Flight towards forensics: One nurse's journey

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From the Section Editor Sheila Early:
This article was written as a discussion paper for the Forensic Nursing course offered at British Columbia Institute of Technology in July 2004.

Introduction

Forensic nursing in Canada is an evolving and exciting realm, with opportunity especially for ER, OR, psychiatric nurses and even paramedics. I was fortunate enough to hear the "pioneer" of forensic nursing from the U.S., Virginia Lynch, speak and I became enthralled with the idea of forensic nursing. It will be interesting to see how the role and scope of practice of the forensic nurse emerges and how nursing schools incorporate this aspect of health care. I hope to be a part of this unfolding in some small way- Christine Cornies

The purpose of this article is to review the evolution of my personal experience and increased awareness of forensic nursing issues, while participating in the Forensic Nursing 8103 course at British Columbia Institute of Technology, in July of 2004. My objective is to express the profound impact this experience has had upon me, personally, and the significant transformation it will have professionally within my practice as an emergency registered nurse. This article will consist of ideas and thoughts previously held and how they underwent a metamorphosis with the application of new concepts learned throughout the various segments of course content and literature research.

I had a very vague sense of what forensic nursing entailed. My belief was that forensics or forensic science was simply the collection of various types of evidence and the processing of that evidence. I was at a loss while discussing my enrolment in the forensic nursing program, when my peers inquired, "What will that get you?" or "How will that help you?" Where do forensic nurses study? How do they expand and enhance their skill set?

The first task was to define forensics. According to **Webster's New World Dictionary** "forensics is characteristic 1. of, or suitable for a law court, public debate, or formal argumentation, 2. specializing in or having to do with the application of scientific, medical knowledge to legal matters, as in the investigation of crime." Therefore, it leads me to understand that forensic nursing applies the principles of nursing to legal matters or issues. The International Association of Forensic Nurses (IAFN, 1997) states, "Forensic nursing is the application of nursing science to public or legal proceedings: the application of the forensic aspects of health care, combined with the bio-psycho-social education of the registered nurse in scientific investigation and treatment of trauma and/or death of victims and perpetrators of abuse, violence, criminal activity and traumatic accidents."

It became clear to me how crucial the role of an emergency nurse is, routinely assessing and caring for victims, perpetrators, families and companions. Who are these "living forensics" patients? They are victims of violent crime. They are victims of sexual assault, domestic violence, the abused, trauma patients, motor vehicle and pedestrian incidents, suicide attempts, workplace injuries, medical misadventure, supervised care and custody, food and drug tampering, environmental hazards, substance abuse and so much more (Lynch, 2001, p. 10). I was completely unaware of the vast group of clientele in this forensic realm for which we, as nurses, advocate.

In the emergency setting, we see a wide variety of these patients. In the Fraser North Health Authority jurisdiction, there were 5,887 offences of violent crime (all ages) in 2002. There were 338 youths charged within this jurisdiction in 2002. These violent crime statistics include homicide, attempted murder, sexual and non-sexual assault, robbery and abduction. Also in this authority, there were 365 sexual crime offences, keeping in mind a large percentage of offences go unreported, and 1,004 total offenders of spousal assault. We, as ER nurses, deal with the physical and emotional aftermath of these incidents.

Societal violence is prevalent. A new awareness can allow us to be proactive in preventing further child, elder and spousal abuse. We can help improve our community while assisting law enforcement to 'catch the bad guys', and lawyers to protect victims and prosecute perpetrators. We do this by applying the age-old nursing process to the newly acquired forensic concepts: highly detailed documentation, modes of evidence collection, photographing wounds, awareness and detection of various drug-induced behaviour and physical symptomology and court testimony skills, among many other ways. We, as ER nurses, can impact care of our patients and their families. I have not been this excited about nursing in years! Without this specialized body of knowledge, there is a potential to destroy evidence and, therefore, inadvertently allow a perpetrator to go free. All emergency nurses can augment their practice by learning to first "be aware" and "recognize" forensic cases, "collect" and "save evidence" and maintain the chain of custody, (i.e., "know what to do with it") (personal communication July 5, 2004). I now know

what this "chain of custody" is, and how to commence and maintain it to the best of my ability so that control and credibility of the evidence is optimal (Evans, Stagner, & Rooms, 2003).

