Introduction to Forensic Nursing and Indian Laws — Unit 2: Forensic Nursing

Forensic Nursing

Definition

- **Forensic nursing** combines nursing care with knowledge of forensic science and legal procedures when illness, injury or death has legal importance.
- It includes compassionate care, careful assessment, objective documentation and appropriate preservation of evidence.
- The patient remains a person with health needs, rather than simply a source of evidence.

Purpose

- Protect life, reduce suffering and support recovery after violence, trauma or other events with legal consequences.
- Recognise findings that may otherwise be lost during routine treatment.
- Help the healthcare and legal teams obtain reliable information without exceeding nursing authority.
- Support prevention, safeguarding and access to appropriate services.

Important Terms

1. Medicolegal Case

- A **medicolegal case** is a clinical situation in which the circumstances may require legal investigation in addition to healthcare.
- Suspected assault, poisoning, abuse and certain unexplained injuries or deaths are common examples.

2. Survivor and Victim

- Use language that respects the person's preference while retaining exact legal terminology in required records.

A. Survivor

- **Survivor** is often used in healthcare to emphasise the person's agency and recovery.

B. Victim

- **Victim** is commonly used in legal provisions and does not reduce the person's dignity or ability to make decisions.

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3. Trauma-informed Care

- Trauma-informed care recognises that previous or current trauma can affect how a person experiences healthcare.
- Safety, choice, explanation and control over non-emergency procedures reduce the chance of further distress.

4. Scope of Practice

- **Scope of practice** is the range of activities a nurse is legally authorised and professionally competent to perform.
- Training in forensic nursing does not by itself grant authority to perform every medicolegal examination, investigation or procedure.

History and Development

Early Practice

- Nurses have long cared for injured people, victims of abuse, people in custody and patients involved in legal disputes.
- Their observations and records often had legal value even before forensic nursing became a named specialty.
- More organised services developed as the needs of survivors of sexual assault and other violence received greater attention.

Major Developments

1. Specialist Clinical Roles

- Sexual assault examination services in the later twentieth century helped establish trained nursing roles in assessment and evidence care in several countries.
- These roles emphasised both the quality of clinical care and the reliability of documentation.

2. Professional Organisation

- The **International Association of Forensic Nurses** was established in **1992**.
- Professional organisation supported education, practice standards, research and collaboration between nurses working in different forensic settings.

3. Specialty Recognition

- The American Nurses Association recognised forensic nursing as a specialty in **1995**.
- Recognition in one country does not automatically create the same legal scope or certification arrangements in another country.

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4. Development in India

- Forensic nursing is increasingly included in nursing education to strengthen recognition of violence, medicolegal care and evidence preservation.
- Indian practice must follow applicable national and state law, nursing registration requirements and institutional authorisation.
- Collaboration with emergency care, forensic medicine, police, laboratories and protection services is central to its development.

Continuing Needs

- Services require trained staff, private examination areas, suitable evidence kits, secure storage and reliable referral arrangements.
- Continuing education is necessary because laws, reporting pathways and scientific methods change.
- Research and service audit help identify delays, documentation problems and unmet needs after discharge.

Settings of Practice

Main Settings

1. Emergency and Trauma Services

- Nurses may encounter assault, burns, road injuries, poisoning and unexplained trauma at first contact.
- Stabilisation, accurate arrival observations and preservation of relevant material are important before evidence is altered by treatment.

2. Hospitals and Specialist Clinics

- Ward, intensive care, maternity and outpatient nurses may identify abuse or provide continuing care after violence.
- Specialist services coordinate examination, treatment and follow-up according to local facilities and authorisation.

3. Community and Home Care

- Community nurses may recognise neglect, domestic violence, unsafe living conditions or abuse of dependent people.
- Assessment must include the safety of private communication and whether disclosure could increase risk at home.

4. Child Protection Services

- Nurses support the assessment, treatment and follow-up of children with suspected abuse or neglect.

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- Care requires developmentally suitable communication and coordination with authorised child protection agencies.

