Introduction to Forensic Nursing and Indian Laws — Unit 3: Forensic Team

Forensic Team

Definition

- A **forensic team** is a group of professionals who coordinate healthcare, protection, scientific examination and legal investigation when a case has medicolegal importance.
- The team shares necessary information through authorised channels while respecting each member's role.
- The nurse's contribution begins with safe care and continues through documentation, evidence preservation and follow-up.

Members and Their Roles

1. **Nurse**
   - The nurse assesses immediate needs, provides care, observes changes and maintains clear records.
   - A trained and authorised nurse also assists with evidence procedures and maintains continuity during transfers.
2. **Treating Medical Practitioner**
   - The treating practitioner diagnoses and manages injury or illness and orders relevant clinical investigations.
   - Clinical decisions remain directed towards the patient's needs even when a legal investigation is continuing.
3. **Forensic Medicine Specialist**
   - The forensic specialist provides expert medicolegal examination and interpretation within the applicable legal authority.
   - The specialist may assess injuries, collect relevant samples and conduct authorised postmortem examinations.
4. **Laboratory Scientist**
   - The laboratory scientist examines submitted material using appropriate scientific methods.
   - The scientist reports findings and limitations without deciding guilt or innocence.
5. **Police and Investigating Officer**
   - Police receive reports, investigate alleged offences and coordinate legally authorised evidence collection and transfer.

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- The investigating officer maintains investigative records and arranges required legal procedures.

6. Prosecutor and Defence Lawyer

- Both may examine evidence, question witnesses and seek clarification of healthcare records through lawful procedures.

A. Prosecutor

- The **prosecutor** presents the case on behalf of the State and has a duty to act fairly in the administration of justice.

B. Defence Lawyer

- The **defence lawyer** represents the accused person's legal interests, challenges the prosecution case and protects applicable legal rights.

7. Magistrate or Judge

- A magistrate or judge exercises judicial powers, evaluates admissible evidence and makes decisions according to law.
- Judicial officers are independent decision-makers rather than members of the treating healthcare staff.

8. Mental Health Professional

- Mental health professionals assess distress, safety, psychological symptoms and the need for continuing treatment.
- Their work may include crisis support, trauma-focused care and consultation about decision-making ability.

9. Social Worker and Survivor Support Worker

- These workers help address safety, accommodation, financial needs, family concerns and access to services.
- They support the person's choices without directing the content of a statement.

10. Child Protection Personnel

- The Child Welfare Committee, Special Juvenile Police Unit and other authorised services address protection needs when a child is involved.
- A support person may help the child and family understand procedures and obtain services under the applicable arrangements.

