FORENSIC NURSING

Diversity in Education and Practice

BY

Virginia A. Lynch, MSN, RN

Forensic nursing, as a professional discipline, originally defined its role as a medical examiner's investigator in the field of death investigation. However, with the evolution of a new area of clinical practice, the application of forensic science to nursing reveals a wider role in the investigation of crime and in the legal process.

In order to clarify the scope of forensic nursing practice, a direct application to clinical nursing and an interrelationship to the living as well as the deceased has been established. Forensic nursing has redefined its focus to incorporate the many new roles evolving in clinical, community, and research areas. With patient advocacy a prime concern in psychosocial nursing, this ability to empathize as their most important qualifications. He also cited nurses' experience in public relations as a major priority—for example, representing him at the scene, handling confidential material, and being comfortable relaying sensitive information to family members.

Sixty percent to 65% of the medical examiner case load comprises natural deaths that require no high investigative profile involving law enforcement. The use of nurse investigators in these cases allows police officers to devote more time to criminal investigation.

Butt stressed the importance of teamwork between criminal and biomedical investigative personnel. He expressed concern that medically untrained officers often disregarded medical evidence.

Virginia A. Lynch, MSN, RN, is Forensic Clinical Nurse Specialist; Lecturer, Barbara Clark Mums Associates, Louisville, Texas; and first President of the International Association of Forensic Nurses.

Address correspondence to Virginia A. Lynch, MSN, RN, 3228 San Joline, Lake Park, GA 31020.

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Increasingly, nurses are carrying badges as medical examiner’s investigators and coroners in the United States.

opportunity to provide social support. In doing so it is realized that not only will the investigative function be much simplified, but also that an important human need will be fulfilled. Medical examiner’s investigators are required to make judgments and solve problems on their own initiative and in liaison with other disciplines. The consequences of error is great, with effects that could lead to aggravation of grief and/or litigation.

Clinical Forensic Nursing

Clinical forensic practice is a new field of inquiry brought to the attention of nursing based on the police surgeon’s role in the United Kingdom. It is defined as the application of clinical and scientific knowledge to questions of law and the civil or criminal investigation of survivors of traumatic injury and/or patient treatment involving court-related issues. Survivors and perpetrators of liability-related injuries require consideration of the forensic clinician (both physicians and nurses), a role different from that of the forensic pathologist, who is solely concerned with the scientific investigation of death.

Trauma is identified as a major health issue, most frequently associated with violence and the law (Prothrow-Stith, 1991). Violence is a constant threat; more than 16,000 violent crimes are committed or attempted every day in the United States (Reiss, 1993). More than one in every eight hospital beds in the United States is occupied by a victim of trauma. Trauma ranks higher than heart disease or cancer as a cause of hospitalization (Eckert, 1986).

Individuals who survive trauma are categorized as medicolegal cases or “living forensic” patients; such cases include the following: all victims of violence (spouse, child, or elder abuse); sexual assault; drug/alcohol addiction; suicide attempts; automobile and pedestrian accidents; occupation-related injuries; medical malpractice; food and drug tampering; environmental hazards; and any liability-related bodily insult (Eckert, 1986).

A serious gap in the medicolegal system historically exists between the emergency department, the police, and the medical examiner. This gap frequently results in the misinterpretation, mishandling, or omission of valuable forensic evidence. Nurses and other professionals who have forensic education are needed to fill this gap. When considering cases of serious crime, such as homicide, sexual assault, and violent abuse, few first responders are adequately prepared to meet the complex requirements of the investigative process (Doney, 1988).

Patient care also requires the consideration of legal, civil, and human rights. Care providers who treat victims of violence have a responsibility to protect the patient’s legal rights by the proper collection of forensic evidence. This can prevent a miscarriage of justice and should begin with emergency interventions.

Forensic nursing, as a clinical subspecialty, fills a complementary role to clinical forensic medicine. The first medical school offering a formal residency program in clinical forensic medicine has recently been established in Louisville (Busuttil, 1990). These physicians will be cross-trained in emergency and forensic medicine to become the appropriate specialists to examine crime victims in hospital emergency departments. Smock and colleagues (1993), founders of this new program, have challenged nurses to be an ally in this emerging specialty to protect victims of crime and human violence within the health care institution. As members of an emerging discipline, clinical forensic nurses recognize that health care providers must assume a mutual responsibility with forensic scientists and the criminal justice system in concern for the survivor and perpetrator of violent crime.