5. Correctional and Custodial Settings

- Nurses care for people in prisons, detention facilities and other settings where liberty is restricted.
- Clinical decisions must protect dignity, confidentiality and access to care despite security requirements.

6. Mental Health Services

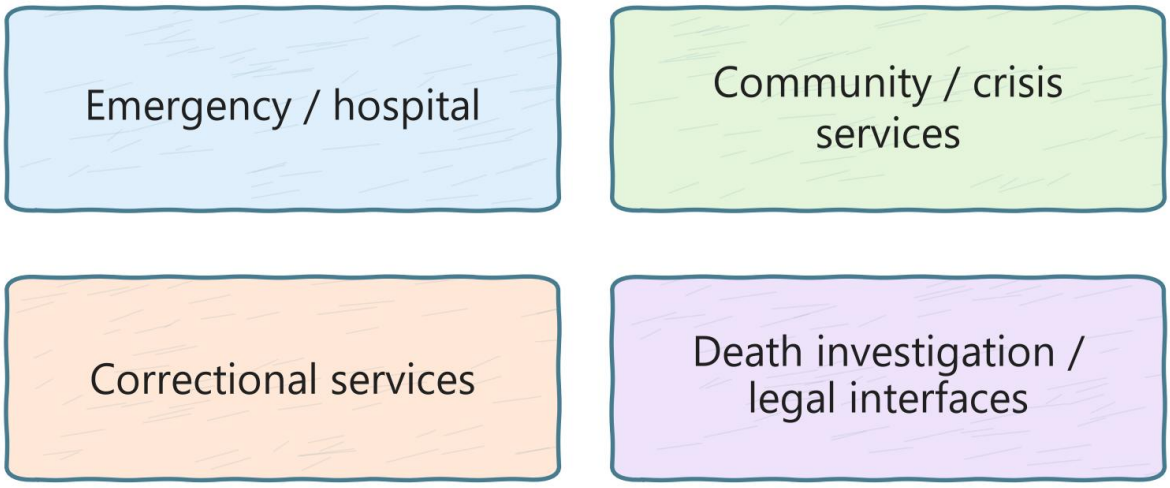
- Nurses may care for people with mental illness who have experienced violence or are involved in legal proceedings.
- Mental illness does not automatically imply dangerousness, incapacity or criminal responsibility.

7. Death Investigation and Disaster Services

- Appropriately trained and authorised nurses may assist with identification, records, family support and preservation of relevant information.
- Authority to conduct an inquest or postmortem examination comes from law and designated professional roles.

8. Education and Legal Consultation

- Experienced nurses may teach evidence care, review nursing records or explain standards within their expertise.
- Legal consultation does not permit a nurse to give an opinion outside their training or represent a client as a lawyer without qualification.



Forensic nursing occurs across several settings

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Areas of Practice and Subspecialties

Main Areas

1. Sexual Assault Nursing

- This area focuses on clinical care, trauma-informed assessment and consented evidence procedures after sexual violence.
- A sexual assault nurse examiner is a specially prepared role in some systems, with local authorisation and supervision requirements.

2. Forensic Paediatric Nursing

- This area addresses suspected physical abuse, sexual abuse and neglect involving children.
- Development, safeguarding, safe caregiver involvement and avoidance of repeated questioning are especially important.

3. Forensic Geriatric Nursing

- This area concerns abuse, neglect and exploitation affecting older people.
- Assessment considers dependence, cognitive impairment, medication access and whether injuries have a plausible explanation.

4. Intimate Partner Violence Care

- This area addresses harm and coercive control within current or previous intimate relationships.
- Safety planning must account for escalating threats, children, housing and access to communication or money.

5. Correctional Nursing

- Correctional nursing provides healthcare to people held in custody or serving sentences.
- Nurses balance legitimate security measures with clinical independence, informed care and humane treatment.

6. Forensic Mental Health Nursing

- This area combines mental health care with an understanding of legal processes, risk and rehabilitation.
- Assessment distinguishes symptoms and care needs from legal decisions about responsibility or fitness for proceedings.

7. Death Investigation Support

- This area contributes nursing observations, record review and family support to authorised death investigations.

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