Reflecting on my emergency practice of the last 10 years, I am able to recall instances where, perhaps, knowing more about forensics at the time, I could have done a better job. I have cut off clothes of victims of violent crime. I have thrown clothing in the garbage or on the floor in some instances. Clothes are to be placed separately in paper bags then documented. If they are damp, they must be dried or it should be communicated to the receiving authority that the contents are moist. Clothing can contain trace evidence, gunshot residue, body fluids for potential DNA testing and defects that can be used to compare wounds and weapons (Lynch, 1995).

I have documented the term laceration when the actual wound was an incised wound on a victim of violent crime. Every nurse in our emergency department has done this. We do not all know the difference between lacerations and incised wounds. Lacerations are "tears in the skin, usually ragged and abraded with bridging in the wound base". Incised wounds have "clean-cut straight edges with no abrasions or contusions" (Lynch, 2001, pp. 39-40). I read of an instance in which a nurse testified in a court of law that the patient sustained several lacerations. The defence attorney requested the judge to dismiss the charge, as his client was carrying a knife (not a bat or club) and, therefore, could not have caused a laceration (Pyrek, 2004).

I may have been more "careful" dealing with the walk-in gunshot wound; the removal of his clothing and the handling of the bullet that fell from his clothing. Bullets are to be removed with gloves or rubber-tipped forceps, wrapped in cotton and placed in an evidence envelope (Evans, Stagner, & Rooms, 2003). Ensure that the item has been labelled with name, hospital number, date and time, specimen description and the location of specimen (Carrigan, Collington, & Tyndall, 2000). It may then be placed in a locked drop box available for evidence storage at some facilities, or may be given directly to the law enforcement officer. I understand now why the police officer who responded to the "walk in" gunshot wound was dissatisfied with the sequence of events. My concern was for my patient's safety and the treatment of his non-life threatening injury, which was difficult to determine while he was fully dressed. The police officer did express displeasure, thinking I had removed the bullet from the man's body, although it had fallen onto the stretcher when I removed the man's clothing. I have a better understanding now, and should I be faced with a similar situation, I will know how to collect, store, label and document the item properly, thus working with law enforcement, not unknowingly against them.

It is important to remember the "Locard exchange theory", knowing when two objects contact there will be exchange of material (Wyatt, 2000, p. 9). We can minimize some of the complexity of the investigator's job if we know what to touch and what not to touch. Obviously, as an emergency nurse, our first responsibility is to ensure life-saving measures are taken, with evidence collection being of secondary priority. Taking note of debris or fluids on clothing, not sticking scissors into holes in your trauma patients' clothing that could be caused by a knife or gunshot, swabbing bite marks, and placing clothing on a clean sheet for further inspection are just some simple ways of preserving evidence in the ER.

I am amazed by the types of objects that can be collected for DNA testing. Not only the common biological specimens such as blood, semen, saliva and sweat, but contact lenses, condoms, a fingernail and old bones may be utilized. Trace evidence like glass, paint, assorted fibres and soil may also be collected. All of these can be used to associate or exclude victims to scenes and suspects (Owen, 2000, pp. 174-180).

