

# The Role of Nursing in Preserving Forensic Medicine: Essential Skills and Practices

Mohammed Salem Alharbi<sup>1</sup>, Nawaf Abdulrahman Algothani<sup>1</sup>, Emad saad Talea Alsaedi<sup>2</sup>, Mohammad Ibrahim Hashem<sup>2</sup>, Omar Dakhel Hudhayrim alalwi<sup>2</sup>, Mohmmmed Bkeet Alhebaishi<sup>2</sup>, Majed Abdullah Nafea Alamri<sup>2</sup>, Abdulaziz Haseen Alahmadi<sup>2</sup>

1. Consultant forensic medicine, KSA.
2. Nursing, KSA

## ABSTRACT

Forensic nursing is an interdisciplinary subject that combines nursing practices with the legal system to provide proper medical care to victims and suspects of violence while also preserving vital forensic evidence for legal purposes. This study investigates the critical role that nurses play in forensic medicine, focusing on the skills and procedures required for gathering and preserving evidence, as well as the ethical and legal considerations that motivate their work. It highlights the significance of proper documentation, best practices in evidence gathering, and the function of forensic nurses in a variety of forensic settings, such as sexual assault examinations, trauma treatment, and death investigations. The report also discusses the obstacles that forensic nurses confront, such as emotional stress, burnout, legal complications, and the need for ongoing professional growth. Furthermore, it emphasizes forensic nurses' substantial impact on both the healthcare and justice systems, as well as their critical role in maintaining the integrity of forensic medicine. This study underlines the importance of ongoing training, legal support, and recognition of forensic nursing as a vital specialization in modern healthcare.

**KEYWORDS:** Forensic Nursing, Evidence Collection, Forensic Medicine, Ethical and Legal Responsibilities, Trauma Care, Sexual Assault Nurse Examiner (SANE).

## 1. Introduction

Combining nursing care with the legal and judicial systems, forensic nursing is a unique and rapidly growing discipline. In order to ensure that victims and offenders of violence receive proper care and that evidence is appropriately documented for court proceedings, this sector requires specialized expertise and skills to bridge the gap between law enforcement and healthcare [1]. In addition to offering compassionate care, forensic medicine nurses are crucial in the preservation, gathering, and recording of forensic evidence—information that can be crucial in criminal investigations [2]. In order to effectively preserve forensic evidence while upholding their therapeutic responsibilities, forensic nurses need to have certain critical skills and behaviors, which are examined in this study [3]. The ethical, legal,

and emotional issues they face are also examined, along with the importance of their role in upholding justice in the legal and medical systems [4]. The healthcare sector has been greatly impacted by the rise of forensic nursing as a specialty, especially in the areas of trauma treatment, abuse investigations, and death investigations [5]. Forensic nurses play a crucial role in maintaining justice since they are often the first medical professionals to notice and record tangible evidence connected to crimes [6]. New methods, instruments, and techniques for gathering and preserving evidence appear as the field grows, as does rigorous training for handling sensitive situations [7]. This study intends to provide a thorough overview of the many skills and techniques that forensic nurses use, as well as their contributions to both healthcare and legal environments [8].

## 2. Overview of Forensic Nursing

By using the nursing process to provide compassionate care to patients and the community at large, forensic nursing integrates healthcare with the legal system [9]. Although they work with experts from a variety of non-healthcare domains, forensic nurses' primary function is that of a nurse, not that of a criminal justice or forensic science specialist [10]. This distinction makes it very evident that forensic nurses are medical practitioners rather than experts in criminal justice [11]. They provide all-encompassing care that attends to the physical, psychological, social, and spiritual needs of people who have been victims of violence and other types of trauma [12]. Patients treated by forensic nurses include victims who are still alive and those who have passed away, as well as those who have been involved in criminal activity [13]. This patient group also includes areas impacted by events such as natural disasters [14]. Emergency departments, intensive care units, women's health clinics, medical-surgical wards, and psychiatric/mental health facilities have all employed forensic nurses [15].



