

# Upstream thinking about victims of intentional violence: The wisdom of Forensic Nurse Examiners

By Rose Marie Doyle, RN, BN, MScN

What comes to mind when you meet or hear about a Forensic Nurse Examiner (FNE)? If your response did not include prevention, you're not alone. The FNEs within British Columbia's Fraser Health (FH) maintain that health care professionals and the public at large have diverse perceptions about their responsibilities, ranging from equating FNE's work with death, CSI, or corrections, to one of complete topic avoidance. Some wrongly assume it is depressing work, placing the nurse examiner at risk for developing *immunity to human suffering*. In reality, the International Association of Forensic Nurses (2009) broadly defines forensic nursing as the practice of nursing globally where health care and legal systems intersect. Moreover, a goal of forensic nursing is prevention of intentional violence (IV). This article highlights an exemplary group of nurses whose practice has meaning for nursing care across the lifespan, both locally and globally. In a capacity-building project, these FNEs shared their wisdom, acquired from trauma-informed care and their humanity. Their perceptions helped me understand the breadth of their prevention initiatives, the rewards and challenges they experience, and the relevance of their work to all health care providers.

## Prevention of intentional violence

According to the director of the Forensic Nursing Services (FNS), these unique nurses are "dedicated, professional, heroes, educated, flexible, patient-centred, and quality driven" (Personal communication Martha Cloutier, June 20, 2013). FNEs are both hopeful and empowered by their comprehensive prevention responsibilities. While addressing sexual violence is their major responsibility, FNEs are concerned about the broader issue of IV. Lynch (2011) states that pure primary prevention refers to "preventing the event from happening at all" (p.16). FNEs take a proactive approach by engaging in formal and informal teaching that is individualized to the target population (e.g., the patient, family, various community groups such as students and law enforcement). Although women and girls are more likely to be survivors, FNEs conduct speaking engagements with all genders, addressing topics such as sexual health, reducing the risk of exposure to violence, and identifying persons at risk for violence and those at high risk for offending.

Lynch (2011) states that secondary prevention involves "prompt detection, treatment and management" (p.16). In FH, victims of intentional victimized violence may access the Surrey Mobile Assault Response Team (SMART); one of the first services provided is transport to the emergency department. An FNE arrives within 45 minutes to provide forensic care (FH, n.d.a). SMART addresses the safety concerns of women and girls who have been victimized by supporting them to make critical and often time-sensitive medical and legal decisions immediately following an assault. SMART emergency response workers receive

comprehensive training in the assessment of risk and the development of safety plans, which mitigate any ongoing threat to the safety of recent survivors of violence (Surrey Women's Centre, n.d.). This timely, respectful and competent care lessens the sequelae of violence for the victims (Dole, 2011). Having an established multidisciplinary initiative enables the FNE in remaining patient-centred.

Tertiary prevention "seeks to limit impairment, increase the quality of life, and prolong life" (Lynch, 2011, p.16). FNEs believe this necessitates a broad responsibility for preventing secondary re-victimization by changing the cultural norm of IV. Survivors of IV are at risk for being re-victimized when further exposed to violence, as well as when subsequently undergoing invasive procedures such as a gynecological examination (Dole, 2011). As part of their everyday lives and in their nursing employment outside of FNS, FNEs seize any opportunity to clarify myths and realities of gender bias and inequalities, and sexual relations. Dole (2011) states that "many men and women do not understand boundaries or the definitions of sexual violence" (p. 405). FNEs believe that gender-based violence requires a collective effort by social, health, law enforcement, justice and government agencies to adopt a broad view of violence as a *social*, not personal issue. FNEs hold strong beliefs that everyone has a responsibility to act non-violently, and avoid being a bystander to any type of violence.

