurse could be exploited (Baly, 1995; Oberle & Allen, 2001). Forensic nursing evolved from the caretaking of special populations. Inmates and those accused of crime, along with those victims of crime presenting with mental disorders and other psychological and physical wounds, have long been in the care of nurses. Addressing the needs of these individuals and their families can be

developed as an application of general nursing skills and specialized skills from the critical care, emergency room, and women's healthcare settings, along with psychiatric and community health nursing. Over the years, nurses have recognized that the needs of these people required skills and knowledge outside usual nursing preparation. Nurses turned to forensic psychiatry and forensic medicine to acquire information and techniques appropriate to the problems they encountered. Based on disciplines such as these and others, nurses have acquired knowledge to enhance assessment and interventions appropriate to the needs presented in forensic practice (Goll-McGee, 1999; Lynch, 1995). Nurses have always received and cared for victims of crime and trauma. From emergency rooms to schools, nurses have assessed and triaged and planned for and intervened with victims and their families. Law enforcement officers and other representatives of the court intersect with nurses and the healthcare system when evidence collection overlaps with assessment and medical care. Nurses have, out of necessity, looked to forensic science and criminal justice codes as additional sources of knowledge from which to analyze factors affecting client care.

Models of nursing care provided to forensic populations, both perpetrators and victims of crime and their families, have been compared anecdotally and through publications, emphasizing common recurring issues and problems. Observation of phenomena unique and common to forensic experiences, along with emerging prescriptions for nursing interventions specific to forensic populations, signal the need to organize theoretical knowledge applied to forensic nursing.

## Environment

Violence is a significant component of understanding environment, particularly in the United States, where violence is more common than in any other industrialized country that is not engaged in a civil war (Gellert, 2002). Consistent with contemporary conceptualizations, violence is viewed as a major public health problem and establishes a context for understanding factors contributing to social resource deficits, political priorities and sensitivities, and acknowledgment or recognition of mental disorders, deviancy, victimization, and trauma (American Association of Colleges of Nursing, 1999; Canadian Public Health Association, 1997). The National Institutes of Health, recognizing the relationship of violence and trauma to mental health, has prioritized research studying acute reactions to trauma and risk for psychopathology, disaster mental health, and mass violence, as well as exposure to domestic and community violence (National Institutes of Health, 2004).

Environments for forensic nursing are viewed as both physical surroundings and social realities that serve as the context for analyzing and understanding the human responses to forensic phenomena of violence and abuse. Crime scenes and settings in which violence has occurred, as well as formal organizational settings such as medical examiner offices and emergency rooms, are environments for forensic nursing. Any event or location where violence or abuse occurs, or where victims or perpetrators of violence or abuse receive care, is potentially an environment for forensic nursing. The unique aspect of environment, as constructed by forensic nursing, is the potential for human suffering or trauma with accompanying interest or involvement of the criminal justice system.

Violence is defined as the intentional use of force to harm a human being; the intended outcome is physical or psychological injury, fatal or nonfatal (Rosenberg, 2002).

Violence takes many forms, from verbal attacks to murder. Both short-term and long-term responses to violence affect individual and group health, including psychological and physical impairment, disintegration of family and community cohesiveness, and destruction of physical and financial bases for social sustainability (American Association of Colleges of Nursing, 1999). Violence is part of the environment, and the experience of individuals and communities in response to violence is a phenomenon of concern to nursing. As society attempts to cope with the growing incidence of violence in individual, group, and societal acts, increased attention is being given to violence as it occurs in everyday life. A growing awareness of limited resources to deal with person-on-person violence has prompted legislators to respond to public demands for action. Violence must be understood in terms of gender, race, culture, and time (Gellert, 2002), and nurses working in forensic settings must be able to construct nursing interventions based on knowledge of violence as a complex environmental concept occurring at every level of social organization, from interpersonal violence among intimate partners to impersonal violence perpetrated as an act of global terrorism.

Growing intolerance for any sort of threat to personal safety and public peace is a stimulus for action and provides a societal need to which nursing has responded by developing forensic nursing roles. Healthcare providers have responded to the issue of violence as a major public health problem, documenting the incidence and impact of violence on the health status of communities through epidemiological research approaches. The conception of violence as a health and medical issue is evidenced by the development of concepts of posttraumatic stress disorder and interventions such as critical incident stress management (Cloitre, Cohen, Edelman, & Han, 2001). Nurses, who use these constructs to develop plans of care for patients, are now being placed in the position of developing effective nursing strategies to respond to the effects of violence and trauma on individuals, groups, and communities (Clements, Vigil, Henry, Kellywood, & Foster, 2003; Glaister & Kesling, 2002). In the absence of a framework for forensic nursing, nurses are challenged to consider diagnoses and interventions related to violence without acknowledgment of the criminal justice system that also intersects with these patients as a result of their involvement in violence related to criminal offense.