Figure 1

As recognized by the American Nurses Credentialing Center's Magnet Recognition Program, the role of the Sexual Assault Nurse Examiner (SANE) has broadened in some areas of the United States to include forensic nursing care for pediatric SANEs (SANE-P) and adolescent and adult SANEs (SANE-A) [16]. The goal of forensic

nurses is to improve legal procedures as well as patient outcomes [17]. They encourage emotional and physical healing by addressing the social, psychological, and physical aspects of health [18]. To guarantee the best caliber of analytical outcomes, forensic nurses also follow the correct procedures for documenting, gathering, and preserving evidence [19]. As forensic nursing continues to evolve, new subspecialties will emerge, including those focused on interpersonal violence, strangulation, torture, physical abuse of children, child neglect, and abuse of the elderly [20]. The International Association of Forensic Nursing (IAFN) provides online SANE training and conducts certification examinations [21]. Only Registered Nurses (RNs) are eligible to pursue advanced forensic nursing education to address the needs of healthcare and society [22]. In fact, over 72% of IAFN members are SANEs [23]. Forensic nurses come from a variety of educational backgrounds, ranging from associate degrees to doctoral levels, to enhance their knowledge in forensic nursing subspecialties [24].

### 3. The Importance of Nursing in Forensic Medicine

Forensic nursing is a specialist specialty that works at the interface of healthcare and the criminal justice system [1]. Nurses in forensic medicine provide critical services that focus on satisfying patients' medical requirements while simultaneously contributing to legal procedures by assuring the proper collection, storage, and documentation of forensic evidence [2]. This combination of medical knowledge and legal competence is crucial, making forensic nursing a valued career with substantial implications in both the healthcare and legal systems [3]. The preservation of forensic evidence is a critical component of forensic nursing practice [4]. Nurses in this sector are trained to identify, collect, and preserve forensic evidence in methods that keep it intact for use in judicial processes [5]. This includes taking biological samples like blood, sperm, and hair, as well as documenting physical injuries using photos, medical reports, and written notes [6]. The preservation of evidence is critical to the effectiveness of criminal investigations, since it is frequently the deciding element in the resolution of assault, abuse, and other violent crimes [7]. Forensic nurses play an important role in sexual assault investigations by conducting "Sexual Assault Nurse Examiner" (SANE) exams [8]. These professionally trained nurses give rapid care to victims while gathering critical forensic evidence that can be utilized in court [9].



Figure 2

The procedure entails documenting injuries, collecting bodily samples for analysis, and ensuring that the victim's rights are protected throughout a delicate and stressful experience [10]. Forensic nurses' involvement in these cases frequently has a substantial impact on the outcomes of criminal investigations and the pursuit of justice for victims [11]. Forensic nurses have vast experience dealing with injuries caused by numerous types of violence, including physical abuse, domestic violence, and homicide cases [12]. They are proficient at providing medical care to victims and determining the importance of injuries in the context of a suspected crime [13]. Their experience in emergency care enables doctors to differentiate between accidental and non-accidental injuries, which is critical in investigations [14]. By collaborating with law enforcement and other forensic specialists, forensic nurses help to improve the overall process of acquiring information to aid in the pursuit of justice [15].

