



Concepts and Principles in **Forensic** **Nursing** Practice

As per the Revised BSc Nursing Syllabus

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Syllabus

Introduction to Forensic Nursing and Indian Laws

Placement: V Semester

Theory: 1 Credit (20 hours)

Description

This course is designed to help students to know the importance of forensic science in total patient care and to recognize forensic nursing as a specialty discipline in professional nursing practice.

Competencies

On completion of the course, the students will be able to:

1. Identify forensic nursing as an emerging specialty in healthcare and nursing practice.
2. Explore the history and scope of forensic nursing practice.
3. Identify forensic team, role and responsibilities of forensic nurse in total care of victim of violence and in preservation of evidence.
4. Develop basic understanding of the Indian judicial system and legal procedures.

Course Outline

T – Theory

Unit	Time (hours)	Learning outcomes	Content	Teaching/learning activities	Assessment methods
I	3(T)	Describe the nature of forensic science and discuss issues concerning violence	Forensic science <ul style="list-style-type: none"> ◆ Definition ◆ History ◆ Importance in medical science ◆ Forensic science laboratory Violence <ul style="list-style-type: none"> ◆ Definition ◆ Epidemiology ◆ Source of data Sexual abuse—child and women	<ul style="list-style-type: none"> ◆ Lecture-cum-discussion ◆ Visit to regional forensic science laboratory 	<ul style="list-style-type: none"> ◆ Quiz—MCQ ◆ Write visit report
II	2(T)	Explain concepts of forensic nursing and scope of practice for forensic nurse	Forensic nursing <ul style="list-style-type: none"> ◆ Definition ◆ History and development ◆ Scope—setting of practice, areas of practice and subspecialties ◆ Ethical issues ◆ Roles and responsibilities of nurse ◆ INC and SNC acts 	<ul style="list-style-type: none"> ◆ Lecture-cum-discussion 	<ul style="list-style-type: none"> ◆ Short answer ◆ Objective type
III	7(T)	Identify members of forensic team and describe role of forensic nurse	Forensic team <ul style="list-style-type: none"> ◆ Members and their roles 	<ul style="list-style-type: none"> ◆ Lecture-cum-discussion ◆ Hypothetical/real case presentation 	<ul style="list-style-type: none"> ◆ Objective type ◆ Short answer ◆ Write visit report

Contd....

Contd....

Unit	Time (hours)	Learning outcomes	Content	Teaching/learning activities	Assessment methods
			Comprehensive forensic nursing care of victim and family <ul style="list-style-type: none"> Physical aspects Psychosocial aspects Cultural and spiritual aspects Legal aspects Assist forensic team in care beyond scope of her practice Admission and discharge/referral/death of victim of violence Responsibilities of nurse as a witness Evidence preservation—role of nurses <ul style="list-style-type: none"> Observation Recognition Collection Preservation Documentation of biological and other evidence related to criminal/traumatic event Forwarding biological samples for forensic examination 	<ul style="list-style-type: none"> Observation of postmortem Visit to department of forensic medicine 	
IV	3(T)	Describe fundamental rights and human rights commission	Introduction of Indian Constitution Fundamental rights <ul style="list-style-type: none"> Rights of victim Rights of accused Human rights commission	<ul style="list-style-type: none"> Lecture-cum-discussion Written assignment Visit to prison 	<ul style="list-style-type: none"> Short answer Assessment of written assignment Write visit report
V	5(T)	Explain Indian judicial system and laws Discuss the importance of POCSO Act	Sources of laws and law-making powers Overview of Indian Judicial System <ul style="list-style-type: none"> JMFC (judicial magistrate first class) District State Apex Civil and criminal case procedures <ul style="list-style-type: none"> IPC (Indian Penal Code) ICPC IE Act (Indian Evidence Act) Overview of POCSO Act	<ul style="list-style-type: none"> Lecture-cum-discussion Guided reading 	<ul style="list-style-type: none"> Quiz Short answer



Forensic Nursing

 Anisha Vadakkepatt

“Let us never consider ourselves finished nurses ... we must be learning all of our lives”.

—Florence Nightingale

Chapter Highlights

- ❖ Any patient admitted to the hospital with liability-related traumatic injuries is considered a clinical forensic patient.
- ❖ Forensic is a Latin word that originates from the word forensic, which means a forum.
- ❖ In India, forensic nursing was first introduced in Punjab.
- ❖ The Indian Nursing Council introduced forensic nursing as a subject in the graduate nursing syllabus in 2021.
- ❖ The primary scope of forensic nursing focuses on issues like violence, sexual assault, and child abuse.
- ❖ The main responsibility of a forensic nurse investigator is to recognize the association between forensic nursing and quality measures.
- ❖ Continuous follow-up is needed to understand the level and status of the patient.
- ❖ The Indian Nursing Council is a separate entity under the control of the Indian Government's Ministry of Health and Family Welfare.

INTRODUCTION

The fascinating field of forensic nursing is explored in this chapter, along with its development over time and crucial place in the current legal and healthcare systems. Forensic nursing is active and varied, covering a wide range of specialties. It entails providing care for people who have suffered from violence, abuse, neglect, or trauma while employing nursing expertise to gather information, assist survivors, and contribute to legal proceedings. This chapter will focus on forensic nurses' fundamental ideas and functions, illuminating their involvement in various contexts.

FORENSIC NURSING DEFINITION

Forensic nursing is a broad name, and as a recently emerging area, many people need to learn the meaning of this new specialty. It is a collective term where nursing

integrates with various clinical and institutional settings care. As it is an advanced specialty, the degree and depth of forensic nursing roles are not equally distributed among different institutions. On the other hand, nurses define their profession based on their responsibility. International Association of Forensic Nurses (IAFN) 1992, specifies the roles of forensic nurses in a clear form. Even though all nurses possess the role of forensic nursing in their job responsibilities, it is very recent that specified recognition and validation of the profession have been achieved.