Biotecnical Advancement. Forensic science is on the threshold of an explosion of biotechnical advancement. The Federal Bureau of Investigation supports the concept of a clinical forensic nurse facilitating a valuable service in the transition of trauma victims from the health care institution to the court of law. The forensically educated nurse could be a critical component in the recognition and proper collection of forensic evidence in complex criminal cases. With the emerging application of deoxyribonucleic acid (DNA) profiling, virtually any scrap of genetic evidence—such as semen, blood, or tissue—may provide the crucial answer to the identification and apprehension (or elimination) of a perpetrator (W. Sessions, personal communication, March 31, 1989).
In combating increasingly sophisticated crime, these new and improved identification procedures can help revolutionize the ability to bring to justice criminals who commit violent crime, particularly the serial rapist and murderer. It is imperative that the clinical professional support law enforcement in this quest to transmit developing knowledge through improved treatment and services that include forensic intervention.

The Sexual Assault Nurse Examiner. In the United States there is a lack of physicians skilled in sexual assault examination. Many are lacking in expert witness testimony ability and interpersonal skills to provide critical psychological interventions that contribute to a continuum of care between hospital emergency services and courts of law.

The sexual assault nurse examiner performs the forensic examination of sexual assault victims in both adult and pediatric cases. This nurse is skilled in advanced physical assessment, stabilization of the victim’s emotional equilibrium, collection of forensic evidence, and court testimony and procedure. Sexual assault nurse examiner programs combine the expertise of professional nurses (in providing the sexual assault examination) with the collaboration of the medical staff, district attorney, law enforcement officials, and rape crisis centers in meeting the intricate needs of these survivors (Lederay, 1992). The interrelationship between the investigation of a trauma in both the living and the dead is seen when sexual assault nurse examiners are brought into the crime scene and autopsy laboratory to collect forensic evidence from deceased victims in rape/homicide cases.

The Forensic Psychiatric Nurse. Although the role of the forensic psychiatric nurse has traditionally been as a competency therapist for persons charged with crimes, recent expansion of this role has been evident. Coram (1993) reported upon her role as an assessor, evaluator, and therapist of criminal defendants prior to a criminal hearing or trial, but also completed training in critical incident stress debriefing in the interests of assisting institutional staff members remedy problems associated with the witnessing of serious assaults or patient suicides. Forensic psychiatric nurses have been successfully used in the therapeutic setting at veterans centers assisting Vietnam combat veterans suffering from post-traumatic stress disorder (Lynch, 1989).

The Forensic Correctional/Institutional Nurse. Nurses specializing in the care and treatment of large institutionalized populations in prisons or “criminal” psychiatric facilities have long been referred to as forensic nurses. In addition to the usual professional nursing care provided to any group of human beings, these nurses also must be cognizant of the legal and custody requirements of their patients. They also must observe, document, and report problems common to large institutionalized groups confined in close quarters, such as epidemiologic concerns, trauma, and prediction of violence associated with a variety of sources (Love, 1993).

Sudden and Unexpected Deaths

Unfortunately, not all victims are survivors. Victims of violence and catastrophic accidents often are admitted "dead on arrival" or die shortly after admission in the clinical setting. In the community, deaths often occur in isolation, without the assistance of those skilled in emergency services. Many of these deaths are a result of a terminal illness. Many are a result of violence.

It is the dramatic intrusion of the unexpected that is often responsible for arousing suspicion. Every unexpected death has actual or potential medicolegal aspects. Medical interest lies in accurately establishing the nature of a fatal disease or injury. The legal importance derives from the necessity of objective data for the administration of justice, whether civil or criminal. It is a logical conclusion, due to its holistic orientation, that nursing may serve these legal necessities well.