#### **4. Ethical and Legal Responsibilities in Forensic Nursing**

To properly handle concerns over their practice and reconcile differences between the ideal expectations of their profession and the realities they encounter, forensic nurses must be clear. In order to investigate topics including role confusion and conflict, conflicting loyalties and obligations, conflicts of interest, and conflicting priorities, a targeted literature study was carried out [16,17]. According to the review, the statement "we are nurses first" may suggest role ambiguity and conflict for forensic nurses. This kind of position classification, however, may exacerbate the discrepancies between internal and external expectations regarding the duties of forensic nurses. The ramifications point to the necessity of. Helping new forensic nurses integrate into their roles and reconcile the various aspects of their work within a specialized field like forensic nursing is essential. Forensic Medical Exams: Ensuring Fairness for Those Suspected or Accused of Violence. Forensic exams are conducted on both victims of violence and those accused of committing violence. However, there has been limited focus on defining current practices, recommending standards or guidelines for sample collection, or addressing potential disparities between individuals accused or suspected in sexual assault cases and those identified as victims. To explore this issue, a review of scientific literature, gray (or informal) literature, and relevant publications was conducted. Important questions were brought up by this review. Does the act of a forensic nurse taking a person's samples make them a "patient," giving them the rights that are normally associated with a nurse-patient relationship? Should forensic nurses always avoid terms like "victim," "accused," "perpetrator," "assailant," and so on in favor of neutral, nonjudgmental language? When undergoing a forensic medical examination, should persons who are accused of violence be given the same rights and consideration as those who have been identified as victims of violence? What steps may be taken to remedy the unequal treatment of victims of violence? Forensic Nurses' Photodocumentation Practices: As digital recording technologies have become more widely available, forensic nurses are increasingly using photography to document physical observations [19,20].



Figure 3

Clinical forensic techniques use photodocumentation extensively, however there is a great deal of heterogeneity because best practices have not yet been defined. In order to fill this gap, 563 forensic nurses, mostly from the US and Canada, answered a 96-item web-based survey that defined current photographic documenting practices. According to one-third of participants, they avoided snapping pictures for non-standard reasons. Participants stated that if their normal equipment was not accessible, they would utilize personal electronic devices, such as cell phones or tablets, even though digital cameras were the most commonly used devices [22, 23]. The security procedures for the photos, such as how they were shielded from unwanted access and transmission, were unknown to about 10% of respondents. Additionally, the poll found that between 5 and 13 percent of nurses did not use photodocumentation during forensic medical examinations, depending on the age category of the patients they served. With the goal of establishing competency in photodocumentation techniques, these findings underscore the necessity of recommendations to address providers who are not following what seems to be a developing professional agreement and the challenges of maintaining competency in low-volume settings [25].

## **5. The Evolution of Forensic Nursing and Its Impact on Healthcare and the Justice System**

Reform has been prompted by the dynamic and intricate character of healthcare for both individuals and communities. As a result of this development, forensic nursing has emerged, especially in reaction to the rise in violent crimes, such as terrorism, which are directly related to the criminal justice system. With their broad clinical expertise and capacity for teamwork, nurses are essential in providing comprehensive care to both crime victims and offenders. The International Association of Forensic Nurses (IAFN) was first formed when a small group of about 70 nurses met at a national conference. Since its inception in the United States, forensic nursing has spread to other nations, including Canada and South Africa. [27, 28]Forensic nursing techniques have also been applied in Sweden, Colombia, Singapore, Japan, and Malaysia. Forensic nursing was first acknowledged as a

Mohammed Salem Alharbi, Nawaf Abdulrahman Alghani, Emad Saad Talea ALSaedi, Mohammad Ibrahim Hashem, Omar Dakhel Hudhayrim Alalwi, Mohammed Bkeet Alhebaishi, Majed Abdullah Nafea Alamri, Abdulaziz Haseen Alahmadi

specialty by the American Nurses Association in 1995. The United States-based International Association of Forensic Nurses has been instrumental in establishing forensic nursing as a separate profession. A significant turning point in the history of forensic nursing and the Institute of Legal Medicine and Forensic Sciences was reached in 2005 when the association started publishing the Journal of Forensic Nursing [21,22]. As the first Asian nation to provide career options for forensic nurses, Singapore employs forensic nurse examiners (FNEs) as part of its medical examiner system. The term "forensic nursing" was first used by Ms. Virginia A. Lynch, a forensic nurse expert with headquarters in the United States. Forensic nursing is said to have been founded by Virginia A. Lynch. She co-founded a formal forensic nursing education program at Government Medical College in Patiala in 2002 with Dr. R.K. Gorea. A paper titled 'Forensic Nursing in India: Need of the Hour' was then submitted by Mr. Gorea and his associates to the Journal of the Punjab Academy of Forensic Medicine and Toxicology [17]. In India, Dr. Gorea was instrumental in the development of forensic nursing as a specialty.