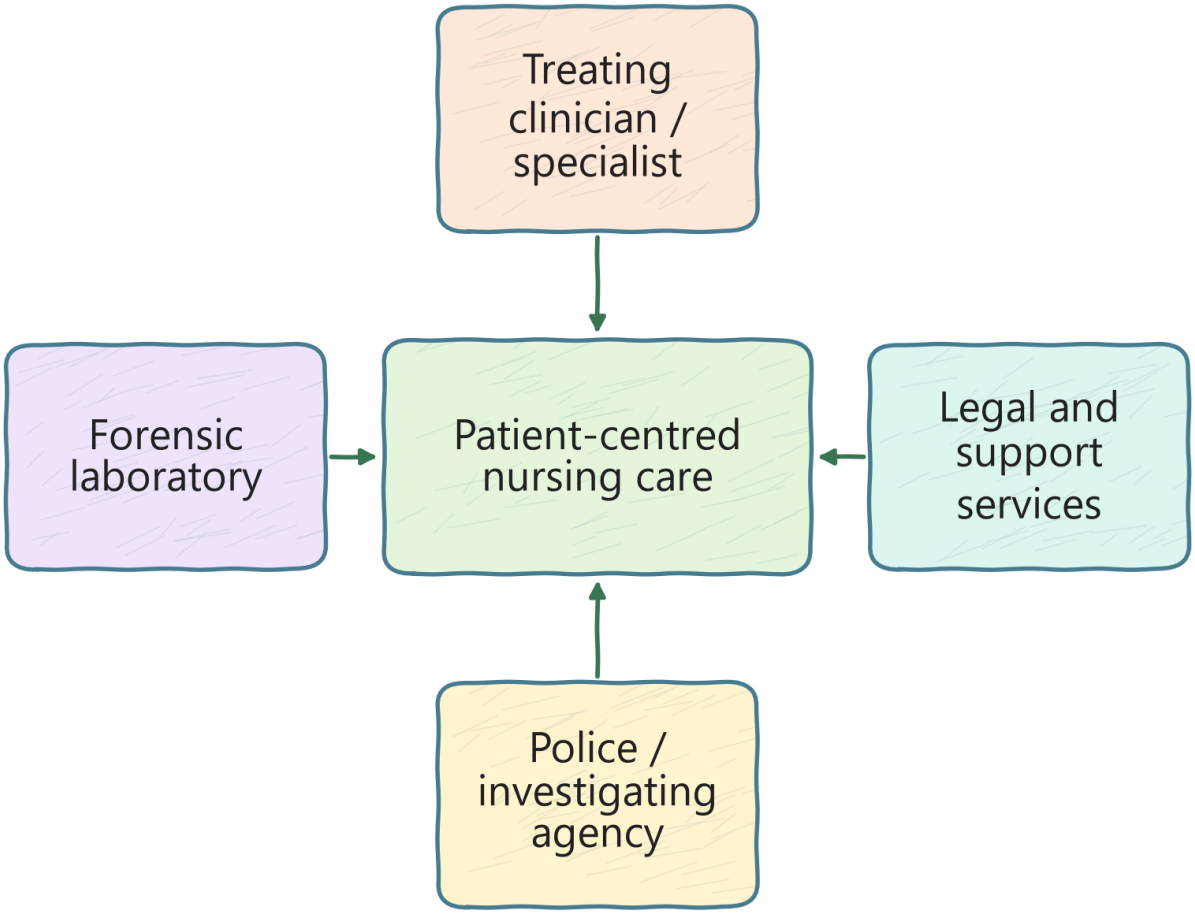
11. Interpreter and Communication Specialist

- A competent interpreter or communication specialist supports accurate understanding when language or disability creates a barrier.
- Avoid using a suspected perpetrator or a person whose involvement could compromise safety or confidentiality.

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Coordination

- Identify a responsible clinical coordinator and give each member a clear task.
- Minimise repeated questioning and examinations by sharing necessary information securely.
- Record who was contacted, the advice received and the actions still pending.
- Keep treatment decisions separate from requests that are solely investigative.