The application of nursing science to the process of death investigation is probably the least understood of societal and governmental processes, because this has not been a traditional role for nurses in the past (McCarty, 1985). Yet as early as 1978, the State of Wisconsin Board of Nursing, Department of Regulations and Licensing, acknowledged that the nurse coroner, when using knowledge and skills gained by nursing education, would be practicing within the scope of professional nursing (Cummining, 1993). In forensic nursing, the health care profession is repre-
No one should ever have to face the death of a loved one alone or be the one to discover the body. Yet it happens. Each time I walk away from a grieving lover, parent, or child, I realize the victim is the one who survived.

One winter night, death had left its victim-survivor alone, waiting for the police and the medical examiner's investigators to arrive. Alone, waiting for the mortician service to take the body away. Alone, after they had gone, waiting through the endless hours to face a life alone. There were no parents, friends, neighbors, or the usual minister or counseling group of colleagues. Did they live too far away? Had they even been told? Was this couple new to the area? These were the questions that remained unanswered; it was obvious, however, that this survivor needed someone who cared.

I walked by him, not knowing who he was. He could have been an attorney, or the forensic consultant or psychologist called to the scene. He seemed so emotionally detached that I did not realize how deep his pain was or how near the surface his tears were. I went directly to the body while my partner gathered the necessary information from the crime scene officer. I examined the body and carefully observed the death scene for evidence.

I became acutely aware of the struggle this young woman had maintained to overcome long-term depression. I noted the medications—prescriptions dated and refilled many times. Books and tape of therapeutic exercises to help relieve stress and tension, and to diffuse self-destructive compulsions, lay on the table. Nothing had worked.

The environment had a supportive and caring milieu. Framed photographs decorated the bedside table, desk, and walls; each one told a story of happy moments with her fiancé—the man sitting nearby.

The suicide note in her pocket described the anguish, the desperation, and the hopelessness. Nothing had helped. Love. Unwavering, had not helped. Forgiveness, understanding, and acceptance were asked for Assurance of love returned was emphasized. She was beautiful. Now she reflected the elusive peace she had pursued.

The crime scene officers, as well as my partner and I, were each involved in our investigatory functions. One of the officers, uncomfortable in dealing with the survivor, indirectly asked me to go and talk to him—the one I had walked by, the one in the photographs, the one who always made her smile. The focus immediately changed. The officers seemed relieved and busied themselves as I went to him, to allow me time alone with him.

Nurses are taught to recognize needs and to decrease pain; they cannot be afraid to touch out and touch suffering, even if it means absorbing some of the pain. They are taught to respond to the individual's needs with sensitivity and caring. They are taught that touching can be therapeutic and that tears, anger, protest, hostility, fear, and/or bewilderment should be expressed without fear of embarrassment or loss of dignity.

It was so simple. It was something anyone could have done if they knew how—if they were willing to take the risk. I took his hand, looked at him, and said, "I'm sorry. I'm so sorry." The barricade crumbled. He reached out to me and buried his tears on my shoulder. The need to withhold was overcome by the need to express blinding pain. It was an opportunity to give what nurses are prepared to do—comfortation. It was an opportunity to do what nurses are educated to do—facilitate grieving (that vital link to recovery that is often repressed in a social context where men are not allowed to cry).

He apologized for crying I reassured him, "It is not only important to cry for you, but also for yourself; for your life as well as hers." It was an opportunity to explain the need for grieving and to explain how guilt is a natural reaction, yet to assure him he had done all he could. "Don't be embarrassed to cry. Grief makes a statement about how much you love someone. Wouldn't it be sad if we lived and loved and died—and no one cried for us? I know how you must have loved her; the pictures reflect your love. I know how much she loved you, she told me in her note. It is important for you to cry now, to talk about your feelings and your pain. It will help resolve this initial shock and conserve your strength for the days ahead. You will need it then."

"It seemed to help. He was quieter now, more alive than before, less afraid. The officers returned with final questions. My partner left. Still, there was no support system there for him. I was faced with leaving too. It was as if the officers and others at the scene thought his despair might be contagious. "They followed a set of unwritten rules that helped them cope with the sorrow they saw daily; Don't get too close. Don't ask unnecessary questions. Don't focus on the feelings of the survivor. Don't initiate personal conversation. Don't get personally involved."