Figure 4

In 2007, he received the coveted Vision Award from the International Association of Forensic Nurses in appreciation of his accomplishments. A conference on forensic nursing was also held at Baba Farid University [7]. The inaugural National Conference on Forensic Nursing in South Africa was held in November 2012 at Manipal College of Nursing in Manipal. Recently, the Indian Nursing Council made a significant contribution by developing the curriculum for the Post Graduate Diploma in Forensic Nursing.[30]

## 6. Challenges in Forensic Nursing Practice

Trauma and violence are familiar to everyone. Every day, we encounter headlines about violence or hear about someone dying due to abuse. Often, we may not realize that someone is enduring physical or emotional scars as a result of such mistreatment. These incidents may be fleeting, but their impact on our well-being can be long-lasting. Every minute, 20 people become victims of physical abuse by a spouse or partner. Over the course of their lives, one in two women and one in five men experience sexual violence. When someone experiences physical or sexual abuse and wishes to report it, they are typically required to provide evidence [9,10].

The bruises are examined by a nurse trained to collect evidence in trauma cases, as is standard procedure in legal proceedings. Nurses are primarily responsible for treating the injuries of crime victims while also serving as a bridge between the medical and judicial systems. Beyond providing medical care for injuries or illnesses, forensic nurses act as investigators for doctors and law enforcement, gathering and verifying evidence for crimes. Like other nurses, forensic nurses face various challenges that can affect their performance or impede their progress toward success [11,12].

**Burnout:** Forensic nurses play a crucial role in connecting the medical and legal systems. They care for patients of all ages, including older adults and children who have been victims of sexual or physical assault. It can be draining to tend to their wounds, hear about their experiences, and keep an eye on every detail that might help the case. A forensic nurse may experience burnout as a result of the demanding and stressful nature of their work, which frequently has an adverse effect on both mental and physical well-being. According to a 2017 poll, burnout affects 70% of nurses at some point in their careers. Resolving burnout is essential for enhancing productivity and preserving concentration [22,22]. Nurses who receive inadequate care may experience medical illnesses, exhaustion, and psychological discomfort, all of which can lower the standard of their work. **Not Being Recognized:** People frequently choose well-known occupations that offer competitive pay or chances for both professional and personal development while making their career decisions. Nursing is one of the most prestigious and lucrative occupations in the world, and forensic science has been around since the 18th century. Forensic nursing specialization is still not widely discussed, though. Both the general public and the nursing profession itself still need to acknowledge and adopt forensic nursing practice more widely. Physical and sexual crime rates rise in tandem with the world's population and unemployment rates. Forensic nursing employment is predicted to increase by 16% over the next several years. **Continuous Improvements:** The legal facets of the relationship between forensic nursing and the legal system are always changing, both in terms of practice and training. Forensic nurses might not have access to educational funding programs to stay up to date with advancements in their area because they occasionally work under contract or part-time. Forensic nurses must participate in continuing medical education to stay current on the most recent standards and regulations that are crucial to their profession because laws and regulations are always changing [6,7]. **Finding a Balance Between Work and Personal Life:** Forensic nurses also face the difficulty of juggling their personal and professional lives. Forensic nurses frequently adopt .

Forensic nurses are often overwhelmed by the need to bring about change and may frequently blur the lines between their personal and professional lives. While choosing to avoid violence may not be difficult, forensic nurses are often required to serve as court witnesses, which can impact their personal lives and, in some cases, pose a significant risk to their safety and well-being. Another significant obstacle in this position is gathering proof. The process of obtaining adequate evidence may be complicated by certain circumstances. For instance, a patient with cognitive difficulties or who is unable to remember how they were hurt might not be able to give helpful information. In a similar vein, individuals who are unconscious or in a coma are unable to provide their consent for medical investigations, and outside

pressure may cause them to withhold information. These obstacles make it challenging to gather the required proof, which eventually affects the procedure as a whole. Being a nurse comes with a lot of responsibility, and forensic nursing is especially hard. Forensic nursing is still essential to providing justice in cases of abuse and violence, despite the difficulties. Like every other registered nurse or nursing practitioner, forensic nurses are essential to society. It would be difficult to prosecute criminals and assist trauma survivors in leading regular lives without them.

