Forensic Psychiatric Nursing

The Paradox of Custody and Caring

Cindy Peternelj-Taylor RN, BScN, MSc

The trials and tribulations encompassing the care and control of the socially undesirable—the criminal, the dangerous, and the mentally ill—have historically burdened society and continue to challenge the collective wisdom of the international community. Similarly, the challenges in providing mental health services for this population are fraught with enduring contradictions, and public and political animosity frequently prevails (Peternelj-Taylor, 1998).

This issue of the Journal of Psychosocial Nursing and Mental Health Services is devoted to forensic psychiatric nursing, and features the contributions of forensic psychiatric nursing experts from Canada, the United States, and the United Kingdom.

In an attempt to bridge the gap between the mental health care system and the criminal justice system, forensic psychiatric nursing is defined as

the integration of mental health nursing philosophy and practice within a sociocultural context that includes the criminal justice system to provide comprehensive care to individual clients, their families, and their communities (Peternelj-


Forensic psychiatric nursing occurs across a continuum of controlled environments that may be part of the mental health system, the criminal justice system, or both. Osborne (1995) reminds us “that in these times of radical capitalism and individualism, there is a blurring of the mission of corrections and mental health facilities” (p. 5).

The Social Necessity-Social Good Mandate

Regardless of the practice setting, nurses who specialize in forensic psychiatric nursing face a dual obligation, one of social necessity and one of social good, one of custody and one of caring. This debate is framed within doing what is beneficial for the community versus what is most therapeutic for the individual client.

Social necessities are those services deemed necessary to community existence. Correctional facilities, forensic psychiatric institutions, special hospitals, mental health facilities, and community outpatient treatment programs have become social necessities in the form of social control of criminal and mentally ill populations. The protec-
tion of society is seen as a direct consequence of the processes of control and custody.

A social good, on the other hand, is a service that is kind and beneficial. These same forensic settings provide social goods in the form of treatment, health care, and rehabilitation (Osborne, 1995; Peternelj-Taylor & Johnson, 1995). Comprehending and confronting this paradox is essential to the provision of social good (caring) in settings devoted to social necessity (custody). This irony requires special attention and discernment, as it is probably the single factor that most differentiates forensic psychiatric nursing from forensic nursing in general.

The ramifications of this paradox are at best perplexing—if not disconcerting—and forensic psychiatric nurses often feel torn between the needs of society and the needs of their clients, not surprising as the distinction between social necessity (custody) and social good (caring) is not always easy to discern (Osborne, 1995).

In “Good and Evil in the Crusade of Care: Social Constructions of Mental Disorder,” Mercer, Mason, and Richman attempt to unravel the structural and linguistic contradictions of treatment and punishment as they affect the secure psychiatric ward. Their study is a further examination of this social necessity-social good debate and lends support to conventional wisdom, which dictates that a caregiver response is more likely when forensic clients are perceived to be mentally ill (psychotic) versus those perceived to be evil (psychopaths).

Likewise, in addressing the complexities of working with a “difficult” client with a proven history of violence and aggression, Schafer illustrates the contradictions of providing custody and caring further in, “Application of Peplau’s Interpersonal Nursing Theory in the Correctional Environment: Working With Dave.” Most nurses would agree that team work is essential to working successfully in the forensic milieu, especially with challenging clients. But what happens when the team does not agree?

Through the examination of the issues that dominated each phase of the therapeutic relationship, Schafer very skillfully discusses the relevance of Peplau’s (1952) Interpersonal Theory of Nursing to the case study in question, and to the idiosyncrasies of nursing in correctional environments.

Recurring themes of power and control, trust building, and negotiation consume therapeutic interventions with forensic clients in general. Unfortunately, the view that everyone has the potential for change and the right to treatment is not shared by everyone, including some health care professionals (Peternelj-Taylor & Johnson, 1995).

Ongoing Challenges

To most individuals foreign to the forensic milieu, the motivation for working with forensic clients is a mystery, or a great wonder beyond reason or rationale thought. The complexities of the therapeutic relationship are explored further in, “Working with Sex Offenders: A Nurse’s Experiences and Research.” Scheela eloquently chronicles her own experiences in working with sexual offenders and how she has personally come to terms with the question “Why would anyone want to work with them?”

