



The role of a forensic nurse

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in the **medical** investigation

Failure to preserve forensic evidence results in a low rate of conviction (Dada and McQuoid-Mason, 2001). Trained doctors with the required experience in clinical forensic services are extremely scarce in South Africa, but trained forensic nurses will be able to assist and alleviate this shortage. The application of forensic nurses may be a major contribution towards victim empowerment in general and this action can contribute to an increased reporting rate of child abuse.

Most forensic nurses work at a hospital's emergency room. A nurse is often the first person to talk to the patient/victim and the family; the first one to undress or help

undress the patient/victim; and the first one to observe the types of trauma inflicted on a patient. Therefore, s/he plays an important role in the investigation of crime and the legal process in terms of victims of violence.

Any patient with liability-related traumatic injuries is considered a clinical forensic patient. The way in which emergency nurses handle forensic evidence can contribute to the success of a case in the courtroom. Considering the importance of the role of the emergency nurse, it seems vital that there be a forensic nurse present in all emergency rooms. However, there is currently a shortage of these highly skilled experts. These nurses can continue with normal emergency work until a case of abuse requires their attention. For the purpose of this article, however, we assume that forensic nurses are present in every emergency room.

With the establishment of the special Sexual Offences Courts, the judicial system has

addressed some of the crucial problem areas in terms of service delivery to victims. However, the Department of Health has to pursue the same objectives of specially trained and accredited health workers rendering services in specialised units around the country. Dr Tromp Els, from the North West Department of Health, is of the opinion that if adequately trained nurses were deployed and the courts acknowledged their expertise, this would be a major achievement.

What is forensic nursing?

Contrary to popular belief, forensic nurses do not spend their days working with corpses, nor is their work limited to assisting rape victims. Forensic nurses also work with other types of interpersonal abuse, such as domestic violence, child and elderly abuse, neglect and physiological as well as psychological abuse. They can even assist and examine victims of near-fatal or fatal traumas, such as shooting or stabbing incidents.

The poor collection of medical evidence by health workers, as well as the shortage of doctors who have clinical forensic experience, necessitate the training and deployment of forensic nurses to assist in alleviating the problem.

Forensic nursing provides an exploration of the forensic aspects of health care, which include: principles and philosophies of the forensic sciences; structure and function of institutions of legal medicine; forensic psychopathology; signs and legal aspects of death; bioethics; victimology; traumatology; sexual and domestic violence; medico-legal documentation; and rules of evidence.

The application of forensic science to nursing reveals a wider role in the investigation of crime and in the legal process, and that role has been recognised as a great asset in the evaluation of injury and death. In simple terms, forensic nursing means the application of the nursing process to public or legal proceedings. It is the application of the forensic aspects of health care to the scientific investigation of trauma (Lynch, 1995).

Clinical forensic nursing deals with the victims of violent

acts, who have not succumbed as a result of their injuries, but who suffer psychologically, physically or financially. Clinical forensic nursing as a subspecialty provides an important resource to clinical forensic medicine, law enforcement agencies and the human rights community. It assumes a mutual responsibility with forensic scientists and the criminal justice system with regard to the loss of human function due to human violence and other liability-related trauma.

The forensic nurse provides several kinds of services: direct services to individual clients; consultation services to nursing, medical and law-related agencies; and expert court testimony in areas dealing with trauma and/or questioned death investigative processes, adequacy of service delivery and specialised diagnoses of specific conditions as related to nursing.

Forensic nursing is new in South Africa

Forensic nursing is a new concept on the African continent and was an unknown field until the early nineties. It represents a new era of nursing practice. Traditionally, every practitioner in a subspecialty in the medical arena had a trained nurse at their disposal, except the forensic medical speciality. However, nurses were already being unknowingly exposed to forensic matters, being subpoenaed to appear in court, and expected to write affidavits, etc.

The term "forensic nursing" was officially coined in 1992, during the first national convention for sexual assault nurses, which led to the establishment of the International Association of Forensic Nurses (IAFN) (Nelson, 1998).

The "mother" of forensic nursing, Virginia Lynch (Redhawk) from the Beth-El Nursing College in Denver, Colorado in the USA, paved the way for this new dimension in nursing. She identified the roles that nurses can play in the forensic medical field. She had gained her expertise from working as a death investigator herself. Virginia became the founding president of the International Association of Forensic Nursing (IAFN). She began promoting forensic nursing across the globe and was instrumental in establishing forensic nursing in South Africa.