## **7. Global Role of Forensic Nurses in Addressing Human Rights and Health Challenges in Conflict and Crisis Zones**

The United States, Canada, the United Kingdom (England, Scotland, Ireland), Europe (Sweden, Switzerland, Italy, Netherlands, Germany, Portugal, Spain, Turkey), Central and South America (El Salvador, Honduras, Puerto Rico, Peru), Australia, Asia, and the Middle East (India, Singapore, Brunei, and others) are among the countries that currently actively offer educational programs, practice forensic nursing, support professional organizations, and/or investigate and plan forensic nursing programs. In order to provide forensic nursing services in a variety of circumstances that are representative of the nations in which they operate, forensic nursing leadership is always innovating and developing new roles. [2] There are serious concerns about their possible engagement in peacekeeping operations, global health crises, and governmental and non-governmental groups.

Women's rights violations and the HIV/AIDS epidemic continue to be major concerns. Governments have been known to authorize torture during wartime.[4] Human trafficking and crimes against minors and the elderly are not specific to any one country. To find even the tiniest traces of evidence connected to such crimes, the forensic nurse examiner (FNE) needs to be skilled.[5] Creating community-based programs for people with severe and chronic communicable diseases is crucial to stopping and slowing their spread before a pandemic breaks out and is eliminated. As part of advanced prisons' and refugees' forensic mental health and human rights obligations, counseling clinics specializing in PTSD diagnosis and abuse documentation should be included.

In order to improve the training and practice of forensic nurse examiners and make sure they behave professionally and cooperatively, the American Academy of Nursing (AAN), the American Nurses Association (ANA), and the International Association of Forensic Nurses (IAFN) call for increased member participation.[47] Healthcare has been essential to all rescue efforts throughout this millennium, helping terrorist victims, war-torn countries, and others who face risks to their public health and safety. In cases like human trafficking, mass sexual assault, genocide survivors, and people injured by landmines or other explosive devices connected to political conflicts, forensic healthcare is particularly important.[48, 49] To identify deceased people, record trauma, and carry out crucial investigations in these terrible situations, there is an increasing need for qualified forensic service providers. The scope of acknowledged forensic nursing duties has expanded to include recording injuries, speaking with victims, writing thorough reports, and taking pictures of death or destruction scenes. The Forensic Nurse Examiner (FNE) is frequently the only

source of forensic knowledge accessible in poor countries, such as isolated parts of India and parts of Africa. Leaders in the fields of healthcare, government, and non-government organizations worldwide must demonstrate a strong commitment to furthering these initiatives.[45] The United Nations, Physicians for Human Rights, the International Committee of the Red Cross and Red Crescent Societies, the National Center for Forensic Science, and other governmental and non-governmental organizations are served by the global FNE's array of services.[42, 44] Services provided by forensic nurses include extensive catastrophe response, including corpse

The varied roles of forensic nurses are demonstrated by health and social initiatives that address human rights violations in Zimbabwe, investigations into sociocultural and psychosexual crimes in South Africa, India, and Pakistan, and ongoing wartime assistance within U.S. military forensic medical services.[50] Forensic nurse examiners are well-suited to these concerns since they reflect forensic issues that are strongly related to public health. One strategy to stop torture is to identify risks to democracy, and nurses are essential in promoting human rights around the world. The FNE plays a critical role in providing forensic medical services during times of civil unrest, political violence, government-sanctioned torture, sexual assault, and conflicts and wars.[17, 18]

