Forensic Nursing: What's New?

by Virginia A. Lynch, MSN, RN, FAAFS, Guest Editor

The image of nursing has evolved from the traditional "lady with the lamp" to one where men and women function in myriad ways in their professional practices. Nurses are no longer limited to the bedside, the surgical suite, or the emergency department. As technology and scientific knowledge become more sophisticated, nurses increasingly are involved in carving out new dimensions for their practice. Furthermore, they are expanding their roles as elected officers of organizations and agencies, government officials, political appointees, marketing managers, and yes—even as investigators of crime and violence.

Recent advancements in the behavioral and justice systems have produced significant changes in what is expected of practitioners. The new expectation is that a biomedical education, a background in psychology and knowledge about forensic issues are the bases for practice in the field. No longer are untrained or non-scientifically educated lay investigators of traumatic injuries and lay officiants of death acceptable. Rather, professionals are now expected to use efficient and effective methods for dealing with the aftermath of violent episodes, and providing care to the victims, their families, and the communities. Forensic nursing was born in this era of change, as experts recognized nurses as valuable resources to the work being done by the legal and medical systems coming together.

Contemporary health care systems use specialists to cope with complex problems, and increasingly rely upon the establishment of protocols to assure reliability and continuity. Victims of human violence present challenges to the existing patterns of care, and force introspection into professionals' belief systems and traditional practice methods. Forensic nurses must constantly be attentive to what they do, and raise questions about how they proceed in each case they encounter.

Forensic nurses apply the nursing process to public or legal proceedings; they engage in the scientific investigation of trauma, involving both living and deceased individuals. They are concerned with the impact of victimization, offender motivations, crime scene analysis, self-destructive behavior, and the exploitation of the vulnerable. Through theory-building efforts and the research process, specific dimensions of their practices benefit by new ideas and developing paradigms.

Throughout history, health care professionals have been called upon to assist the legal system in the prosecution of cases where patient care overlaps the law, or where the law and physiological realities collide. Increasingly, states have enacted legislation that provides nurses with the authority to pronounce death. Nurses must sharpen their knowledge about criminal law, how deaths are investigated, what constitutes a sexual crime, and how causes of death are determined. However, not until recently has there been the opportunity for nurses to study within this field in a formal, organized manner. There are now nursing education programs dedicated to preparing nurses for this new specialty practice.

As a result of the first paper presented at the American Academy of Forensic Sciences in 1986, which proposed a formal education program in forensic nursing, a curriculum was established at the University of Texas, Arlington (UTA) later that same year. Unfortunately, the UTA program was terminated when the professor who championed this new idea retired. I want to express my respect and gratitude to Dr. Sam Hughes for his courage and wisdom, for he recognized the immense potential of this new concept in nursing and supported the original
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proposal through the curriculum committee. With his death, we lost our greatest visionary of forensic nursing.

By teaching nurses appropriate interview strategies and the diagnostic classifications of crime-related injuries, and the importance of not only the collection of evidence, but also the proper preservation of often highly perishable and fragile evidence, nursing will help increase the legal security of citizens, as well as improve the protection of victims. Thus, forensic nursing becomes, by definition, a form of preventive health care practice.

Although the demand for the services of nurses with forensic expertise is great, few qualified faculty are able to take responsibility for the academic and clinical training needed. Considering all institutions of higher learning that have incorporated the mission of graduate and undergraduate programs in forensic nursing, two schools offer a master's degree preparing forensic nurses. These are Beth El College of Nursing in Colorado Springs, Colorado, and the Fitchburg State College School of Nursing in Fitchburg, Massachusetts. Several schools of nursing, such as the University of Virginia at Charlottesville, the University of Massachusetts at Boston, Gonzaga University in Spokane, Washington, and Southern Connecticut State University in New Haven, were among the first to develop formal courses in forensic nursing. How the concepts and principles are included within the curriculum varies from school to school. In some schools, material is introduced into existing courses; in others, discrete courses emerge, or the independent study mechanism is used, or institutes developed.

The increased concern with crime, violence, and victimization in the United States is so great that the argument can easily be made that every nurse should be more "forensically aware." Certainly, every school of nursing should at least make the faculty and students aware of the specialty, and the work that forensic nurses do. But more importantly, nurses today must incorporate forensic principles into their practices, in almost every setting. The shift toward community-based rather than institutional care brings health care professionals in direct contact with cases of abuse and neglect, in their natural settings. Early warning signs and symptoms of interpersonal violence will go unreported unless nurses are taught to include these in their observations. Prevention of further trauma and violence is possible when skilled observation and questioning are included in the repertoire of nursing behaviors.