It is understood that human consolation is not the objective of criminal investigation. Officers and medical investigators are trained to maintain a high index of suspicion, approaching each death scene as if it were a homicide to be ruled out. However, the initial examination was consistent with a self-inflicted gunshot wound indicating that the young woman's fiancé was not a suspect.

At times like this, everyone involved in the investigation is busy with his or her own professional responsibilities, yet there is much time used up in waiting. Always, at every scene, time can be used in a more constructive way, such as in consoling, listening, talking about the decedent, evaluating the survivors' emotional status, and offering referral information. It takes little time to say much. For those who cannot find words of comfort in a crisis setting, listening often is all that is needed to soothe the pain.

As I started to leave, I realized he was alone again—though this time not as anguished. The tears had released their natural healing; he was breathing easier and more relaxed. I walked across the room and took his hands, once again sharing strength and concern through touch. I gave him my card and explained how he could reach me if he thought of any questions or if he had forgotten something or needed to discuss the death. He thanked me. When I left, he seemed a little less alone.

The next hours were spent organizing case reports. I thought about him and how he must have felt. I wondered if anyone came after the officers and I left. I wondered if he stayed there—where her body had left behind a bright red reminder of her death. I wondered if he would ever call.

The following spring surprised us with a snow unlikely for that time of year. The peaceful cover camouflaged the pain and suffering involved in my work. Sitting in the snow-banked window, I read his letter.

Dear Ms. Lynch: You visited my home on the night my fiancée killed herself. Men are awkward about comforting each other, but you knew exactly what to do. Your kind words and considerate treatment meant more to me than you can ever know. I was in deep shock and overcome with grief and the horror of finding Linda dead. She was such a beautiful woman and I loved her dearly and miss her terribly. I didn't know if I can ever recover from this. I just thank God we had four beautiful years together. Thank you again."

I still think of him—and the others since him—and I know the risk is worth taking. Often we wonder why we involve ourselves and risk the pain. His note told me why.

sented in a holistic concept of human relationship to all health processes. Dying, as well as living, produces important needs in a society concerned with disease prevention and health maintenance. 

In the United States, death investigation is a relatively new field for nurses. However, in the past 5 years, the use of registered nurses as medicolegal investigators has been growing and is becoming preferred in many medical examiner's jurisdictions. The nurses' expertise in death investigation is being recognized in numerous archaic systems where lay officiarios of death have been outdated in today's concerned society. Nurses are being elected as coroners. Nurses are uniquely qualified in the scientific investigation of death, to interact with physicians and grieving families, and to collaborate with other professionals in forensic investigations.

The Nursing Contribution

Registered nurses have an advantage in providing skills through their education in both clinical and community health fields. This knowledge and experience can be invaluable in recognizing signs and symptoms of natural disease processes. In unexplained deaths (such as fatal infectious diseases) and in unnatural, unknown, or untended deaths, these signs are often so subtle that the untrained eye would overlook or misin-
Interpret valuable forensic evidence—such as ruptured esophageal varices, ecchymosis, or ascites.

Traditionally, individuals hired as death investigators have had extensive background in law enforcement. Recent advances in forensic science seem to indicate that individuals must have stronger backgrounds in pharmacology, anatomy and physiology, psychology, both medical and nursing terminology; emphases are now on crisis intervention and grief counseling.

Presently, crisis intervention during grief also may be built in as a component to medical examiner and/or coroner systems through forensic nursing programs. These programs endorse the employment of medical examiner’s investigators who are nurses that are specially educated in medicolegal investigation, grief and crisis intervention, psychosocial nursing, community mental health, and clinical forensics—as well as being cross-trained in criminalistics. This process delivers a more empathic approach to death investigation within a system that has traditionally been somewhat remote and detached.

Forensic nursing as a medical examiner’s investigator or coroner offers one of many new opportunities for nurses today.

**Intervention in Grief as Adaptation to Health**

The philosophy of forensic nursing supports the holistic concept of a theoretical perspective that embraces the continuum of the life cycle: Intervention in death as well as birth deserves equal respect. Survivor needs have been long overlooked in the aftermath of catastrophic or imminent deaths. The families that are left behind are a target population at risk that should be a concern for all health care providers. The emotional trauma resulting from abnormal grieving or inappropriate adaptation to stress directly affects individual health and disease orientation. Stress-related illness—a product of grief, fear, and loneliness—is responsible for many of the terminal diseases today, and certainly for a great number of violent deaths.