## **8. Integrating Forensic Content into Nursing Education**

As of 2015, few associate degree or bachelor programs offered forensic content courses. However, as previously noted, all nurses should have a working understanding of concerns connected to patient care when legal implications are involved; these situations require the nurse's attention when initially meeting with the patient.[31,32] Many RN programs (AD, diploma, and baccalaureate) have begun to integrate forensic curriculum by threading it across courses, making students aware of where and when they might interface with forensic situations and how to resolve those difficulties. It is meant to teach nurses a basic concept of forensic practice and some tools to use that all nurses use to the greatest extent of their education when caring for victims.[14] and violent perpetrators, as well as any traumatized patient. Nurses in any healthcare environment are highly served by determining if a forensic clinician practices in their context. If so, work with that individual and learn from them. Take advantage of continuing education programs to expand your knowledge of forensic practice.[24,25] Organizations like the International Association of Forensic Nurses (IAFN, [www.forensicnurses.org](http://www.forensicnurses.org)) and End Violence Against Women International (EVAWI, [www.evawutl.org](http://www.evawutl.org)) are among the many websites that offer free webinars on specific forensic themes. The Department of Justice ([www.justice.gov](http://www.justice.gov)), Research Triangle International (RTI, [www.rti.org](http://www.rti.org)), and the Office on Violence Against Women ([www.justice.gov/ovw](http://www.justice.gov/ovw)) are additional noteworthy sources. These websites usually provide continuing education credits (CEUs) and let users sign up for free webinars. All participants have to do is register and choose which webinars they want to attend. Finally, an increasing number of students are pursuing baccalaureate degrees in forensic studies. Associate degree and diploma programs prepare students for RN-BSN programs, some of which specialize in forensics. [14]The major recommendation of the SOM

report, which encourages all nurses to engage in lifelong learning, is currently being implemented. And it is the obligation of nurses with higher education and in positions of leadership to urge nurses working in their settings to further their education. These nurses may and should serve as mentors for nurses.[15,16] trying to achieve advanced edacation by encouraging them, helping them to find scholarships and financial aid, and otherwise being their advocates.

## **9. Recommendations for Enhancing Forensic Nursing Practice:**

Several significant practice recommendations can be made in light of the authors' evaluation of the research. The main suggestion is that management should foster an open and transparent culture where staff members can freely express their worries, either in private or publicly, and learn how to deal with their difficulties. Forensic centers should also have easy access to support networks. [9] Second, in order to improve both professional and personal growth and to lessen boredom and disengagement, employees should be encouraged to switch between positions. Increasing the decision-making authority of nurses as practitioners is another recommendation. Staff members should also be encouraged and given chances for continued professional growth, education, and participation in research projects.[11,12]

In addition to stress management training, PSI (Psychiatric Services Interface) maintenance should be provided to employees. Particularly for recently graduated nurses and those new to forensic nursing, staff members should get further training on the appropriate application of seclusion and de-escalation strategies. Access to regular clinical supervision should be easy. [15,16] To lessen the negative effects of understaffing, managers should put in place safe, therapeutic, and effective human resource management procedures. Significant occurrences should be formally assessed, and managers should make sure that action plans are developed and implemented in light of the lessons gained. To find prevalent stressors in forensic nursing, more study is required, especially extensive countrywide surveys.[32, 33] Finally, the field of forensic mental health nursing is quite specialized. With an emphasis on the nurse-patient interaction, which is essential in this process, forensic nurses must be able to illustrate the special and therapeutic features of their work (Martin, 2001). The role that nurses play in addressing criminal conduct in the nurse-patient relationship—a function that is frequently performed by psychologists—needs further investigation. The development of forensic mental health nursing as a clinical specialty might be greatly aided by the incorporation of offending behavior knowledge and abilities into practice, which would increase the practitioner's independence and standing in the forensic community. This could result in less stress and burnout and more job satisfaction.[33]