A comprehensive and enlightened community health program will provide three major components of care: prevention of violent injury and death; forensic intervention at the time of injury or death; and post-traumatic incident care for the victims and families. Previously, the human factor or quality of life issues were not addressed in criminal or forensic investigations, because quantifying them was seen as impossible, or the officers involved did not see these issues as within their purview. Nurses, on the other hand, have psychosocial assessment and intervention strategies embedded in their skills. When nurses are on the investigating team, they are invaluable resources as data-gatherers and as primary care help for the victims and families. They become skilled at finding patterns and clues at crime and violence scenes because their past training has emphasized thorough observation and documentation. These specific skills are invaluable in investigations of sexual assault, sudden and unexpected deaths, clinical evaluations of unrecognized or unidentified trauma, and cases involving people with psychiatric disorders.

The recent Oklahoma City bombing, with its vast physical destruction and human consequences in loss and suffering, brought attention to the work of forensic specialists. Critical times such as these call for the immediate response of skilled, experienced personnel, where lifesaving treatment is an obvious priority; yet, where simultaneously, attention must be focused on identifying, securing, and preserving items that later can be considered evidence. Forensic nursing prepares those who find themselves suddenly catapulted into such scenarios to interface effectively with legal agencies, as they accurately describe wounds, gather documents, counsel decedents’ families, and collect and preserve evidence.

With the increasing use of bombs as a weapon of choice by terrorists close to home, nurses must not only be skilled in saving lives of random or intentional victims, but their also must be skilled in saving evidence. They need to know how to recognize, collect, and preserve evidence that may help in identifying and apprehending perpetrators. Wires, bolts, or small particles of material removed from a wound or clothing could be critical to the investigation.

Personalized aggression by domestic terrorists is responsible for the majority of interpersonal crimes against children, women, and the elderly. These malicious and destructive crimes often involve abuse, neglect, and sexual violence. Nurses are often the first professional encountering these victims in emergency situations.

Nurses have been recognized as a previously untapped resource; in the past 20 years, they have gained significant respect from law and legal agen-
cies. Nurses are becoming integral partners in the new forensic systems. Their unique contributions, which include assisting in such processes as substantiating prosecutors’ claims by exonerating falsely accused perpetrators, and aiding defendants in difficult and perhaps emotionally charged legal battles, are fast becoming recognized as vital to law enforcement and criminal justice. Nursing educators would do well to include within the curricula some basic preparation for dealing with judges, juries, and the general expectations in a court of law. Nurse witnesses must develop skills in dealing with aggressive and controlling cross-examination tactics.

Even in more familiar settings, such as hospitals, rules have changed regarding what nurses should know about crime and violence. The Joint Commission of the Accreditation of Healthcare Organizations’ (JCAHO) 1995 Guidelines require hospitals to educate appropriate staff members about criteria for the assessment of victims of alleged or suspected abuse or neglect. Further, they dictate that notification and release of information to authorities follow certain procedures. Forensic nurses in such settings can be instrumental in designing the structures and processes to assure the desired outcomes of justice and proper care.

Continuing education efforts are being mounted by schools of nursing, specialty organizations, victim advocacy agencies, and legal groups. Some courses are didactic only, but others include an internship component. The topics in such courses include, for example, suspicious neonatal and infant deaths, signs and legal aspects of death, forensic gynecology, forensic toxicology, and criminalistics.

Educators in other countries have introduced forensic nursing into their curricula. The University of Calgary School of Nursing in Canada and the University of Dundee School of Medicine in Scotland have initiated forensic nursing courses. The University of Manchester School of Medicine in England has included forensic nursing in a proposed new program within clinical forensic medicine. Scientific papers by forensic nurses have been presented at international conferences in Cuba, Indonesia, Italy, England, Germany, South Africa, Australia, and New Zealand. Nurses come together to discuss their work in conferences co-sponsored by the International Association of Forensic Nurses and at the Annual Scientific Assembly of Forensic Nurses.

Forensic nurses have begun to develop their guidelines for practice, and to produce systems and protocols for their work. They are engaged in an ongoing dialogue with the American Nurses Association throughout this development work.

This second special issue on forensic nursing has again provided a forum for addressing issues of great importance to the penal, civil and criminal proceedings and their intersections with nursing education, research, and practice. I am pleased to have served as Guest Editor for this issue, and hope that readers find this new information about our profession to be very interesting and professionally useful. Nurses and those for whom they care will be better served if we all can become more “forensically aware.”