Any patient admitted to the hospital with liability-related traumatic injuries is considered a clinical forensic patient.

“Forensic nursing is the application of nursing sciences to public and legal proceedings. It provided treatment for trauma or death care to victims and the perpetrators of abuse, violence, criminal offenses, traumatic accidents, and events of nature.”

HISTORY AND DEVELOPMENT

Forensics plays an advanced role in an extended role, where many misinterpret the role of a mental health nurse. Even though forensic nursing has a collaborative role as a mental health nurse, there is a vast difference in role, and the evolution (**Table 4.1**) is marked clearly in history. Forensic nursing is evolving from forensic sciences, a recent medical branch. Due to the change in basic assumptions of technology in the twentieth century, the establishment of the field of forensic sciences has firmly developed. Forensic is a Latin word that originates from the word *forensic*, which means a forum, often associated with *forensics*. Taber's cyclopedic medical dictionary defined forensic as "about the law" specifically related to public debate in courts of law. In Merriam Webster, medical definition of forensic medicine is stated as "a science that deals with the relation and application of medical facts to legal problems." Formal recognition of forensic nursing started in the early 1980s, majorly from the work of Virginia Lynch by developing the forensic nursing curriculum and forensic nursing model because of failed document preservation on rape case samples. In the United States, forensic nursing was initiated in collaboration with death investigators and later paved the way as a different branch with separate degrees and certifications. Forensic nursing is used to provide care and attention to victims of all ages who have undergone various kinds of trauma, including types of violence, sexual abuse, child abuse, elderly abuse, human trafficking, strangulation, and other types of intentional and nonintentional traumas.

Evolution of Forensic Nursing

In India, forensic nursing was first introduced in Punjab, initiated by Sri Guru Har Sahai Nursing School in association with Virginia Lynch, and gradually started in other nursing schools. The evidence of the need for more awareness on handling the documents and the poor knowledge on

performing examination and acquiring appropriate samples suggested introducing forensic nursing to help in diverse ways for a successful prosecution. The Indian Nursing Council has introduced forensic nursing as a subject in the graduate nursing syllabus in the year 2021 by considering the potential to rejuvenate the medicolegal system of the country. This will improve the professionalism and scope of nursing among nursing aspirants of India by enhancing the demand of providing care to the victim in compliance with the systems of laws. The forensic nurse assumes the traditional responsibilities of a nurse with additional roles of a new identity; new language, added terms, and new definitions. It illustrates the fundamental concepts of holistic practices—*body, mind, and spirit* to include *the law* (Lynch, 2006).

Implications of Forensic Nursing

In a review, it is found that homicides go unidentified, there was confusion created in accidental deaths mistaken for natural deaths, life-endangered workplace hazards and environmental hazards are un-notified, and other abuses, including child and elderly, are reported late or neglected, and sexual assaults evidence got washed off. The basic reason behind this ignorance was the unavailability of a medical person to handle the details in person. The layman in the forensic team did not recognize the underlying symptoms, which generated concerns and became the cause of death. This indicated the formal background in law enforcement, and other subject knowledge includes anatomy, physiology, psychology, pharmacology, medical terminology, and a variety of knowledge on communicable and noncommunicable diseases. This laid down the basics of the need for a nurse to be included in the forensic team as the nurses directly learn these subjects during their graduation program. Introducing a nurse into the forensic team was innovative, but it is identified as suitable to strengthen teamwork.

Table 4.1: Evolution of forensic nursing.

18 and 19 century	Development of clinical forensic medical science in Europe, South America, Asia, Russia, and other locations
1986	Lynch initiates formal curricula for forensic nursing at University of Texas by focusing on the investigation of death
1988	Lynch develops forensic nursing model, Lynch expanded clinical forensic nursing curricula, and McNamara introduced the concept of clinical forensic practices
1989	Lynch introduced forensic nursing as a scientific discipline
1991	International Association of Forensic Nurses (IAFN) is founded
1995	American Nurses Association's Congress of Nursing Practice grants specialty status to forensic nursing
1997	The scope and standards of forensic nursing practice is published jointly by IAFN and the ANA.

Recently, nurses have been added to the forensic team. There were experiences reflecting the need for a nurse in the forensic team along with paramedical professionals to initiate a death investigation. Their major responsibility is preserving the evidence and identifying the crime scene with the required evaluation. This systematically needed both experience and a base of forensic knowledge. Neglect of justice in many situations is often associated with poor knowledge of medical, legal, and social connections of death investigation.

The United States permits nurses to sign on the death certificate when they declare death in nursing homes, hospices, or home care patients. This declaration has been amended in recent times; before that, nurses were not allowed to announce the death of a client and needed to wait for the arrival of a physician to come and declare the death. Change in these laws has been based on certain conditions like—1. death must be anticipated, 2. the nurse must sign on the announced death certificate, and 3. after the nurse's declaration, a licensed practitioner should verify the death and countersign the death certificate within twenty-four hours of the death declaration. In this act change, there is no need for the family member to wait for the body to be sent for the postmortem, and the pressure on being on the physician's call also has decreased. On the other hand, in some situations, sending the body for organ transplantation also gets delayed due to the unavailability of a physician on time, which also has changed to some extent.

Scope–Practice Setting, Areas of Practice and Subspecialties of Forensic Nursing

The involvement of forensic nursing has become a trendsetter in the life of a commoner, as it includes the care of the public and touches the common man's life. Forensic nursing identifies societal issues and challenges, specifically in legal implications. The primary scope of forensic nursing

is to focus on issues like violence, sexual assault, and child abuse. They work hand in hand with the community and the family when a sudden onset of death occurs. Other areas of forensic nursing are disaster planning, preparedness, and response, where massive mobs are involved in the scene. In collaboration with the mental health team, forensic nursing facilitates the action of inmates in conditions where they are not aware of the consequences of their actions in some circumstances. In some situations, they also act as expert terminologies relating to crime scenes and suspicious situations. Briefly, where there is a chance of injury or potential for injury, there is a direct or indirect involvement of a forensic nurse.