## Human Beings

A concept related to violence, critical to the understanding of forensic nursing, is victimization. The concept of victim and the field of victimology have traditionally been applied almost exclusively to crime victims who were victimized by individuals. An emerging understanding of victimization includes other forms of harmful behavior that may or may not be criminal and may or may not be perpetrated by one individual upon another. This approach broadens the definition of victimization: A victim is defined as one who is harmed or killed by another; one who is harmed by or made to suffer by an act, circumstance, agency, or condition; a person who suffers injury, loss, or death as a result of an involuntary undertaking; or a person who is tricked, swindled, or taken advantage of. A theoretical exploration of the meaning and impact of victimization relevant to advanced practice forensic nursing is based on defining victim as a recipient of physical and/or psychological trauma. This approach to victimization involves the analysis of the experience of recipients of harm or injury, as well as accompanying issues of guilt, powerlessness,

anger, fear, and impaired problem-solving abilities, which so often characterize victims (Campbell & Humphreys, 2003; Elklit, 2002; Fishman, Mesch, & Eisikovits, 2002; Nettlebeck & Wilson, 2002;).

Although considerable data exist reflecting statistics on the incidence and cost of victimization, there is only beginning to be a significant body of literature identifying the process and consequences of victimization. Within a forensic nursing framework, *human beings* are distinguished as either victims or perpetrators of crime or trauma whose care is partially determined by their involvement with and resolution of criminal or justice issues. They are identified as individuals, groups, families, or communities. Relational victimization theory recognizes the commonality of loss experienced by individuals, families, and communities and stratifies victims as primary (actual victims of crime), secondary (families of perpetrators), and tertiary (law enforcement, correctional and criminal justice personnel, and the community at large) (McCarthy & Bruin, 2002). Victims can be survivors or deceased, and perpetrators may also be victims. Nurses working with forensic populations are more likely than not to be caring for a patient who is a victim of crime and abuse. How we evaluate the impact of previous traumatization of an individual or group affects the scope of care we are able to deliver and influences the attitudes we sustain in order to care for these patients. Individuals can assume the role of victim as a learned behavioral response to social and interpersonal cues present in the environment. Many traumatized people expose themselves, seemingly compulsively, to situations reminiscent of the original trauma. These behavioral reenactments are rarely consciously understood to be related to earlier victimization. Behavioral reenactment of a trauma may manifest itself as one or more of three responses, which may involve the individual as victim or victimizer. The responses are:

1. *Harm to others:* Reenactment of victimization is thought to be a major cause of violence. Criminals have often been physically and sexually abused and it is not unusual for inmates to engage in self-mutilating behavior.
2. *Self-destructiveness:* Self-destructiveness is seen frequently in correctional or secure settings. Often a characteristic of borderline personality disorder, self-destructiveness is common in those who have been abused. Self-destructive behaviors, including those acts that deprive an inmate of *privileges or discharge* from incarceration, are not primarily related to conflict, guilt, and superego pressure but are related to more primitive behavior patterns originating in painful encounters with hostile caretakers early in life or dependent relationships later in life.
3. *Revictimization:* **Revictimization** is a consistent finding in which rape victims and victims of abuse or violence are more likely to be abused again as adults.

Compliance with an abuser's demands legitimizes those demands, creates an accumulation of repressed anger and frustration in the victim, and creates an environment of violence, threats, degradation, and humiliation. This process deprives the victim of opportunities to build up an effective social support system, and the repressed anger can support continued victimization or lead to acts of aggression or victimization on the part of the original victim.

Information processing of trauma is a theoretical context that identifies victimization behaviors as a neuropsychiatric response (Burgess, Hartman, & Baker, 1995; Walker, Scott, & Koppersmith, 1998). This model assumes the basic constructs of information processing of a living system and that experiences are processed on a sensory, perceptual,

cognitive, and interpersonal level. The individual first registers a traumatic experience through the sensory level, after which the perceptual level (within the sensory) begins to classify the event. The cognitive and interpersonal levels further classify the event and give it meaning to the individual.