According to nurse educator Ken L. Kiser:

Forensic nursing is a revolutionary concept for using nursing abilities in an area of human services not previously explored by nurses. Nurses can make significant contributions to the area of death investigation as well as services to survivors (Vickers, 1987).

This is not to imply that the nurse coroner or investigator assume the principal role of grief counselor. The counselor’s primary objective is intervention and treatment of unresolved grief—as opposed to the primary objective of the forensic investigator, whose ultimate responsibility is the scientific investigation of death. It is imperative that these two roles remain independent. “This could otherwise result in a conflict of interest” (Doyle, 1980).

As an immediate source of support, however, the nurse forensic investigator provides the opportunity for the bereaved to vent feelings in the presence of someone who recognizes the intensity of emotions and is tolerant of the inconsistencies in their behavior. Survivor support groups have generally identified the behavior of death investigators as cold, callous, and indifferent—thus alienating the grieving family and complicating the immediate interface with the investigating agency.

Therefore, intervention in grief must be seen and supported as a means toward adaptation and health. Undergraduate and graduate courses in the investigation of injury and death are currently being developed and provide a curriculum in these biopsychosocial and scientific aspects of death, dying, and the investigation of trauma. Thus, the discipline of forensic nursing is defined by social relevance and value orientations. Practitioners of this subspecialty in the nursing profession must engage in inquiry that is beyond traditional clinical practice, requiring a variety of approaches to the clinical investigation of trauma in both the living and the dead. The scope of forensic nursing goes far beyond that required for current clinical practice. Societal needs and scientific discoveries will continually reevaluate role behaviors of the forensic nurse.

Medicolegal investigation as a role for nurses can make a primary contribution to an important aspect of psycho-social and community health nursing. Canadian nurses who work as forensic investigators in a medical examiner’s system are defined in a community mental health nursing role. Their government-delegated job description is written based on the nursing process (Guay, 1989).

Certainly, helping to establish the exact cause of a sudden death can itself
TABLE
Sample Curriculum Core Course in Forensic Nursing

<table>
<thead>
<tr>
<th>Course Title: Introduction to Forensic Nursing</th>
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<tr>
<td>Credit: 3 semester hours—3 contact hours, 6 laboratory hours</td>
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Course Description: The application of academic and professional development of the forensic clinical nurse specialist (CNS) in advanced nursing practice in a clinical or community based institution. The forensic nurse will fulfill the required 96-hour internship in field and laboratory experience—as well as required classroom contact instruction—under the preceptorship of a forensic, trauma, emergency, or other appropriate CNS; a medical examiner; or a forensic scientist. The course will include an incisive exploration of the principles and philosophies of clinical forensic nursing and the role of the forensic nurse in the scientific investigation of trauma. The role of the forensic nurse in biomedical investigation and community mental health as a nurse coroner or medical examiner’s investigator/associate will be addressed.

Topics Covered:
1. Role of the forensic clinical nurse specialist
2. Role of the sexual assault nurse examiner
3. Role of the nurse coroner/death investigator
4. Role of the forensic psychiatric nurse
5. Role of the medicolegal nurse consultant
6. Role of the forensic geriatric nurse specialist
7. Role of the forensic correctional nurse specialist
8. Role of the nurse in forensic research and education in medicolegal practice
9. Structure and function of institutions of legal medicine
10. Forensic psychopathology
11. Signs and legal aspects of death, certification of death
12. Notification of death, victim management of survivors
13. Legal/ethical aspects of nursing practice, bioethics
14. Victimology/traumatology
15. Sexual and domestic violence, forensic gynecology
16. Medicolegal documentation/rules of evidence
17. Implication of bite mark evidence
18. Recognition of patterns of injury, nursing management of gunshot wounds
19. Nursing responsibilities in clinical forensic cases, protocol development

Three other courses in forensic nursing are required to complete masters degree or post-graduate certificate in forensic nursing: Investigation of Injury and Death, Criminalistics/Forensic Science Technique, and Courtroom Procedure/Expert Witness.

be a way of helping survivors work through their grief. Being able to offer support to the grieving is, in itself, rewarding. Investigators who have carried out their responsibilities professionally lessen the grief, if only in a small way. At least they have not added to the pain by using less than effective technical procedures or insensitive questioning.