Specialty of Forensic Nursing

- Core of practice
- Dimensions of practice
- Boundaries of practice
- Intersections with professional and governmental groups.

The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) (Fig. 4.1) has set standards related to medicolegal care, medicolegal research, and the investigation of death that the forensic nurse can meet.

IAFN encourages forensic nurses to continue forensic nursing education and maintain professional forensic nursing skills and encourages forensic nurses to become active participants in forensic nursing educational programs, activities, professional meetings, conferences, workshops, and research. The subspecialties of forensic nursing make the nurse knowledgeable and get expertise in applying forensic nursing to other diverse subjects. Education encompasses the development of research-based need identification and enhances cultural awareness and sensitivity of diverse groups. The forensic nursing curriculum includes nursing science, forensic science, law,



Fig. 4.1: Forensic nursing organizations.



Fig. 4.2: IAFN logo.

and legal issues in health and patient care. The IAFN logo is displayed as **Figure 4.2**.

Ethical Issues

The forensic science team always handles different sets of cases; communication and evidence are always essential and give value to that. Clarity of expression is a vital element and basis for all the communication and evidence the team handles. Forensic science, including forensic nursing, is based on the scientific model theory. So, the degree of scientific certainty will be considered during the investigation. As the evidence develops, the measurement level of scientists is also to be improved to higher levels. Forensic scientists apply their skills to collect data upon the legal status of evidence. They must act at a specific time with all legal considerations. The legal obligations provide the necessary background and setting for supporting the forensic aspects correctly, with which it is designed.

Forensic nurses can be beneficial by assisting nurses and staff in developing guidelines and protocols regarding ethical issues. Considering principles of justice, human rights and ethics are interrelated. Forensic nurses must maintain confidentiality and privacy of patient's details. They must deliver care distributed fairly and equitably. Many healthcare professionals choose not to know the specific details of the victim to remain unbiased. The nurse is responsible for taking informed consent if minor consent from a parent or guardian is taken. Practice a code of ethics related to forensic nursing and keep informed on the right to refuse care, the right to die, participation in executions, and the use of drugs to restrain prisoners. Nurses must be proactive and expect correctional officers to avoid assessing prisoners or disbursing medications. There are written

policies and procedures for collecting medicolegal evidence and prohibit facility-employed healthcare providers from doing the collection. All the related policies are beneficial to both nurses and offenders. Advocacy for offenders is often a delicate matter behind bars. The safety of all victims is a significant concern. Assisting victims to heal mental and physical wounds is also essential. Better communication with all the associated departments is required to clarify any gaps. Professional conduct with appropriate and decent behavior is essential when dealing with victims.

Forensic Care Concept

American Nurse Association permitted forensic nursing to perform nursing processes to carry out a diversity of nursing care in 1995. Certification and credentialing in the area of forensic nursing are listed in **Table 4.2**.

Forensic nursing involves patient-centered activities in which follow-up and evaluation are required to continue the nursing care plan. Collaborative work is required with interdisciplinary departments for a complete patient care plan.

IAFN in collaboration with American Nurses Association published the scope and standards of forensic nursing practice in 1997 to promote the education of forensic nurses and to implement forensic nursing roles on an international scope.

Forensic Care Concept (Fig. 4.3) is Based on Four Significant Aspects

Critical Thinking Skills

- Analyze the data.
- Apply standards.
- Identify and differentiate situations.
- Incorporate evidence-based practices.
- Apply logical reasoning.

Table 4.2: Forensic nursing certification and credentialing.

- ♦ Sexual Assault Nurse Examiner (SANE) Certificate Examination
- ♦ Additional Forensic Nursing Speciality Certification Examination
- ♦ Legal Nurse Consultant Certification (LNCC)

American College of Forensic Examiners Institute (ACFEI) certification examinations

- ♦ Certified Forensic Nurse (CFN)
- ♦ Certified Forensic Accountant (Cr. FA)
- ♦ Certified Forensic Consultant (CFC)
- ♦ Certified Medical Investigator (CHS)
- ♦ Sensitive Security Information (SSI)



Fig. 4.3: Forensic care concept critical thinking skills.

- Anticipate consequences.
- Apply theoretical knowledge in practice.
- Predict the potential problems.
- Evaluate the results.

Decision-making Skills

- Improves on experience.
- The first step to decision-making is the nursing process.
- Performing forensic examination and correlating theoretical aspects into practical skills.

Problem-solving and Assessment

The patient's entire history and information includes physical, present, and past conditions, psychological issues, family or hereditary problems, financial and socio-economic background, and other associated medical conditions.

Assessment skills get sharp throughout the nursing experience.

- Integration of nursing care into a specific body of knowledge is needed as the base of the problem-solving approach.
- Holistic human response of self, family and support systems, internal and external environment is found through assessment.

Forensic Nursing Process

The forensic nursing process includes the following concepts (**Fig. 4.4**):

- **Assessment:** Identification of situations, forensics examinations (including system-wise assessment), biophysical and psychosocial (psychological, spiritual, social, and developmental) status, detection of potential problems, and understanding patients' feelings are the

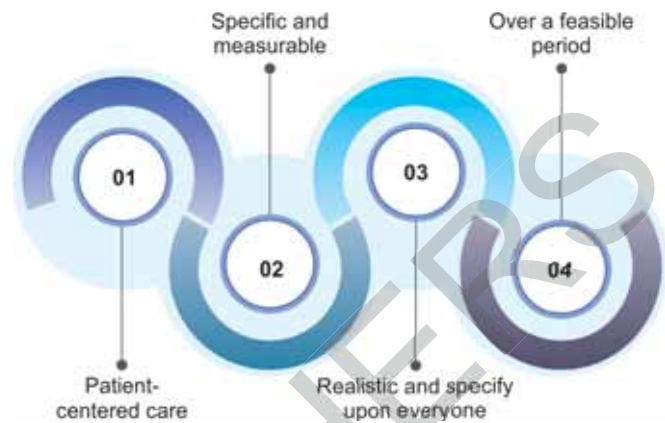


Fig. 4.4: Forensic nursing process.

primary responsibilities during this phase. Subjective data are the symptoms that a patient feels and ventilates on the other hand, objective data are the signs that are observable in a patient's health status.

