

History of Forensic Nursing

Meredith J. Scannell

Forensic nursing is a subspecialty of nursing that involves the application of forensic science and nursing. It has been incorporated in various healthcare areas, including hospitals, emergency departments (EDs), healthcare clinics, legal practices, correctional institutions, psychiatric institutions, public health organizations, correctional facilities, coroners' offices, school systems, and other organizations and healthcare environments. Forensic nurses may also be involved with mass disasters and community crisis situations, applying a forensic lens to various clinical and practice settings.

At the end of the chapter, the nurse will be able to:

1. Understand the history of forensic nursing and the role of the forensic nurse.
2. List the different educational methods in achieving different forensic nursing degrees.
3. Recognize past forensic nursing pioneers and their contribution to the forensic nursing community.

BACKGROUND

The inception of forensics and medicine has been noted to go back as far as the days of early civilization, with evidence suggesting Egyptian and Hindu medicine showed an understanding of poisons and

toxicology (Smith, 1951). Greek civilization and Hippocrates would discuss injury patterns as well as an understanding and an oath of not using poisons. The Romans used injury pattern identification in determining the cause of death, such as in the case of Julius Caesar (Smith, 1951). Ancient Chinese documents also revealed evidence in medical death investigations and wound identifications (Smith, 1951). It was only natural for forensics to find its way into nursing.

Published documents have demonstrated clear forensic nursing practice in the United Kingdom in the 1950s (Smith, 1951). In the United Kingdom, healthcare professionals, including nurses, often formed partnerships with law enforcement so that they could provide healthcare and forensic medicine to those in the custody of law enforcement and within the “custodial environment” (Officer, 1979). The role was specific to individuals with mental health and substance use disorders or dealt with child sexual assault (Officer, 1979). Other clinical duties included obtaining medical histories, administering medications, assessing mental health, determining the individual’s ability to be interviewed, providing reports to law enforcement, giving court testimony, and appearing as a fact or expert witness (Officer, 1979). Some of the responsibilities would be included after the nurse had additional training and experience in making precise injury documentation and forensic interpretation, taking forensic samples and giving an opinion on suspicious deaths, and conducting examinations of victims (adults and children) of sexual assault. In other healthcare systems, forensic nursing derived from mental health where it was known as “forensic psychiatry” and patients were often referred to as “forensic patients” who were on “forensic units” and were involved in the criminal justice system (Galappathie, Khan, & Hussain, 2017).

Earliest documented aspects of forensic nursing in the United States date back to the 1970s (Speck & Aiken, 1995; Clark, 1976). Much of the forensic nursing involved nursing and victims of sexual assault (Clark, 1976). Nurse Ann Burgess and sociologist Lynda Holstrom conducted extensive research with victims of sexual assault and developed the rape trauma syndrome and treatment for victims of sexual assault (Burgess & Holstrom, 1985). Nurses worked in sexual assault centers that were established during this period. They were also often the ones who counseled victims of assault, helped to navigate their emergency visit, and offered advice and support during the initial encounter and follow-up care. Formal recognition of forensic nursing began in the early 1980s, largely from the work done by Virginal Lynch (Lynch & Duval, 2011). The Scope and Standards of Forensic Nursing Practice was first developed to help standardize

the practice of forensic nursing, shortly after the International Association of Forensic Nurses (IAFN) was created. Forensic nursing in the United States was established in death investigations and soon made its way into different aspects of nursing where there are specialized forensic nurses with different degrees and certification.

NOTABLE FORENSIC NURSES

Ann Wolbert Burgess

Ann Wolbert Burgess, DNSc, APRN, FAAN, is one of the most notable forensic nurse researchers. She is internationally known for her work on topics related to sexual assault and interpersonal violence. One of her most notable works of research in 1974 with sociologist Lynda Lytle Holstrom was on rape victimology, and it led to the development of the rape trauma syndrome (Burgess & Holstrom, 1985). “Rape trauma syndrome” is a term that refers to a myriad of reactions and responses a victim of sexual assault will have (Burgess & Holstrom, 1985). This work gave insight into the perspective of the victims and has been the foundation of various other works of research. Dr. Burgess also worked closely with the Behavioral Science Unit of the Federal Bureau of Investigation (FBI) in developing the psychological profiling of perpetrators. She has authored numerous books and journal articles and was named by the American Academy of Nursing as a living legend, and she has received various honors, including the Sigma Theta Tau International Audrey Hepburn Award, the American Nurses Association Hildegard Peplau Award, and the Sigma Theta Tau International Episteme Laureate Award.