Nurses, whether in the clinical setting of the emergency department or in the community arena, are in a position to make a vital difference in the long process of restoring homeostasis to the bereaved and to the violated. It is difficult for a staff without proper education to understand the basic needs of the bereaved. Forensic nursing is one important field that enables nurses to provide a humanistic approach to death investigation.

When a catastrophic death occurs, the first responders are usually the police and the medical examiner’s investigators. They generally share in the responsibilities of interviewing survivors and documenting evidence. The task of communication with the decedent’s survivors requires tact and empathy. When the shock of the loved one’s death is compounded by violence, the death scene is frequently an overwhelming scenario of despair and anguish.

Social scientists have begun to study the survivors left behind—the victims by extension. These individuals display signs and symptoms of posttraumatic stress disorder resulting not only from the death trauma, but also from the “secondary wounds” due to circumstances surrounding the aftermath (Masters, 1988). This situation begins with the investigation of death. The plight of victims of violence, criminal activity, and traumatic accidents unite the disciplines involved in this primary investigation, which include forensic scientists, criminal justice professionals, clinical specialists in medicine and nursing, and mental health professionals (Case Example).

These victims by extension often complain of a lack of sensitivity and understanding by the investigating officials involved in the initial contact. Law enforcement officers frequently adapt techniques of neutralization about their work—a defense mechanism against the anguish they deal with daily. Yet the cause of death must be determined. A recent trend in forensic science portends a more empathic approach to death investigation. It is a time for compassion (Mittleman, 1993).

The medical investigator has, as an
authorized deputy representing the chief medical examiner in questioned death investigation, a responsibility not only to the criminal justice system, but also to the community. This forensic investigator not only must provide a systematic and efficient means of medical investigation, but also—at the same time—must establish and maintain an effective communication with the family whose thought processes are complicated by bereavement. By offering emotional support to the bereaved, the nurse coroner/investigator can often elicit important information that would otherwise be unavailable. This is part of a dynamic shift in human consciousness, representing an overdue concern for survivors who are left behind in the tragic and traumatic environment of sudden and unexpected death.

Proper Notification of Death

As a Medical Examiner’s Investigator, the nurse’s primary responsibility is to provide the most effective means of death investigation, and that role cannot be compromised. However, the practitioner who can provide a concise scientific investigation of death and simultaneously provide a humanistic approach can best serve society’s needs. As a Medical Examiner’s Investigator, I have observed the effects of indifferent officials who are untrained in grief and crisis intervention. “In a science that stresses the careful collection and accurate documentation of evidence, it is interesting that the psychologic impact of traumatic death on victim’s families receives such little attention in actual practice” (Harris, 1989).

We cannot prevent the primary injury and trauma caused the survivors by death. Yet, as professionals in psychosocial nursing, we have a responsibility to prevent the secondary wounds to the survivors. We must be able to stand beside bereaved families, sense their pain, and understand their needs. As we become the designated staff member to make the notification of death, we should put ourselves in the family’s place and reflect how we would feel if they were notifying us (Sidebar).

Although the forensic investigator must not let emotions interfere with professionalism, the family’s loss must always be recognized. This situation requires a balance of objectivity and empathy; never become so insensitive that you cannot feel their loss. Say “I’m sorry” and let them know you are sincere.

Interventions in Suicide

How can we begin to help these survivors of catastrophic death trauma? Shneidman (1984) identified the largest public health problem as neither suicide nor the management of suicide attempts, “but the alleviation of the effects of stress in the survivor/victim of suicidal deaths.” He indicated that postvention, “those appropriate and helpful acts after the tragedy, can provide immediate and on-the-scene crisis intervention. Postvention reduces the aftereffect of a traumatic event in the lives of the survivors (Shneidman, 1984).