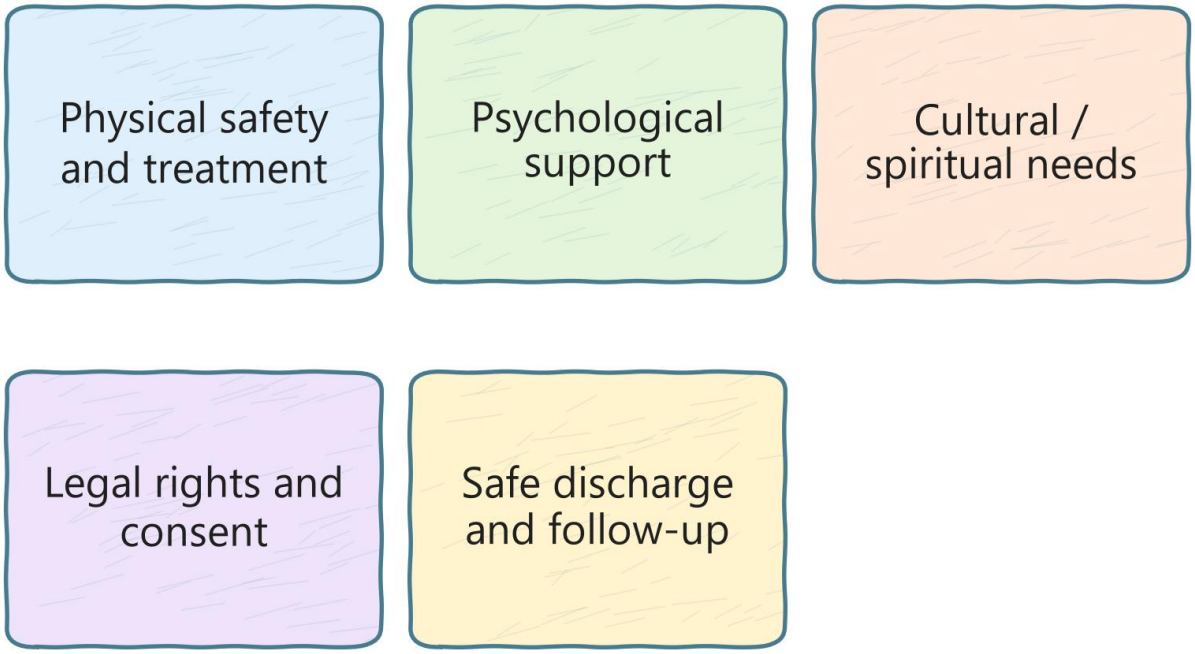
Members of the forensic response team

Comprehensive Care of the Victim and Family

Approach

- Comprehensive care addresses physical, psychological, social, cultural, spiritual and legal needs together.
- Explain the nurse's role, provide privacy and ask whom the person wants involved in care.
- Family involvement may help recovery, but it must not expose the person to intimidation or further harm.

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Comprehensive care after violence

Physical Care

Immediate Assessment

- Assess airway, breathing, circulation, disability and exposure while preventing hypothermia and maintaining dignity.
- Look for severe bleeding, shock, head injury, poisoning, burns and injuries that may not be visible initially.
- Suspected strangulation requires urgent assessment because airway or vascular complications may occur despite few external marks.
- Record vital signs, pain, consciousness and relevant findings before and after interventions.

Treatment

- Provide life-saving care immediately and obtain senior assistance for serious injury or deterioration.
- Give prescribed analgesia, wound care, medicines and prophylaxis according to the clinical assessment.
- Record treatment that may alter later evidence, including wound cleaning, transfusion or administration of sedating medicines.
- Preserve relevant clothing or removed material when feasible without delaying urgent treatment.

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Continuing Assessment

- Reassess pain, circulation, neurological status and emotional response at intervals appropriate to the condition.
- Explain changes in the care plan and prepare the person for necessary examinations or investigations.
- Address hydration, nutrition, rest, mobility and other basic needs during prolonged procedures.

Psychosocial Care

Assessment

- Assess immediate fear, confusion, dissociation, shame, sleep disturbance and concern about returning home.
- Ask directly and sensitively about self-harm risk when distress or other findings indicate a need.
- Identify children or other dependent people whose safety may also be affected.

Support

- Listen without blame and acknowledge that the person deserves care and safety.
- Offer choices about positioning, support people and pauses during non-emergency procedures.
- Explain that reactions to trauma differ and that a person need not appear tearful or distressed to be believed.
- Avoid forcing a detailed retelling or conducting compulsory emotional debriefing.

Family Care

- Explain the condition and care plan to authorised family members in understandable language.
- Encourage supportive behaviour and discourage blaming, questioning or pressuring the survivor.
- Arrange separate support when family distress interferes with the patient's care.

Follow-up

- Offer appropriate mental health and social support referrals and check whether the person can access them safely.
- Review persistent distress, functioning, safety and risk at follow-up rather than assuming that discharge ends the need for care.

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