Virginia Lynch

Virginia Lynch is considered one of the founders and authorities on forensic nursing and forensic science (Maguire & Raso, 2017). She was fundamental in the creation of the forensic nursing specialty and instrumental in developing the standards for forensic nursing, which have paved the way in promoting health and justice worldwide (Maguire & Raso, 2017). In the 1980s she developed the forensic nursing curriculum and forensic nursing model. She was the first president of the IAFN and has received numerous awards for her work, and she is considered one of the founding members of forensic nursing, which is illustrated in the highest and prestigious award given by the IAFN, titled the Virginia A. Lynch Pioneer Award in Forensic Nursing. She has authored numerous books, detailing the science of forensic nursing (Lynch & Duval, 2011).

Education for forensic nurses includes some of the following topics:

- Trauma-informed care
- Forensic interview
- Forensic photography
- Identification of different types of abuse, including physical, psychological, sexual, and economic
- Assessment and documentation of wounds
- Identification of defensive wounds
- Interpretation of blunt, sharp, penetrating trauma
- Evidence collection
- Jurisprudence
- Topics specific to interpersonal violence, including child maltreatment, elder abuse, sexual abuse, and human trafficking
- Death investigations
- Biological evidence and DNA testing and analysis
- Mass disasters and community crises

FORENSIC NURSING

In several clinical settings, nurses use forensic skills with are often not identified as forensic yet have their roots in forensic science. Forensic nursing is practiced by nurses who work in different clinical settings, such as hospital, schools, correctional institutions, and mental and psychiatric healthcare settings (Lynch & Duval, 2011). Forensic nursing is used to provide care to victims of all ages who have sustained trauma, including those who were victims of intimate partner violence, sexual assault, child maltreatment, elder abuse, human trafficking, strangulation, and trauma (both intentional and nonintentional). The forensic nurse interviews the patient, obtaining information about the person's health history and the crime or trauma to guide his or her assessment. Prior to treating victims, consent is obtained, and the extent of their forensic medical exam and what it can and cannot show is discussed.

This is typically followed by an extensive head-to-toe physical examination for identifying injuries and obtaining forensic evidence that is collected and preserved, maintaining chain of custody. Documentation of injuries is often very detailed, utilizing body maps and diagrams as well as forensic photography when indicated. Injures will often need to be treated after the forensic medical examination. If patients were victims of sexual assaults, they may be affected by sexually transmitted infections, urinary tract infections, infertility issues, vaginal and rectal trauma, and unintended pregnancies that may require treating with prophylactic medications and/or referring patients for further medical treatment and follow-up. Some victims will suffer cardiovascular

and respiratory conditions, back pain, dehydration, malnutrition, poor hygiene, or neglect, which can lead to a myriad of medical conditions that may need to be addressed. Lastly, the forensic nurse must resolve any safety issues, implement crisis interventions and advocacy, and file mandatory reports to local reporting agencies.

Fast Facts

A forensic medical examination integrates a head-to-toe assessment and the collection of evidence, which is guided by the forensic interview.

The forensic nurse's responsibilities extend beyond direct patient care and may include duties such as providing education or outreach to the community in which they work. Forensic nurses are the bridge between healthcare and justice and are often called to testify in legal and criminal cases. The forensic nurse is also often involved with larger teams and networks and often interfaces with other medical professionals, law enforcement agencies, criminal justice, victim advocacy, and external agencies that provide additional services to victims.

TYPES OF FORENSIC NURSES AND EDUCATIONAL PREPARATION

Forensic Clinical Nurse Specialist

The forensic clinical nurse specialist is an advanced forensic nursing role that requires a master's or doctoral degree in forensic nursing. Responsibilities of the forensic clinical nurse specialist often include developing and implementing policies relating to various forensic issues and healthcare; conducting research using elements of forensic nursing science; evaluating patient outcomes and engaging in educating others about forensic nursing and evidence-based practices. The forensic clinical nurse specialist may also specialize as a psychiatric forensic nurse, which requires a master's degree in mental health.

Sexual Assault Nurse Examiners

Sexual assault nurse examiners (SANEs) are nurses with additional education, training, and experience in caring for victims of sexual assault. SANE nurses are also trained in addressing victims' medical, psychological, legal, and forensic needs. Currently there are two certifications: one as certified sexual assault nurse examiner for adults (SANE-A) and another as certified sexual assault nurse examiner for pediatrics (SANE-P). The training typically consists of 40 hours of

classroom training and then a set number of hours of clinical training under the supervision of a certified SANE and the successful passing of an examination. Maintaining certification includes ongoing education within the specific area, professional activities related to the specific area, and practice hours.