Dole (2011) cited several studies whereby men and women have misconceptions regarding what constitutes IV. In one research study, a majority of college men did not perceive acquaintance rape as sexual violence. Similarly, men who were sexually assaulted often avoided reporting the offence because they erroneously believed they should have been able to protect themselves. FNEs have observed instances whereby young, educated men failed to realize that an unconscious woman, under the influence of drugs (e.g., GHB) or alcohol, cannot consent to a sexual relationship. They address this issue by disseminating knowledge on trauma-informed practice to other professionals across the health region. Indirectly, FNEs enhance the quality of life for survivors by raising awareness regarding the need for a collective effort. They believe many professionals including police, child protection workers, health care providers, teachers, daycare workers, lawyers and judges lack the requisite knowledge for preventing IV. Adopting a trauma-informed practice gives survivors permission to share their stories, which, ultimately, may prolong their lives. While knowledge is a necessary resource, tertiary prevention must be ongoing for a substantial behavioural change whereby all Canadians, particularly vulnerable populations such as Aboriginal peoples, survival sex workers, transgendered persons, new immigrants, and those living with disabilities have their voices heard and are safe from IV.

## Forensic Nursing Services

Forensic Nursing Services (FNS), located at Surrey Memorial Hospital and Abbotsford Regional Hospital and Cancer Centre is a unique Canadian program, and operates within Fraser Health (FH), one of Canada's largest health authorities, in conjunction with community agencies. FNS provides care for victims of intentional violence (IV), most of whom are women and girls. IV, also known as domestic abuse, includes sexual assault, yet, despite the high prevalence rate, many Canadian victims have no access to a forensic nursing examination (Fraser Health, n.d.c). In some areas, the role of a Forensic Nurse Examiner (FNE), formerly referred to as Sexual Assault Nurse Examiner, is to provide care for sexual assault victims. However, FNEs in FH have more extensive responsibilities.

These FNEs perform a forensic exam, make decisions regarding medication administration and diagnostic testing, collect evidence, create a medical-legal report, may testify as an expert witness, provide follow-up care and appropriate referrals. The FNEs collaborate with police and community agencies, such as Surrey Women's Centre (SWC) whose mission is to end violence against women and girls. SWC's SMART (Surrey Mobile Assault Response Team) helps survivors navigate the complex medical, legal and social service systems, and provides counselling, thereby addressing the immediate and long-lasting impact of violence with a paramount focusing on increasing safety.

Many Canadians are unaware that human trafficking is both a domestic (i.e., it occurs within Canada) and a global issue. In association with B.C.'s Office to Combat Trafficking of Persons, FNEs address this criminal activity as a health care issue and are developing a toolkit to train and assist FH emergency department staff to recognize and respond to the signs of human trafficking and sexual exploitation (Nagel, 2013). The FNEs' foci include working with stakeholders to build a cohesive team to combat the crime from multiple perspectives, developing prevention strategies, and improving health care for those being trafficked.

FNE coordinators, all of whom are nurse examiners, envision a future whereby all FNEs in Canada will perform to their full scope of practice in accordance with jurisdictional professional standards of practice. They believe that RNs working in areas such as the operating room, emergency department, and corrections have an opportunity to expand their knowledge and improve outcomes for IV survivors by becoming members of a "uniquely Canadian organization" (Forensic Nurses' Society of Canada, 2013). Moreover, they believe that intentional violence is a health care issue that must be included in curricula of all health care programs.

As exemplary lifelong learners, FNEs share best practice resources with internal and external colleagues, meet monthly for educational and debriefing sessions, and attend workshops. Educational topics include conducting a forensic examination, identifying biomarkers of human trafficking, documentation and preparing to testify, and preventing vicarious trauma. For this reason, the Director of FNS foresees B.C. serving as a model for ensuring forensic services are accessible to all urban and rural Canadians.