- **Nursing diagnosis:** Nursing diagnosis provides the basis for selecting nursing interventions to achieve outcomes for which the nurse is responsible for prioritizing and operating nursing diagnosis to be formulated per the patient's needs and problems. The nursing diagnosis gives an idea of the patient's condition and progress in detail and ability to function in daily activities. Many times, the client's problems are the contributing factors to the patient's health problems. Examples of nursing diagnoses used in situations of domestic violence are:

- Ineffective coping related to an inability to manage situational crises.
- Fear is related to a perceived inability to control the situation.
- Sleep pattern disturbances related to anxiety.
- Anxiety related to discussions of intimate information, diagnosis, and concern of partner.

Characteristics of the nursing diagnosis:

- Research base for the intervention
- Feasibility of performing the intervention
- Acceptability to the patient
- Capability of the nurse.
- **Planning:** Appropriate investigating planning is required to care for the patient. Planning is usually followed by independent, collaborative, and dependent steps (nurse-initiated, another provider-initiator, physician-initiator). For many of the activities, a nurse herself can plan as per her experience, which comes under independent activities; a nurse sometimes needs to collaborate with interdisciplinary departments for the wellness of the patient comes under collaborative

activities, the forensic nurse needs to wait for orders from forensic specialists doctors for many of the activities which include dependent planning interventions.

The intervention goals are to be carried out based on the following consideration factors:

- **Implementation:** Appropriate interventions to be carried out as per the priority on time. Activities include re-assessing the patient's condition, collecting necessary evidence, detailed examination, providing appropriate care, reporting to the legal department, documenting, preserving the evidence, and protecting confidentiality.
- **Evaluation:** Continuous follow-up is needed to understand the level and status of the patient. Taking the feedback from the patient after the intervention states the review of the care provided and accordingly can modify the future care required. In the end, if required, the care plan can be revised, continued, or discontinued based on its effectiveness.

Continuous evaluation and interventions include the following activities:

- Monitoring vital signs, ABC, and assessment.
- Administering medication.
- Reporting on adverse effects.
- Health education to the patient, family, and relatives on the plan of care, home care, and other specific care.
- Appropriate plan of lab investigation and notify the physician on time.
- Further establishment and referral services if required.

Effective teamwork is required to formulate a core nursing process. Each team member should follow the following steps in the formulation of the nursing care plan:

- Perform a quick assessment, including an ABC (airway breathing circulation) check.
- Identify and confirm the patient.
- Subjective data to be quoted as patients' own words.
- Develop the patient's history, including present, past, family, and socioeconomic background.
- On priority needs and problems-based nursing diagnosis to be formulated.
- Plan and carry out the care based on patients' priority.
- Ongoing evaluation is required at every step to assess the progress.
- Plan for the discharge summary and give education on home care and follow-up.

Forensic Nursing Services

Advanced forensic nursing has many potentials for forensic nursing services, which include prevention and protection from interpersonal violence, steps of crime investigation,

and enhancement of legal acts. It is expected in the future that, as the increasing paradigm of nursing services, every hospital demands a forensic specialist and forensically skilled professional to ensure that legal mandates are met with reasonable certainty. The primary area of practice and research inquiry for forensic nurse scientists is human trauma, both physical and psychological. All the investigations must be based on evidence-based practice. The clinical nurse specialist works in collaboration with forensic science and criminal justice. Their multidisciplinary approach to services is a valuable resource for public health efforts to combat human conditions that disable physical and psychological injuries or death.

Roles and Responsibilities of Nurse

Under forensic nursing, the roles and responsibilities of a forensic nurse are categorized as the following (Fig. 4.5):

Clinical forensic nurse specialist

The clinical forensic nurse prioritizes the safety of the living victim and the deceased victim's body. And provide care for the survivor after the crime scene within the healthcare institution. They are specialists in collecting and preserving evidence from the victim without compromising the body's integrity. Forensic nurse performs a forensic examination during first contact with the victim to collect evidence. They always ensure the victim's legal rights are protected and supported. Evidence must be collected in an organized and comprehensive manner, without bias, without physical injury to the victim, without avoiding any single part of the body, and with proper documentation on time. There are some qualities needed for a clinical forensic nurse, they are:

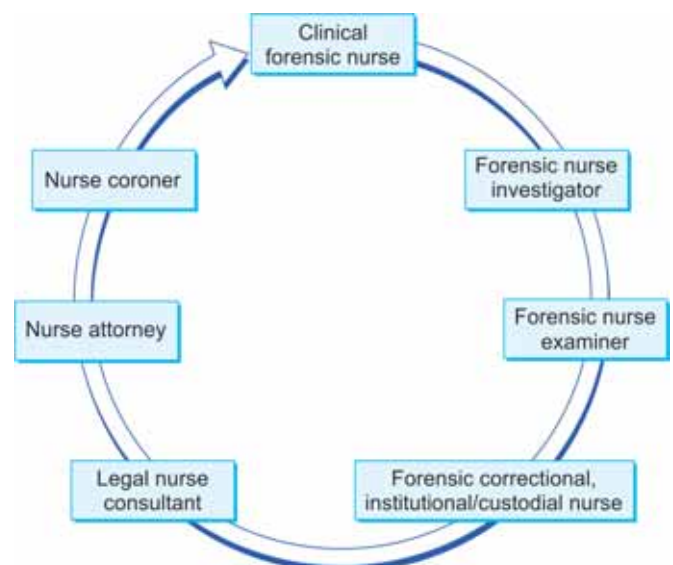


Fig. 4.5: Role and responsibilities of a forensic nurse.