### ***Posttraumatic Stress Disorder***

A general response syndrome to trauma, first described by Horowitz in 1986 occurs in two major stages. First, the disturbing psychological phenomena are presented as a cluster of intrusive and repetitive imagery associated with memory. Second, the victim develops avoidance strategies to keep associations with the trauma out of awareness. Resolution of the event occurs when there is sufficient processing for the information to be stored in distant memory; when the event is remembered, the attendant feelings are neutralized, and the anxiety generated by the event is controlled. When the victim does not resolve the event and it either remains in active memory or becomes defended by a defense mechanism (such as denial, dissociation, or splitting), the diagnosis is generally posttraumatic stress disorder. In this case the individual experiences the trauma both unconsciously and consciously (Burgess, Hartman, & Clements, 1995).

Forensic nursing contains a structure for understanding the tensions and variability among definitions and responses to social deviance and trauma and for caring for those who experience such problems. Using the construct of victimization and the microtheories explaining the process and impact of victimization, forensic nursing applies specific approaches to assessment and planning care specific to the conditions and imperatives determined by the criminal justice system, with whom the patient is also interacting.

Theories of oppression describe the unjust use of authority and provide explanations for deviant human behavior. Oppression is a complex, pervasive social problem emanating from and sustained by oppression of race, class, gender, and even age, as in the application of differential oppression theory to the development of delinquency. In this model, the adult oppression of children is reflected in parents' ability to force children into socially defined and controlled inferior roles. Children's reactions to this oppression are reflected in maladaptive or problem behaviors, one of which is delinquency. In this model, the deviant behavior is actually conceptualized as adaptation through one of four modes: passive acceptance, exercise of illegitimate coercive power, **manipulation** of one's peers, and finally retaliation (Regoli & Hewitt, 2010). Advanced practice forensic nursing applies theoretical knowledge of violence and oppression in relation to social causes of violence. Analyzing health in relation to racism, sexism, classism, and ageism establishes constructs for the prevention of violence and the impetus for social change (Varcoe, 1996).

The experience of *boundary violations* is a theme for understanding victims and perpetrators of crime and abuse. Boundary violations exist when role behaviors of one person are not consistent with the societal norms or personal expectations of another. The degree of boundary violation, and therefore the impact, is determined by the symbolic meaning of the act that is considered deviant, unacceptable, or intrusive. Boundary violation results in emotional or physical discomfort and perceived threat to the person for whom the boundary violation occurs. Boundary violations can occur in terms of space, as when one person touches another or otherwise intrudes upon another's personal space (Cote, 2001; Gutheil & Simon, 2002; Radden, 2001). Boundary violations can also include verbal interruption, speaking for another, or taking away another's opportunity to speak or express

ideas. Boundary violations also occur in social terms when one performs an act outside the range of expected or acceptable behaviors, as when a nurse forms a sexual relationship with a patient or when a person deprives another of their personal belongings (theft). When one member of a married couple engages in adultery, he or she invades the roles of his or her spouse, enacting boundary violations on them and their families. Boundary violations also occur when a person unwittingly enters into familiar or inappropriate interaction with another, such as when tourists invade a private social hangout of local inhabitants of a small town and proceed to sit at a regular patron's favorite table, or when a victim of a crime proceeds to find the perpetrator on his own, bypassing the legal system to enact vigilante justice. Any time boundary violations take place, a sense of loss, personal threat, and anxiety occurs. People who are involved with the criminal justice system frequently exert boundary violations, due to either cognitive disorders, social pathology, anxiety, or ignorance.

Every theoretical construct used to define and explain the practice of forensic nursing is dependent upon the understanding of theories of violence and victimization and their application to the nursing process for individuals, groups, and communities, along with social systems and global agencies who are recognized as victims or perpetrators of victimization.

## **Nursing**

Forensic nurses care for those who are victims or perpetrators of crime, violence, or abuse. The nursing process focuses on specific applications of forensic and other sciences and sociocultural sensitivities to the formal assessment, diagnosis, planning, and evaluation of interventions aimed at the resolution of human responses to violence. Forensic nurses must assess boundary violations and intervene to reorient the client to his or her expected role; apply consistent and effective strategies to support the client in recognizing his or her behavior as a boundary violation; recognize where physical, social, and legal boundaries are; and develop a repertoire of skills that enable him or her to maintain appropriate boundaries.