## Rewards and challenges faced by Forensic Nurse Examiners

FNEs work in a high-stress environment where it may take hours to obtain informed consent from a patient who has shared a horrific experience of IV. In addition to being on call and providing forensic care for four to 12 hours per patient, FNEs are required to submit a medical-legal report within 24 hours and must be prepared to testify as an expert witness (Fraser Health, n.d.b). Although stressful, FNEs find this work rewarding; fulfilment arises out of knowing they make a difference. Critically important, FNEs are skilled in remaining non-judgmental and unbiased in their care. Strategies they use to ensure retention of this skill include ongoing education and self-evaluation, staying mindful of their well-defined scope of practice, working in concert with SMART and other allied service providers, having a view of compassion for all, and debriefing with FNE coordinators.

Despite having role clarity and experiencing rewards, FNEs are at risk for vicarious trauma. To mitigate this they are exemplary in self-care and refine it over time. FNEs acknowledge and attend to their vulnerabilities by taking time for themselves, seek out appropriate people for support, diversion and debriefing, and practise healthy coping strategies, ranging from embracing nature to engaging in spiritual practices. One indicated that imagery helps in that when she removes her lab coat after providing forensic care, she *sheds the case* at the same time. Above all, FNEs have a positive world view, believing that there is more good than evil in the world. Several indicated that snuggling with their children and grandchildren reinforces this belief.

## Relevance to health care providers


A sense of powerlessness among health care providers may impede progress toward changing the culture of IV. If reducing violence is deemed external to one's control, an attitude of apathy and tolerance is conveyed. FNEs believe that fear and not knowing how to speak out against violence may underlie such inaction. By engaging in ongoing education on the exploitation of vulnerable people, FNEs are role models for adopting an internal sense of control. Although the numbers need to increase, some health care providers and the public have learned how to recognize blatant and subtle portrayals of violence, including exploitation of women and minorities in the media, movies, magazines and TV. They encourage their loved ones to use the Internet for non-injurious purposes, avoid dining in facilities with sexualized dress codes for servers, and recognize when advertising and sexist jokes denigrate women. Having an internal sense of control over violent behaviour is key to reducing and, ultimately, eliminating violence.

There is an element of forensic nursing in all nursing practice settings. While not all registered nurses have a desire to become FNEs, each one has a responsibility to support the quest for changing the cultural norm of IV. The statistics on IV are staggering:

- Females are six times more likely to be sexually victimized than males, and
- Up to one in three men have experienced sexual abuse (Canadian Centre for Justice Statistics, 2008).

Dole (2011) states that survivors of sexual assault “who present with discordant symptomatology are often waving a red flag and asking to be heard” (p. 399). Given the statistics, all health care providers need to be on the alert for red flags. She indicates that “health care professionals feel they are too busy and state that histories of sexual assault or abuse are not a priority. Unfortunately, this omission often represents a missed opportunity to assist patients in beginning the healing process by telling their story” (p. 404).

In conclusion, as registered nurses employed in practice, education, research or administration, we must be mindful that each patient/client or health care professional with whom we interact may have a current or remote personal experience with IV, the sequelae of which may be long lasting and possibly life-limiting. This capacity-building project has taught me that we could enhance our professional and personal lives by asking ourselves:

- Might my actions or inactions cause a (potential) survivor to feel re-victimized?
- What resources might be appropriate to offer a (potential) survivor?
- How can I incorporate IV prevention into my personal life and professional practice? 

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## About the author



Rose Marie Doyle, RN, BN, MScN, has been a nurse educator for 30 years, practising in Alberta, Ontario, and British Columbia, and currently is a faculty member in the BSN program at Kwantlen Polytechnic University (Langley, B.C.). Her teaching expertise is in caring for adults in acute care and community settings. Professional interests include primary health care, quality workplace environments

for nurse educators, and capacity building. A relatively new area of interest is how forensic nursing is embedded in nursing students' everyday clinical practice. Forensic Nurse Examiners have enabled her to expand on that understanding and, therefore, gratitude is extended to Fraser Health's Forensic Nursing Services' Director Martha Cloutier, Coordinators Larena Dodd, Lynn Gifford, and Susan Short, and all nurse examiners who shared their wisdom, and are helping to make Canada a safer place.

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