- Good assessor
- Good interviewer
- Good evidence collector
- Good evidence preserver
- Good document manager
- Good evaluator

During admission, the clinical forensic nurse should interview the victim, the suspected perpetrator, the convicted perpetrator and family, friends, and all the witnesses. At the time of collecting evidence, the forensic nurse should not avoid clothing, jewelry, items in a pocket, and any other items removed from the body or found near the body, which include dirt, saliva, semen, insects, plant material, drier or fresh blood, fabric, and any other additional physical and biological material. Clinical forensic nurses must assist in developing the policies and procedures related to evidence identification, collection, preservation, and photographic documentation. In the home setting, they must ensure the victim's safety and observe the surroundings and home background. Forensic nurses must enforce the law while caring for victims who face violence, collecting evidence, and providing referrals.

The forensic clinical nurse specialist is an advanced forensic nurse role after completing a master of science in nursing and specializing in forensic nursing from an accredited institution of higher learning. However, in the initial period, graduated nurses without advanced practice used to take up the role of forensic clinical nurse specialist, but as of now, specialized education is required. As time changed, along with higher training, 3–5 years of experience in forensic nursing required to become a forensic nurse specialist. They are the source of knowledge and skills in forensic nursing. As technology develops and with the booming challenges in this field, the forensic clinical nurse's role must be more flexible and adaptable to choose the change required with current crime and criminality trends.

Forensic nurse investigator

These nurses evaluate, review, or investigate patient care programs, patient care delivery systems, and patient complaints. In some situations, they collaborate to enhance the legal responsibility required in subject matter experience. Their primary responsibility is recognizing the association between forensic nursing and quality measures. By following an efficient line of evidence collection, an investigator can greatly contribute to identifying patient problem areas or more through root cause analysis.

McCracken coined a mnemonic of clinical forensic nursing to assist the nurses with their medicolegal responsibilities (**Table 4.3**).

Forensic nurse examiner

A registered nurse who graduated from an accredited institution has experience in handling legal aspects of forensic nursing and is highly competent in performing forensic examination to find the witness in the court of law can assume the role of a forensic nurse examiner. Forensic nurse examiners will also identify and encounter the entire person associated with the victim. They also evaluate physical, psychological, or sexual trauma in living and deceased patients. They use patient education, referrals, and crisis intervention proficiency to handle the cases. It is not only to identify the present symptoms; they also need to know about underlying or hidden facts on criminal violence, abuse, and neglect, which can cause direct evidence to the investigation. A detailed assessment of the patient and the criminal suspect is required to check on an unbiased case investigation. Forensic nursing care is episodic, primary, and acute; it usually begins when the victims get admitted, like from an emergency department mobile unit, suicide prevention center, or any other crime scene or a death scene. Forensic nurse examiner shares a common interest with law and medicine, where scientific knowledge and

Table 4.3: Medicolegal responsibilities of a forensic nurse.

A	Assessment of the victim
B	Bridge the gap; liaison with outside agencies such as law enforcement and the medical examiner
C	Chain of custody: Know the methods of evidence collection and establish continuity of evidence possession and disposition
D	Documentation of findings
E	Evidence
F	Families: Keep them informed
G	Going to court, be prepared to provide written or oral testimony
H	Hospital policies: Know where and how to access your institution's forensic protocols
I	Index of suspicion: Be aware of signs of abuse and violence

human caring is applied to the administration of social justice.

Forensic nurse examiners should possess the following **expertise** from their career:

- Forensic photography
- Death investigation
- Sexual abuse and rape
- Elder abuse
- Child abuse and neglect
- Substance abuse
- Psychological and physical abuse from religious practices
- Nursing and emergency medical technician responsibilities
- Interpretation of traumas
- Tissue and organ donation
- Bite mark interpretation and analysis
- Injuries to individuals held in legal custody
- Jurisprudence, etc.

Forensic correctional, institutional, or custodial nurse

These are the category of forensic nurses who work in prison or jail and take care of patients who are sick or ill and sentenced to prison due to violation of laws or have done any criminal activity. These forensic nurses also take care of the rehabilitation process of a person. They also do the detailed medical assessment and interventions required at the time.

Legal nurse consultant

These are the experts in judicial aspects and work for criminal justice. And they specialized in personal injury, product liability, and malpractice. And advise on civil or criminal cases.

Nurse attorney

These are specialized registered nurses with Juris doctorate degrees who have experience as attorneys at law and are specifically involved with civil or criminal cases concerning healthcare-related issues.

Nurse coroner

These categories of registered nurses elected as an officiator of death are authorized by state and jurisdictional statutes to give the best way to investigate and certify questioned death. They also identify the cause and manner of death and the circumstances relating to the identification and notification of the relative.

These advanced forensic nursing positions needed specialized training in law and other expert witness testifying techniques. They frequently handle situations involving homicide and criminal activity. They guarantee

proper and precise recording and the protection and monitoring of the evidence. To maintain the confidentiality, they also keep the evidence. Offenders are evaluated, assessed, and treated. In a foreign team, their duties are extremely important.

INC and SNC Acts

To establish a common training standard for nurses, midwives, and health visitors, the Indian Nursing Council (INC) was founded by the Central Government under section 3(1) of the Indian Nursing Council Act, 1947. It is a separate entity under the control of the Indian government's Ministry of Health and Family Welfare. Indian Nursing Council Act of 1947. Act No. 48 of 1947 is the act's year-specific number. The law was enacted on December 31, 1947. The act aims to create the Indian Nursing Council, which will offer a uniform educational requirement for nurses, midwives, and health visitors. The Council's varied legislative duties are described in its 17 segments. Except for the State of Jammu and Kashmir, it covers India.