Essential skill sets for forensic nurses include advanced physical and psychological assessment of violence, trauma, and abuse, such as recognition and identification of patterned injury, assessment for risk of violence or self-injurious behavior, differentiation of factitious disorders and manipulation, and delineation of boundaries. Handling, processing, and documenting assessments and interventions as evidence is clearly a distinguishing feature of forensic nursing.

Ethical dilemmas are part of every nurse's role, but the blurred boundaries and conflicting role expectations of nurses working in forensic settings magnify the impact of ethical decision making on forensic nursing outcomes. The intersection of criminal justice with healthcare systems and the balancing of rights between individuals and society are hallmarks of forensic events. The protection of vulnerable individuals' human rights is a common issue addressed in forensic settings, in which nurses are conflicted between the rights of individuals to autonomy and care through a therapeutic and helping relationship and nursing obligations to preserve evidence, security, and control (Grace, Fry, & Schultz, 2003; International Association of Forensic Nursing, 2002; Peter & Morgan, 2001).

The ability to sustain objectivity and a healthy skepticism when assessing individuals and communities in a forensic context often depends on distancing oneself from a relationship with the individual or community. Mastery of the theoretical basis for establishing a trusting professional relationship must incorporate a sound knowledge of legal and ethical principles that serve as boundaries for forensic nursing practice (Austin, 2001; Daly, 2002). Older approaches to nursing ethics—built on contracts, paternalism, and care—are being replaced by a trust approach for nursing ethics (Peter & Morgan, 2001). In this model the ethics of care and justice are integrated, with emphasis on acknowledging vulnerability and the potential for malevolence. The importance of ethical decision-making is clear within the competition for power that exists in events and processes related to the criminal justice system and governments (Austin).

The process and effects of institutionalization and social isolation are factors that determine options in therapeutic interventions for those nurses working with clients in secure settings. Long-term confinements in rigid settings that dictate behaviors narrowly have a profound effect on patients and caregivers alike. Forensic nurses, especially those working in psychiatric settings, need a theoretical base from which to determine the therapeutic value of interventions, particularly when the goal of rehabilitation and wellness held by the nurse may be in conflict with the goal of punishment and retribution held by the institutional staff and the community. The social isolation that often accompanies victims of heinous crimes such as rape or incest can have the same devastating effects as incarceration or confinement in a mental institution. The revictimization that is said to occur often when a victim is processed through the criminal justice system has predictable consequences, which must be taken into account in any understanding of specialized care of these individuals.

*Manipulation* is a predictable adaptation strategy among clients, and it necessitates prescribed, consistent, and firm responses on the part of the nurse. Dealing with manipulative individuals who may falsify information and fake signs and symptoms or deny them is challenging and exhausting. Recognizing manipulation and dealing with it in a manner that is supportive to the environment in which the client exists is critical to successful forensic nursing.

## Health

Defining **health** within a forensic nursing context is a challenging and evolving process, primarily focusing on successful resolution of the effects of traumatization or victimization. Successful applications of different nursing models allow for a pluralistic approach to understanding health, from adaptation to violence to finding meaning in survivorship. A growing body of literature on victimology distinguishes victimization from survivorship, establishing characteristics of successful response to violence, trauma, or abuse (Adkins, 2003; Clements et al., 2003; Cloitre et al., 2001; Gallop, 2002; Gellert, 2002; Lanza, Kazis, & Lee). Assessment of survivor characteristics and implementation of interventions to promote learned behaviors promoting survivorship are essential components of forensic nursing.

Health is constructed in terms of multiple views of human beings and in relation to different contexts or environments in which violence or abuse occurs. Successful resolution of conflicts related to trauma or violence; movement from victim to survivor; and healing of psychological or physical wounds sustained as a result of violence, trauma, or abuse are

views of health through a forensic nursing perspective. Promotion of interpersonal or community peace, restoration of family or community integrity, and increasing the resiliency or hardiness of individuals and communities are also indicators of forensic health (Rosenberg, 2002).

An example of the application of forensic health concepts to forensic nursing can be articulated in the nurse death investigator role. The role of death investigator is perhaps the most challenging to relate to traditional definitions of nursing and health. In this situation the patient is the deceased and/or the family or those with whom the deceased had a relationship prior to death. Any unexplained or unexpected death is accompanied by forensic data collection and additional trauma for family and significant others. The forensic nursing model applied to the death investigator role preserves the caring aspect of the nursing relationship with those connected to the deceased and the death event. Rights to nursing care extend beyond death, and this obligation is assumed by the nurse death investigator.