Her answer takes the reader on a journey that includes a discussion of how the sexual abuse treatment program operates, and the research and sexual abuse course that have emerged. As a consequence, this integration of research, theory, and practice has collectively contributed to enhanced community safety.

Safety is a frequent topic of discussion when working with forensic clients, whether it be the preservation of personal or institutional safety, or protection of the community at large. In “Forensic Psychiatric Violence: Engaging Patients in Violence Prevention,” Love and Hunter describe a novel violence-prevention alliance between the clinical staff and the patient government at a large maximum security hospital.

Despite the inherent problems one might contemplate with such a collaboration, the authors report a successful partnership that has contributed to the overall safety and security of the hospital community, while challenging the stereotype that violence is to be expected in a hospital for the “cruelly insane.”

Bridging the Gap

Bridging the gap between the health care system and the criminal justice system is necessitated by the complexity, diversity, and dissimilarity of the forensic clientele in terms of their presenting problems, life experiences, and health care needs. In “Professional Education of Correctional Nurses: A Community-Based Partnership Model,” Goldkule asserts that from a public health perspective, the correctional population represents a significant segment of society’s at risk population.

Moreover, she draws needed attention to the family—the “hidden” forensic population—and concludes that a fundamental shift in thinking is required to truly embrace a collaborative community-based partnership, or teamwork “without walls.”

In “Girl Scouts Beyond Bars: A Unique Opportunity for Forensic Psychiatric Nursing,” Hufft describes the innovative nursing role that developed while providing consultation to an unconventional Girl Scout troop based at a correctional institute for women. Participation in community-based programs, such as Girl Scouts Beyond Bars (GSBB), allows forensic psychiatric nurses to articulate their roles in health promotion and illness prevention initiatives for incarcerated women and their families. Finally, GSBB should also be viewed as a significant example of a primary prevention initiative that relies on the collaboration, dedication, and persistence of institutional staff, community volunteers, offenders, and their daughters.

Likewise, Kent-Wilkinson discusses
the role of the family in her article, entitled "The Forensic Family Genogram: An Assessment and Intervention Tool." Observing and discussing family patterns with individual clients can lead not only to better assessments and interventions, but also to appropriate community referrals for family members.

All too often forensic clients reveal horrific details of how they were raised. Using the forensic family genogram will assist nurses to more readily identify family patterns, and particularly, maladaptive coping.

The health consequences of violence are of concern to both the health care system and the criminal justice system and require a coordinated multidisciplinary approach. Forensic psychiatric nurses are ideally situated to be key players in multidisciplinary treatment (Lynch, 1996).

**And of the Future?**

Forensic nursing has been described as a contemporary area of nursing practice, one that is still in its embryonic stage of development (International Association of Forensic Nurses & American Nurses Association, 1997). Forensic psychiatric nurses must ensure that their nursing practice is guided by theories, concepts, and goals that are realistic to the practice setting; that they are extremely knowledgeable, highly skilled, and theoretically grounded. Nevertheless, in the final analysis, Osborne (1995) cautions that:

*We must not be comforted by our good works alone—that is, supplying social goods to needy populations. We must continually ask ourselves—What does this work really mean? Whose welfare are we serving? Such self-examination will naturally lead us towards a critical dialogue with our environment, and, consequently, a more enlightened ability to serve (p. 6).*

It has been an honor and privilege to have been invited to serve as guest editor for the *Journal of Psychosocial Nursing and Mental Health Services* on this fourth special issue devoted to forensic nursing. The selection of articles presented here have contributed further to advancing our contemporary understanding of forensic psychiatric nursing as a specialty of forensic nursing.

The many factors affecting the care of the forensic population at large can never be comprehensively addressed using a narrow or fragmented approach, and both specialists and specialized agencies working alone cannot hope to meet the needs of individual clients, their families, or their communities (Health and Welfare Canada, 1988; Health Canada, 1995). Ultimately, it is hoped that by bridging the gap between the health care system and the criminal justice system will lead to both healthier and safer communities for all concerned.

**References**


Minister of Supply and Services Canada.


---

Ms. Peternelj-Taylor is a Professor, with the College of Nursing at the University of Saskatchewan, located in Saskatoon, Canada. Address reprint requests to Cindy Peternelj-Taylor, RN, BCSc, MSc, College of Nursing, University of Saskatchewan, 107 Wiggins Road, Saskatoon, SK Canada S7N 5E5.