Short Title, Extent and Commencement

- This Act may be called the Indian Nursing Council Act of 1947.
- It extends to India except the State of Jammu and Kashmir.
- It shall come into force at once.

Interpretation: In this Act, Unless there is Anything Repugnant in the Subject or Context

- "The council " means the [council] constituted under this Act.
- "Prescribed means prescribed by regulations made under section 16.
- "State council" means a council (by whatever name it is called) constituted under the law of a state to regulate the registration of nurses, midwives, or health visitors in the State.
- "State register" means a register of nurses, midwives, or health visitors maintained under the law of a state.

Constitution and Composition of the Council

- The central government shall as soon as constitute a council consisting of the following members, namely:-
 - One registered nurse elected by each state council.
 - Two members elected from heads of institutions recognized by the council.
 - One member elected by the heads of institutions in which health visitors are trained.

- One member elected by the Medical Council of India.
- One member elected by the Central Council of the Indian Medical Association.
- One member elected by the Council of the Trained Nurses Association of India.
- One auxiliary nurse-midwife enrolled in a state register, elected by each of the State Councils in the four groups of States.
- The Chief Principal Matron, Medical Directorate, General Headquarters, ex officio.
- The Chief Nursing Superintendent, office of the Director-General of Health Services, ex officio.
- The Director of Maternity and Child Welfare, Indian Red Cross Society, ex officio.
- The Chief Administrative Medical Officer (by whatever name called) of each State other than a Union territory, ex officio.
- Superintendent of nursing services (by whatever name called), ex officio, from each of the States.
- The President of the council shall be elected by the members of the council from among themselves.
- No act done by the council shall be questioned on the ground merely of any vacancy in, or any defect in the constitution of the council.
- A member who has been elected or nominated may resign from the membership at any time by submitting a letter to the president under his hand; that member's position will then become vacant.
- If an elected or nominated member misses three consecutive council meetings without a valid reason, as determined by the council, and there is a gap of more than six months between the first and third meetings, the member is presumed to have resigned from his position.
- The person elected or nominated to fill a casual vacancy in the council shall hold office only for the balance of the term for which the member whose seat he takes was elected or nominated.
- Council members may run for re-election or be nominated again.

Incorporation of the Council

The council established under Section 3 shall be a corporate body known as the Indian Nursing Council with perpetual succession, a common seal, and the authority to acquire movable and immovable property. It shall also be entitled to bring and defend actions under the said name.

Mode of Election

- The state council elections required by sub-section (1) of section 3 must be conducted by the rules established in this regard by the respective State Governments, and any disagreements relating to such elections must be brought to the attention of the State Government in question, whose decision is final.
- Any additional elections under that subsection must be held as specified, and any disagreements over those elections must be brought to the Central Government for final adjudication.

Term of Office and Casual Vacancies

- Subject to the requirements of this section, each elected or nominated member (other than the President) shall retain office for five years from the date of his election or nomination or, if longer, until his lawfully elected or nominated successor.

Officers, Committees, and Servants of the Council

- The secretary of the council, who may also serve as treasurer if the council deems it necessary, shall be selected by the Central Government and serve for three years beginning with the date of the council's initial constitution.
- The council shall: (a) elect a Vice-President from among its members; (b) form an Executive Committee from among its members and any other committees it deems necessary to carry out the purposes of this Act. (c) subject to sub-section (1), appoint a secretary who may, if deemed appropriate, also serve as treasurer; (d) appoint or nominate such other officers and servants as the council deems necessary to carry out the purposes of this Act; (e) require and obtain from the secretary, or any other officer or servant, such security for the proper performance of his duties as the council deems necessary; and (f) with the prior approval of the Central Government.

Executive Committee

- Nine people comprise the Executive Committee, seven of whom the council chooses from among its members.
- The Council's President and Vice-President serve as the Executive Committee's President and Vice-President, respectively, and are members of the committee by their office.
- The Executive Committee shall exercise and discharge any powers and duties that the council may bestow or impose upon it by any regulations issued in this regard, in addition to the powers and duties granted and imposed upon it by this Act.

Recognition of Qualifications

- The qualifications listed in Part I of the Schedule must be recognized credentials, and those listed in Part II of the Schedule must be recognized as higher credentials.
- The qualification will only be recognized if the relevant state council awards it after a specific date.
- The council can negotiate with any foreign or Indian authority not covered by this Act.

Effect of Recognition

Notwithstanding anything contained in any other law:

- Any recognized degree or credential is required for enrolment in any state registry.
- Students enrolled in a state register may only do so if they possess a recognized credential.
- Any individual with a recognized higher qualification may be listed in any state record as a supplemental qualification.

Power to Require Information as to Courses of Study and Training and Examinations

The council establishes courses of study, training, and exams that must be taken to achieve such qualifications by council standards, and every authority in every state that awards a recognized qualification must provide the council with this information periodically.

Inspections

- Executive committee may appoint the number of inspectors.
- Executive committee receives reports from inspectors designated by this section.
- In addition to sending copies of the report to the authority or institution in question, the executive committee must send copies to the central government, the state government, and the state council of the state where the authority or institution is located.

Withdrawal of Recognition

- When it appears to the council in a report from the executive committee that any institution must adhere to the council's norm.
- Any institution below the required standard by a state council may transmit information to the INC and be notified of the deadline by which it must explain to the state government.
- State government shall present its recommendations to the council upon receipt of the explanation or, in the absence of an explanation, within the allotted time.
- Council may revoke the recognition following such additional investigation.

Mode of Declarations

Publication in the Official Gazette is required for all declarations made by Sections 10 or 14.15 (A)—nurses in India Register.

- The council shall ensure that the Indian Nurses Register is maintained as specified.
- The secretary of the council shall be responsible for maintaining the Indian Nurses Register.
- This register will be regarded as a public record for section 15(B) of the Indian Evidence Act of 1872 copies of state registrations are available. Twenty printed copies of the state register must be provided by each state council to the council as soon as possible after April 1st of each year.