An awareness of the social construction of deviancy provides a foundation for understanding the relative and changing nature of diagnoses and responses to human behaviors associated with crime, trauma, and abuse. The issue of personality disorder as a mental illness is currently being scrutinized. The question of whether someone who has a personality disorder can be treated or whether that person is sick at all or just mean is debated among those who ultimately must either assign care or pay for it (Breeze & Repper, 1998; Gellert, 2002; Mercer, Mason, & Richman, 1999). Nurses must understand that conditions for which we treat individuals can change over time as the nature of public sensibilities in the process of medicalizing human behavior changes. Today, most mental illnesses do not qualify as a defense of innocence for a crime, while being a spouse abuse victim or having premenstrual syndrome may or may not be taken into account as rationale for one's deviant or illegal behavior. A useful nursing framework provides a structure for understanding maladaptive human responses regardless of their standing in the medical/legal system and provides an understanding of appropriate nursing responses. A forensic nursing framework will account for the changing nature of social contexts for care, balancing the need for culturally competent care with universal care needs. Knowledge of the social and criminal justice systems increasingly dictate the conditions under which nurses care for their clients and the resources and priorities assigned to the care of those clients. The conceptual framework for forensic nursing must stand apart from these social systems and propose the range of overlap that best serves the needs of society and the profession.

A conceptual framework for forensic nursing not only must define these considerations, but it also must describe the relationships among the concepts, indicating, among other things, the relationships between the healthcare systems and forensic systems. The social and legal processes by which specific human behaviors and responses are categorized and treated as healthcare problems rather than cruel, evil, or just stupid behavior and the differentiation between victimization and a sense of entitlement must be accounted for as part of the environmental context in which nursing and human health occurs.

## Summary

A conceptual framework for forensic nursing is the foundation for education and practice not only for nurses who practice in the specialty, but also for every nurse. A careful examination of the current social and environmental conditions reveals a society that is acutely aware of the relationship between violence and health. Basic education for nursing already

includes many areas of content that can be identified as forensic. The value in isolating that content, labeling it as forensic, and incorporating it into the education of the professional nurse is significant. This approach puts a value on forensic knowledge and skills and sets aside specific applications that emphasize the need to raise awareness of the overlap between healthcare systems and criminal justice/forensic systems.

Identifying forensic content in a nursing curriculum lays down the foundation for the recognition of the specialty, encouraging undergraduate experiences in forensic settings. Role socialization for the nurse working in forensic roles begins with a clear conceptualization of the role in basic nursing education. This provides for increased recruitment opportunities of forensic employers, increases the career opportunities for graduates, and supports the nurses working in those settings.

Identification and integration of forensic content into basic nursing education provides a basis for generalist nursing practice inclusive of skills necessary for the care and referral of forensic patients who are cared for in general hospital settings, schools, community settings, and private physician offices. The ability to define concepts central to forensic nursing that differentiate forensic nursing and explain the relationships among those concepts allows nurses to develop a method for organizing our thinking about specialty practice and a guide for evolving as advanced nursing practice. *Forensic nursing* is a term that is emerging in the literature and in practice. Establishing a significant body of theoretical knowledge unique to this specialty will be the challenge of the future.



## QUESTIONS FOR DISCUSSION

1. Which nursing interventions impact the health of individuals and communities experiencing violence?
2. What is the process of victimization and how can nursing intervene to prevent, to treat, and to rehabilitate?
  - a. What kind of support is necessary for families who participate in the trial, conviction, and execution of the murderer of a family member?
  - b. Which clients benefit from reviewing an abusive or victimizing event?
  - c. Which nursing interventions can be effective in managing revictimization of patients in incarceration?
3. Which boundary violations characterize perpetrators and victims of crime, trauma, and abuse? How can nurses intervene to promote healthy boundaries among patients?
  - a. What is the therapeutic role boundary for a nurse working in a correctional setting?
  - b. How does the therapeutic goal for the inmate differ from the patient in a nonsecure setting?
  - c. What is the role of the offense in planning and delivering care for persons convicted of crimes?
4. Which processes of institutionalization can be positively impacted by nursing?
5. How does the limitation of citizenship or human rights among offenders affect nursing practice?
6. What is the role of nursing in evidence identification and collection? How does this affect the image of nursing and the public trust?

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