Forensic Nurse Death Investigator

The forensic nurse death investigator was the first recognized type of forensic nursing in the United States (Lynch & Duval, 2011). Each state has its own regulatory laws and policies indicating who can become a death investigator and the requirements for any certification. The American Board of Medicolegal Death Investigators has a certification program that nurses can take to become certified as death investigators.

SCOPE AND STANDARDS OF FORENSIC NURSING PRACTICE

The *Scope and Standards of Forensic Nursing Practice* (2018) details the core components of forensic nursing. It covers the educational preparation necessary for different forensic nursing roles. Core competencies are highlighted regarding forensic nursing care and how it is delivered.

Examples of competencies of the forensic nurse from the *Scope and Standards of Forensic Nursing Practice* (2018) include the following:

- Collects data of physical and behavioral findings in a systematic and ongoing process with a focus on providing nursing care to patients and for identifying the medicolegal implications of those findings
- Assesses the effect of interactions among individuals, family, community, and social systems on health, illness, safety, and violence and trauma across the life span
- Utilizes complex data and information obtained during interview, examination, diagnostic procedures, and review of medicolegal evidentiary documents in identifying diagnoses
- Defines expected outcomes in terms of the patient, patient's values, ethical considerations, environment, or situation with such considerations as those associated with risks, benefits and costs, medicolegal factors, clinical expertise, and current scientific evidence

INTERNATIONAL ASSOCIATION OF FORENSIC NURSES

The IAFN is the professional nursing association for forensic nurses. It is an international organization and has members from all over the world. Their mission is to enhance the work of forensic nurses by

setting standards and fostering the work forensic nurses are doing through developing, promoting, and disseminating information (IAFN, 2018, “Our Mission”). They achieve this through their publications, conferences, educational activities, resources, and member involvement. The IAFN’s *Journal of Forensic Nursing* focuses on different aspects of forensic nursing and forensic science and education. The yearly conference meeting hosts various presenters who discuss the latest in forensic science and research. The organization has a member community where forensic nurses from other states and countries can connect and discuss various topics. They have detailed protocols and guidelines for nurses and educational opportunities.

CONCLUSION

Forensic nursing is an ever-growing science that has demonstrated a significant impact on the medical, nursing, and legal systems. Despite a lack of forensic nursing education in entry-level nursing education, nurses working in different sectors will encounter patients for whom forensic nursing skills are used and required. Nurses can stay current on forensic nursing by attending conferences, taking additional continuing education courses, and becoming active members of the forensic nursing community. Until forensic nursing is mandated for all nursing curriculums, nurses should be proactive and seek out educational activities that cover the vast topics of forensic nursing and which patients would benefit from forensic nursing. This will allow nurses to gain insight, knowledge, and skills in caring for patients who would benefit from forensic nursing.

References

- Burgess, A. W., & Holmstrom, L. L. (1985). *Rape trauma syndrome and post traumatic stress response. Rape and sexual assault: A research handbook* (pp. 46–60). New York, NY: Garland.
- Clark, T. (1976). Counseling victims of rape. *The American Journal of Nursing*, 76(12), 1964–1966. doi:10.1097/00000446-197612000-00024
- Galappathie, N., Khan, S. T., & Hussain, A. (2017). Civil and forensic patients in secure psychiatric settings: A comparison. *BJPsych Bulletin*, 41(3), 156–159. doi:10.1192/pb.bp.115.052910
- International Association of Forensic Nurses. (n.d.). About us. Retrieved from <https://www.forensicnurses.org/page/Overview>
- International Association of Forensic Nurses. (2018). *Forensic nursing: Scope and standards of practice* (2nd ed.). Elkridge, MD: Author.
- Lynch, V., & Duval, J. B. (2011). *Forensic nursing science* (2nd ed.). St. Louis, MO: Mosby/Elsevier.
- Maguire, K., & Raso, M. (2017). Reflections on forensic nursing: An interview with Virginia A. Lynch. *Journal of Forensic Nursing*, 13(4), 210–215. doi:10.1097/JFN.0000000000000174

- Officer, D. C. (1979). *Healthcare professionals in custody suites—Guidance to supplement revisions to the codes of practice under the Police and Criminal Evidence Act 1984*. Home Office. Drugs Branch, Queen Anne's Gate, London, SW1 9AT. Retrieved from http://webarchive.nationalarchives.gov.uk/20120215212331/http://www.bahamousainquiry.org/linkedfiles/baha_mousa/module_4/expert_witnesses/jpj/miv008365.pdf
- Smith, S. (1951). History and development of forensic medicine. *British Medical Journal*, *1*(4707), 599. doi:10.1136/bmj.1.4707.599
- Speck, P., & Aiken, M. (1995). 20 years of community nursing service: Memphis Sexual Assault Resource Center. *Tennessee Nurse*, *58*(2), 15–18.