Power to Make Regulations

The council may issue regulations compliant with this Act and may address—(a) Council's real estate, (b) elections, (c) the conferences, (d) outlining the executive committee's responsibilities, (e) specifying the tenure of office and the powers and responsibilities of the secretary and other officers, (f) specifying the powers and responsibilities of the president and the vice-president, (g) prescribing the common curricula, (h) specifying the requirements for enrollment in training programs, (i) setting the requirements for the test, (j) anything else.

Abrogation of 1947 Ordinance 13

Repealed by Section 13 of the Indian Nursing Council (Amendment) Act of 1957 (45 of 1957), effective January 12, 1958.

- **Part I:** Recognized credentials—A. General nursing diplomas, degrees, or certificates (including senior and junior certificates), B. Midwifery Diplomas, Certificates, and Degrees Midwifery, C. Auxiliary Nursing, D. Health Visitors-Health Visitor Diplomas or Certificates 17.
- **Part II:** Postgraduate nursing diplomas with recognized higher qualifications.

State nurses and midwives council was founded in 1948 by the Nurses and Midwives Act with the goal of "better training of nurses, midwives, and health visitors." It functions as a separate entity under the control of the relevant state government's health and welfare departments. Each state sets the administrative duties and council of nursing monitoring.

- The state's governor
- The state's nursing directorate
- The state health directorate
- Another state official or organization

State governments created nursing boards more than a century ago to safeguard the public's health and welfare by monitoring and ensuring that nursing in India is practiced

safely. Boards of nursing are state government organizations in charge of policing nursing practice.

The role and responsibilities of the nursing registration board include enforcing the nurse practice act and nurse licensure; accrediting or approving nurse education programs in schools and universities, maintaining the Indian nurses' register, also known as the register for nurses, midwives, and health visitors; and developing policies, practice standards and administrative regulations.

Forensic Nursing: Global Perspective vs Indian Perspective

Forensic nursing is a recognized global specialty of nursing, integrating the application of nursing art and science at the clinical/legal interface, serving humanity as a response to any crime incidence. An international nurse educator famous in Asian countries states, "nurses worldwide must be educated in the principles and techniques of forensic nursing science to provide appropriate forensic care that addresses legal issues." The International Council of Nurses (ICN), established in 1899, is the widest organization for nursing professionals. They have initiated laws regarding child protection, violence, and human rights. A forensic nurse should assist in delineating the global standards for forensic practice. Increasing networks all around the globe are needed to spread the practice of forensics worldwide and to follow uniform practice under the same standard of practice.

The role of forensic nurse examiner domestically has been a success in strengthening the individual's health to collect and preserve evidence. In India, there is emerging scope in different specialties of forensic nursing (Fig. 4.6).

Registered nurses must get forensic nursing training to serve patients and clients in forensic care settings with safe and professional care. This is a substantial area of need. Higher training is necessary to use the developments in forensic science and technology and expand the tasks of nurses.

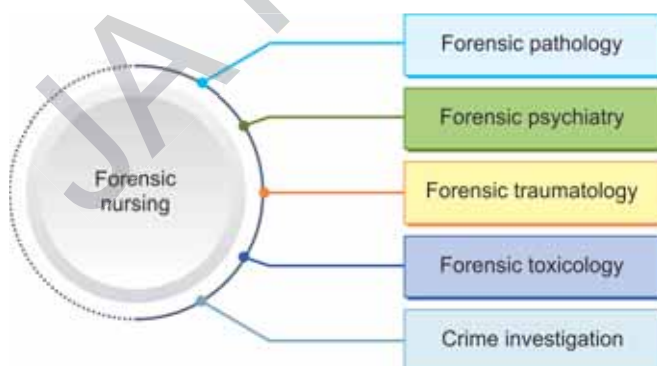


Fig. 4.6: Forensic nursing specialties.

There is an alarming rise in workplace violence against nurses and doctors worldwide. India's crime rates have been steadily rising. Knowledge of forensic concepts (forensic interviews and examination techniques, evidence preservation techniques) aids in the provision of need-based care in addition to assuring conventional emergency care.

Few institutions in India offer the **Master of Science (MSc) in Forensic Nursing**. This two-year full-time degree is the postgraduate level in the nursing college and has been approved by the Indian Nursing Council (INC). A registered nurse and a registered midwife, or an equivalent, with any State Nursing Registration Council, should be the requirements for the candidate. The BSc in Nursing, BSc Hons. in Nursing or Post Basic BSc in Nursing must be passed with a minimum cumulative grade point average of 55%. The curriculum equips nurses for positions of leadership in forensic care settings where they may serve as nurse specialists, consultants, educators, and researchers to advance community health and safety.

The National Forensic Sciences University in Gujarat provides a one-year Post Basic Diploma in Forensic Nursing authorized by the Indian Nursing Council. This program aims to train professional nurses who will become experts in medicolegal strategies for cases of abuse against women and children and support medical officials in all medicolegal situations, including postmortem examinations. Those who have completed a BSc in nursing from an institution accepted by the Indian Nursing Council (INC) and have one year of relevant experience are eligible to enroll in this course.

Science in the fields of medicine and health is developing quickly. An essential area of development that is picking up steam is forensic science. The requirement for preparing nurse specialists to deliver specialized and super-specialized health care services is emphasized by the National Health Policy (NHP, 2017). To fill this requirement, the Indian Nursing Council created several specialty programs that strongly emphasize clinical training. It included forensic nursing as a topic in the graduate nursing program.

Some of the future directions in forensic nursing in India are the need for orientation programs to become familiar with the ideas and abilities, the positions to be described well, and the qualifications and skills of a forensic nurse requirements to be standardized. The study pertinent to the Indian context is to be included in the syllabus of forensic nursing. Examining and evidence preservation guidelines must be formulated and made available to the concerned department. Standard operating procedures and forensic nursing are to be finalized.