Violent deaths are more stigmatizing and traumatic than natural deaths. These deaths often trigger feelings of guilt, hatred, and perplexity. Shneidman pointed out that survivors frequently are “obsessed with thoughts about death, seeking reasons, casting blame, and often punishing themselves” (Shneidman, 1984). The National Organization for Victim Assistance (1985) warns that for those survivors who cannot imagine a life without that loved one, ideas of suicide are common. In a study of survivors of suicide victims, Herzog (cited in Shneidman, 1984) identified three psychologic stages of postventive care:

1. Resuscitation—working with the initial shock of grief in the first 24 hours;
2. Rehabilitation—consultations with family members from the 1st month to about the 6th month; and
3. Renewal—the healthy tapering off of the mourning process, from 6 months on.

As medical examiner’s investigators, we have a responsibility to the survivor to understand the verbal and nonverbal cues and to determine how to help him or her. Shock, panic, guilt, and confusion are often present. Rage is often projected as hostility and resentment toward the investigators, tending to complicate an already difficult job. Forensic nurse investigators must be able to intervene effectively during the resuscitation period. The task of notifying a family member of the death of a loved one is unpleasant and requires compassion and respect. Effective help to the survivor requires intervention that responds to all aspects of the survivor’s losses (Masters, 1988).

Conclusion

Current nursing theories and practices emphasize caring responses to the complex and sensitive issues surrounding death and dying. Yet, we must not be content to confine our interest to nursing science alone, but join with other scientific groups that recognize these essential elements of dying as a life process.

The registered nurse, as a previously untapped resource, can be a great asset in the forensic sciences (L. Stone, personal communication, 1986). Death has become a respectable field of inquiry, demanding answers to satisfy the public need and demand to determine the cause and manner of death (Wickleng, 1988). However, death investigation requires a humanistic approach. Grieving survivors who view the behavior of police and traditional medical investigators as lacking in empathy imply that the officious actions of these officials magnify the grieving experience. Nurses can bring empathy and compassion—as well as excellent observation, clinical, and communication skills—to death investigation.

Standing Bear (cited in Vickers,
Forensic Nursing

KEY POINTS

1. Forensic nursing, as a professional discipline, originally defined its role as a medical examiner’s investigator in the field of death investigation. However, with the evolution of a new area of clinical practice, the application of forensic science to nursing reveals a wider role in the investigation of crime and in the legal process.

2. Forensic nursing, as a clinical subspecialty, fills a complementary role to clinical forensic medicine. As an emerging discipline, clinical forensic nursing recognizes that health care providers must assume a mutual responsibility with forensic scientists and the criminal justice system in concern for the survivor of violent crime and perpetrators of criminal acts.

3. The registered nurse can be a great asset in the forensic sciences. Death has become a respectable field of inquiry, demanding answers to satisfy the public need and demand to determine the cause and manner of death. Nurses can bring empathy and compassion—as well as excellent observation, clinical, and communication skills—to death investigation.

1987), a forensic scientist and criminologist, contended that “forensic nursing brings together the necessarily neutral, detached, and suspicious arena of the law enforcement investigator with the empathic, involved, and accepting dimensions of psychosocial nursing.” This common concern for victim’s rights allies practitioners in medicolegal issues.

Historically, sensitivity to victims involved in complex criminal and/or catastrophic life-threatening situations has been a focus of victim advocates. In applying the concept of advocacy in a multidisciplinary team approach, it is necessary to define standards in forensic and health care practice. Current policy of victims advocate movements to implement positive change is to include, to the fullest extent, criminal justice and health service practitioners (National Organization for Victim Assistance, 1985).

Forensic specialization in the biomedical and social sciences incorporate emergency and advocacy interventions while providing scientific knowledge to combat destructive social conditions. Forensic-related problems that influence health care in relationship to law enforcement and clinical forensic medicine provide opportunities to supplement and/or complement current roles in public service that improve care for victims of trauma and human violence.

In order to meet the needs and demands of our society, nursing education must provide curricula to encompass this body of knowledge. The time has come for the recognition and implementation of forensic education in the field of nursing. A program combining the three major components—nursing science, forensic science, and criminal justice—is necessary to prepare a nurse specializing in forensic nursing (Table). This proposed basic curriculum will provide a uniquely qualified clinical professional, blending biomedial knowledge with the basic principles of law and of human behavior.

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