## **10. Conclusion**

Finally, forensic nursing is an important expertise in both the healthcare and legal sectors, bridging the gap between compassionate patient care and the critical needs

of the criminal justice system. Nurses in this sector are not just healthcare providers; they also play an important role in ensuring that forensic evidence is correctly collected, documented, and stored.[12,13] Their experience with sensitive and frequently painful cases, such as sexual assault, child abuse, and death investigations, is critical to securing justice for both victims and perpetrators. The study emphasizes the several critical abilities that forensic nurses must have, such as understanding of evidence collecting, attention to detail, and the capacity to remain objective in challenging scenarios. Despite the difficulties and emotional tolls connected with forensic nursing, the profession is critical in maintaining the integrity of both medical care and legal procedures.[14] Forensic nurses encounter problems such as exhaustion, emotional discomfort, and legal complications, but their training, tenacity, and dedication to justice make them important in their roles. As the area expands, it is critical for healthcare institutions, legal agencies, and professional organizations to provide forensic nurses with appropriate training, legal frameworks, and emotional support. This will not only improve their capacity to perform their jobs efficiently, but it will also raise the profile of forensic nursing as an essential component of the healthcare and justice systems.[16]

## References

- Dzierzawski, B. (2024). Forensic nursing. *American Journal of Nursing*, 124(1), 47. <https://doi.org/10.1097/01.NAJ.0001004940.98752.e8>
- Darnell, C. (2018). *Forensic science in healthcare: Caring for patients, preserving the evidence*. CRC Press.
- Singh, R. R., Bharti, A. K., Mittal, R., & Yadav, P. K. (2023). Forensic nursing and healthcare investigations: A systematic review. *International Medicine*, 9(3).
- Abou Hashish, E. A. (2024). Knowledge and attitude of university nursing students towards forensic nursing and their influencing factors: A mixed-methods study. *Egyptian Journal of Forensic Sciences*, 14(1), 31.
- Williams, J. (2022). The practice of forensic nursing science in the United States. *Forensic Science Review*, 34(2), 90–94.
- Amar, A., & Sekula, L. K. (2015). *A practical guide to forensic nursing: Incorporating forensic principles into nursing practice*. Sigma Theta Tau.
- Constantino, R. E., Crane, P. A., & Young, S. E. (2012). *Forensic nursing: Evidence-based principles and practice*. F.A. Davis.
- Hoyt, C. A. (2006). Integrating forensic science into nursing processes in the ICU. *Critical Care Nursing Quarterly*, 29(3), 259–270.
- Pyrek, K. M. (2006). *Forensic nursing*. CRC Press.
- Malhotra, P., & Lal, J. P. (2023). *Forensic nursing*. AG Publishing House.
- Emami, S. Z., Lynch, V. A., & Banazadeh, M. (2024). Forensic nursing in the emergency department: The distance between nurses' performed role behaviors and their perception of behaviors' importance. *BMC Nursing*, 23(1), 23.
- Bonanno, A. (2004). Los eraurea, and human trafficking: How underestimated. *The Journal of Nursing*, 194, 38–64.
- Lynch, V. A. (2014). Enrichment of theory through critique, restructuring, and application. *Journal of Forensic Nursing*, 10(3), 120–121. <https://doi.org/10.1097/JFN.0000000000000042>
- Donaldson, A. E. (2022). Forensic professional's thoughts on New Zealand emergency nurse's forensic science knowledge and practice. *International Emergency Nursing*, 62, 101151. <https://doi.org/10.1016/j.ienj.2022.101151>
- Sharma, S., & Joseph, J. J. (2022). The paradigm of forensic nursing for nursing aspirants in India: Promises, caveats & future directions. *Journal of Forensic and Legal Medicine*, 86, 102321. <https://doi.org/10.1016/j.jflm.2022.102321>
- Morse, J. (n.d.). *Legal mobilization in medicine: Nurses, rape kits, and the emergence of forensic nursing in the United States*. Centre for Research on the Epidemiology of Disasters.
- Freitas, C. M., Mazoto, M. L., & Rocha, V. (2018). *Guia de preparação e respostas do setor de saúde aos desastres*. Secretaria de Vigilância em Saúde, Fiocruz.
- International Council of Nurses. (2019). *Core competencies in disaster nursing*. Version 2.0. International Council of Nurses. Available from [https://www.icn.ch/sites/default/files/inline-files/ICN\\_Disaster-Comp-Report\\_WEB.pdf](https://www.icn.ch/sites/default/files/inline-files/ICN_Disaster-Comp-Report_WEB.pdf).
- Salisbury, B. (2001). Aftermath of attacks: Nurse manager recounts one New York community hospital's response to the World Trade Center crisis. *On the Edge*, 7(4), 11–12.
- Bell, K. L. (2001). Forensic nursing role even more urgent... 9th Annual Scientific Assembly. *On the Edge*, 7(4), 17–18.
- Goll-McGee, B. (2002). Encounter with disaster. *Reflective Nursing Leadership*, 28(3), 18–20.
- Campbell, E., Dembowski, L. J., & Hume, M. A. (2004). Every victim tells a story: Nurses recount experiences after the fatal Rhode Island nightclub fire. *On the Edge*, 10(2), 1–18.
- Turner, E. J. (2005). Mississippi forensic nurse responds to tsunami disaster. *On the Edge*, 11(1), 9.
- Gaffney, D., Barry, D., Chiochi, N., & Theis, J. (2005). A disaster of unspeakable proportions. *Journal of Forensic*