Opportunities and Challenges in Forensic Nursing

Forensic nurses directly contribute to local, domestic, national, and international law. As a result, the investigation of each case is made challenging to clinical forensic nurses by delineating the ethical standards for forensic nurse practitioners. Forensic nurses should update their practice and knowledge through continuous education and collaboration with international organizations.

The advanced specialties of forensic nursing imply a constructive change in the system but, on the other hand, overlap the responsibilities of each other. Opinions of more expert clinicians are required to apply evidence-based practice in the field of forensic nursing. The modernization and increased criminal activity of society demand specific roles in forensic nursing. The scope and approaches of forensic nursing have encroached into hospitals, community programs, private agencies, and military treatment facilities. Patient-centered forensic nursing services continue to contribute to law enforcement, thereby evolving the changes in the subspecialty roles of forensic nurses.

Even though forensic nursing has been omitted from conventional nursing curricula, it could be in basic nursing curricula. The demand for education and practice in this field has escalated recently. Making the standard policies and procedures of practice uniformly throughout the country is a challenging opportunity in forensic nursing. At the same time, the education curricula must also be updated as per the strength of crime investigation. The collaborative work of forensic nursing with other disciplines expands the opportunity and develops the scope of a multidisciplinary approach. The future of forensic nursing enables nurses to lead change to advance health and allows them to serve as leaders. Forensic nursing develops and adopts innovative patient-centered care models through the capacity of building leadership.

Major issues in forensic education are the following:

- Less availability of textbooks and teaching resources
- Faculty preparation and credentials
- Nonavailability of standardized curricula all over the world.

CONCLUSION

This chapter explored forensic nursing, learning about its crucial function at the nexus of healthcare and justice. This chapter focused on forensic nurses' fundamental values and obligations, the development of this profession throughout history, and the global perspectives of forensic nursing. It is evident that forensic nursing is much more than a

career; it is a calling motivated by a dedication to offering compassionate care to people at their most vulnerable. It involves applying nursing expertise and knowledge to advance the cause of justice, heal injuries, and alleviate suffering.



Amazing Fact

In the 1980s, concerns about the handling of evidence and the care of patients with injuries related to crimes led to the development of forensic nursing.

In addition, forensic nurses collaborate closely with the criminal justice and correctional systems; some institutions employ forensic nurses with the necessary training to do mental health assessments or cover staffing shortages.



Case Scenario

Aruna Shanbaug Case

The Aruna Shanbaug case represents a significant turning point for forensic nursing. In 1973, a fellow hospital employee brutally attacked and strangled Aruna Shanbaug, a nurse at a hospital in Mumbai. She spent more than 42 years in this terrible incident, which resulted in a vegetative state characterized by severe brain damage and paralysis, before passing away in 2015.

The hospital's nursing staff, which included forensic nurses, instantly provided crucial medical care after the assault. The forensic nurse recorded her wounds, gathered vital proof, and started safe custody procedures. Swabs, images, and clothing were collected as evidence; these could all be crucial in upcoming court actions. For legal purposes, thorough documentation of Aruna Shanbaug's injuries and the circumstances of the assault was essential. Nurses, including forensic specialists, took care of her daily needs while she was still vegetative, providing physical care, guaranteeing her comfort, and closely watching her health. In addition to offering Aruna and her family physical care, they also served as emotional support while they handled the complex medical and legal issues posed by her case.

Forensic nurses worked extensively with law enforcement organizations, attorneys, and judicial authorities as the case went to court. They were helpful expert witnesses in the courtroom because of their knowledge. The Aruna Shanbaug case serves as an emotional reminder of the crucial role of forensic nurses in handling cases of sexual assault and other forms of violence in a hospital setting. They must provide emergency medical attention, gather evidence, keep meticulous records, assist survivors, and work closely with law enforcement.



Multiple Choice Questions

- Full form of IAFN is:**
 - Interdisciplinary affiliation of forensic nursing
 - International association of forensic nursing
 - Institutional action on forensic nursing
 - Indian association of forensic nursing
- Who initiated the formal curricula for forensic nursing?**
 - Ann Wolbert Burgess
 - Henry Lee
 - Virginia Lynch
 - William Bass
- The Indian Nursing Council introduced forensic nursing to the graduate syllabus in the year.**
 - 2019
 - 2020
 - 2021
 - 2022
- Which among the following is not an organization of forensic nursing?**
 - IAFN
 - AALNC
 - AAFS
 - SANE
- What is the primary role of a forensic nurse?**
 - Providing primary healthcare services to patients
 - Collecting and preserving evidence related to crimes or accidents
 - Conducting psychological assessments of victims
 - Assisting law enforcement in apprehending suspects

Answer Key

1.	(b)	2.	(a)	3.	(c)	4.	(d)	5.	(b)
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Short Answer Questions

- Ethical issues in forensic nursing.
- Forensic nursing process.
- Roles and responsibilities of nurse.
- Opportunities and challenges in forensic nursing.



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Concepts and Principles in Forensic Nursing Practice

Salient Features

- Textbook chapters have been organized and updated as per the revised BSc nursing syllabus.
- Additional chapters, such as child abuse, elder abuse, body shaming, human trafficking, forensic toxicology and pathology, psychiatric perspectives, neurobiology of trauma, and situations in the community are extensively detailed and well-organized.
- This book has been written and edited by Nursing Subject Experts.
- This book is a guiding light for nurse educators, nursing students, and practitioners in Forensic Nursing.
- Collaboration with the International Association of Forensic Nurses (IAFN).
- Insights and experiences from experts in the forensic field.
- 35 real-life case scenarios illustrating the application of forensic nursing principles.
- 100+ figures, illustrations, and tables are included.
- Forensic Laws and Ethics are covered in detail.
- Focus has been given to nursing implications.
- MCQs and short answer questions have been given at the end of all chapters.
- Features such as chapter highlights, amazing facts, case scenarios, and bibliography are retained and updated in all chapters.

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