There are a variety of experts who work together in the processing of forensic details and evidence. During my literature research and during class lectures, I became aware of the highly specialized team required to interlace a forensic science case together. There are toxicologists who test body specimens for drugs (personal communication, July 18, 2004). Microbiologists examine tissue and blood, semen and vaginal fluid (personal communication, July 6, 2004). There are trace analysts, firearms and tool-mark examiners, fingerprint experts and detectives who interview. Chemists analyze vitreous humour for electrolytes and glucose, which can aid in determining time of death (Johnson, 2003). The forensic odontologist compares dental records to skeletal remains or unidentified bodies of victims. Forensic anthropologists study human body anatomy, especially bones, to determine sex, age, stature, ethnicity and general physical condition (Erzinclioglu, 2001, p. 92). They may "note injury to bones which may suggest a violent death" (Johnson, 2003). The forensic pathologist's main role is to determine the cause and manner of death and approximate time of death by applying medical science to knowledge of disease processes (Johnson, 2003).

One expert we cannot forget to include is the ever-evolving "forensic nurse". IAFN past-president Patricia Speck "uses the acronym WHEEL to depict what forensic nursing is: wounding, healing, ethics, evidence, and legal" (Lavoie-Vaughn, & Cantrell, 2003). There is a host of opportunities for operating room, emergency and psychiatric nurses to perform forensic nursing. With specialized training, one can become a sexual assault nurse examiner (SANE) or response team member (SART) to provide victim examination, evidence collection, emotional support and referral and court testimony. There are nurse coroners, nurse investigators, forensic correctional/institutional nurses, legal nurse consultants and clinical nurse specialists (Lavoie-Vaughn, & Cantrell, 2003).

Looking for educational resources for forensic nursing, I determined this is a relatively new frontier. Of course, BCIT (British Columbia Institute of Technology) has the new arrival of Forensic Nursing 8103 course and there is development in situ of an advanced program on the horizon (personal communication, July 8, 2004). There is a variety of online educational opportunities, a few general nursing forensic courses and master graduate/undergraduate levels available in the United States. Kepplestone, Scotland, has an undergraduate forensic nursing program. In Canada, my internet search revealed only an internet nursing course, "Focus on Forensics – An introduction to Health

Care", and classroom-based "Nursing and Healthcare in the Forensic Population" offered at University of Calgary. Forensic studies nonspecific to nursing are offered at Mount Royal College in Calgary. "Forensic nursing in a Secure Environment" via distance education is provided through University of Saskatchewan. The most noted and more readily available programs with actual credentials are the SANE programs. There are approximately 40 programs available throughout Canada.

As an emergency nurse, I deal with violence, abuse, death and dying on a regular basis, and personally as part of society. What I have discovered is while partaking in this course, I now know more and there is more to know! It has revealed much more than I would have expected and changed the way I read the newspaper, watch television, converse with peers and look at my patients. It is clear that all frontline health care providers can benefit from this informative program for best practice and legal issues. As nurses, part of our historical role is teaching and prevention. If we can devise policies and protocols to deal efficiently with victims and perpetrators of violence and abuse, perhaps we can prevent further injuries, exposures or death in the future. We can help stop the cycle of violence. We can help law enforcement provide evidence so victims, suspects or perpetrators receive their justice.

At the end of the day, we must look after ourselves. Under the armour of my uniform is a mother, a wife, a daughter, a sister, an aunty and a member of society. As health care professionals, we are at risk for vicarious trauma, having recurrent exposure to often grim realities of the ER department. "We are expected to handle the emotional and physical demands of traumatic events without developing serious emotional problems" ourselves (Harbert, 2002). The last thing society needs is the loss of caregivers who become too scarred to care anymore.

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Outlook Bouquets

To the national conference planning committee from B.C. What a terrific job! The speakers were great and the topics were relevant. The weather was beautiful as was the scenery. The social events were fabulous. Congratulations on a wonderful conference. You have set the bar high for the rest of us!

Good-bye and thanks to our departing directors, Joanne Collins (Newfoundland and Labrador) and Allison Duncan (New Brunswick). On behalf of the executive and the board of directors, I thank you for your dedication and your energy. I thank you for all of your hard work while members of the board. On behalf of everyone, I wish you well in your future endeavours and all the best!

Welcome to our newest members: Clavell Bolger who is returning as a director from Newfoundland and Labrador, and to Nicole Raike, director from New Brunswick.

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