The Institute for Studies in Forensic Nursing was established in Kimberley, South Africa, during 1998. This was the result of an initiative taken by the Northern Cape Crime Prevention Committee and the responsibility was delegated to Dr Tromp Els, who was, at that stage, the Chief Medical Officer, Forensic Medical Services in the Northern Cape. With the financial support of the American Embassy in Pretoria, lecturers were invited to South Africa to present the first course of its kind on the subcontinent. It was during this course that the first 13 forensic nurses, all from the Northern Cape, were trained. Dr Els told **SERVAMUS** that he regards himself as the "father of forensic nursing in South Africa". It seems that this field is close to his heart.

The task of the forensic nurse

A clinical forensic nurse's task is to attend to the patient's immediate health needs. **S/he must approach the situation with an index of suspicion; recognise evidence where it exists; and process forensic evidence for forensic investigation and analysis.** Documenting, collecting and preserving evidence can be difficult in emergency situations, but it must be done, remembering that a patient's life and health are priorities (Lynch, 1995).

In cases such as shooting or stabbing, the forensic nurse is responsible for the collection of bullets and other debris left in the body that will help in the investigation. Forensic nurses must be able to recognise and to preserve vital fragments of trace evidence through the proper handling of the patient's clothing and personal property. Clothing worn at the time of the incident may have trace evidence that could link the victim with the crime scene or assailant. Defects in clothing can be compared to the victim's wounds and it can give insight as to the weapon or instrument that was used. Clothing may contain fragments from the assailant or his/her blood, while paint chips or broken glass could, for example, help to identify the vehicle that struck the victim of a hit-and-run incident. Gunshot residue surrounding bullet holes in the clothes can help to determine the range of fire (Lynch, 1995).

Removing the victim's clothing and storing it in tamper-proof forensic bags are also some of the nurse's duties. The condition of the patient's

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clothing should be recorded, indicating unusual markings, tears or damage. When clothing is cut off of the victim during resuscitation, cutting through tears and holes must be avoided, if possible, to preserve evidence. Cross-contamination, particularly of clothing and fluids, must also be avoided. Each item should be individually packaged, sealed and labelled. Wet clothes should be dried (according to procedure) and then placed in a paper bag, because plastic bags accumulate condensation, which promotes the growth of bacteria that will interfere with examination results (Lynch, 1995).

Forensic nurses also have to photograph and measure the wounds of the patient.

Knowledge of injury type

Nurses should have an accurate knowledge of the types of injuries and be familiar with the appropriate terminology, because their charting and documentation of wounds may be used as evidence in

court. Their failure in this regard can result in confusion in the courtroom, weakening the case against the perpetrators, or causing the case to be dismissed (Lynch, 1995).

The instrument responsible for the marks or wounds will leave a "foot print" for identification, such as bite marks, stove spiral burn marks or belt buckles. In child abuse cases, blunt force (which leaves bruises, abrasions, lacerations and fractures) and sharp instruments (which leave cut and stab wounds) could be used to hurt the child. However, dental injuries, thermal injuries and gunshot injuries also occur. During the examination, the medical professional should look at the position of the injury, as well as the size, colour and shape, as these provide vital information. Taking note of the stage of healing of bruises, wounds and fractures can also provide valuable information, as it can indicate abuse over a period of time.

Expert witnesses as part of the multi-disciplinary team

Akoojee (2001) and Dada and McQuoid-Mason (2001) emphasise that forensic nurses should be trained in such a manner that they are able to function in a multi-disciplinary team including police officials, doctors and welfare personnel. Forensic nurses are qualified to testify in court as expert witnesses. Dr Tromp Els agrees and says that forensic nurses who are properly trained can definitely render expert testimonies in courts of law. It is time that all South African courts recognise forensic nurses as expert witnesses on the findings of medico-legal examinations and allow them to give their opinions in a court of law.

Although forensic nurses can be regarded as expert witnesses, the South African Nursing Council (SANC) does not recognise forensic nursing as a speciality. SANC's failure to recognise forensic nursing as a speciality means that these nurses do not qualify for the Occupation Specific Dispensation (OSD). Negotiations with the SANC in order to accredit the training of forensic nurses are ongoing, and the latest indications are positive.

Training

Nurses working in emergency rooms/departments should be exposed to forensic nursing

education and training, as they are often the first to deal with victims of abuse and other crime. Unfortunately, the University of the Free State is currently the only tertiary institution that offers a course in forensic nursing. The Nursing School at University Free State trains ±30 nurses annually.

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Forensic nursing is a speciality field that deals with the care of crime victims and the collection of evidence. Borrowing on their training and experience in observation as part of their caregiving role, the forensic nurse is in the unique position of being a qualified medical professional, trained to observe, recognise, collect and appropriately document evidence that ultimately becomes foundational to establishing the legal causation and responsibility for traumatic injury. The objective of forensic nursing is not to replace doctors, but rather to fill a vacuum that has been created over many years.

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