- Mohammed Salem Alharbi, Nawaf Abdulrahman Algohani, Emad saad Talea ALSaedi, Mohammad Ibrahim Hashem, Omar Dakhel Hudhayrim alalwi, Mohmmmed Bkeet Alhebaishi, Majed Abdullah Nafea Alamri, Abdulaziz Haseen Alahmadi  
 Nursing, 1(4), 180–181. <https://doi.org/10.1097/01263942-200512000-00007>
- Burton, C. W., & Draughon Moret, J. E. (2023). Forensic nursing is a vehicle for health equity. *Journal of Forensic Nursing*, 19(2), 73-74. <https://doi.org/10.1097/JFN.0000000000000441>
- Peternej-Taylor, C. (2019). Advancing forensic nursing through diversity in scholarship. *Journal of Forensic Nursing*, 15(1), 1-3. <https://doi.org/10.1097/JFN.0000000000000236>
- Sharma, S., & Joseph, J., Jr. (2022). The paradigm of forensic nursing for nursing aspirants in India: Promises, caveats & future directions. *Journal of Forensic and Legal Medicine*, 86, 102321. <https://doi.org/10.1016/j.jflm.2022.102321>
- Wickwire, K. A., Valentine, J. L., Downing, N., Cochran, C. B., Drake, S., Sekula, L. K., & Jennings, S. (2021). Forensic nursing research: The basics explained. *Journal of Forensic Nursing*, 17(3), 173-181. <https://doi.org/10.1097/JFN.0000000000000336>
- Wang, C.-T., & Holton, J. (2007). Total estimated cost of child abuse and neglect in the United States. *Prevent Child Abuse America*.
- Coleman, G., Gaboury, M., Murray, M., & Seymour, A. (1999). National Victim Assistance Academy Manual 1999, Grant No. 95-MU-GX-K002(5-4). USDOL OIP, OVC, NVAA.
- Oxford University Press. (2005). *Compact Oxford English Dictionary of Current English* (3rd ed.).
- Finkelhor, D. (2009). Violence, abuse, and crime exposure in a national sample of children and youth. *Pediatrics*, 124(5). [http://ove.nejrs.gov/nevrw2010/pdf/6\\_StatisticalOverviews.pdf](http://ove.nejrs.gov/nevrw2010/pdf/6_StatisticalOverviews.pdf)
- International Association of Forensic Nurses (IAFN). (1997). *Scope and standards of forensic nursing practice*. American Nurses Publishing.
- Kilpatrick, D. G., Edmunds, C. N., & Seymour, A. K. (1992). *Rape in America: A report to the nation*. National Center for Victims of Crime.
- McNamara, H. (1986). *Living forensics* (Seminar pamphlet). Ulster County, NY: Office of the Medical Examiner. Cited in V. A. Lynch, *Clinical forensic nursing: A new perspective in the management of crime victims from trauma to trial*. *Critical Care Nursing Clinics of North America*, 7(3), 489-507.
- National Association of Crime Victim Compensation Boards. (2009). *Crime victim compensation helps victims*. NACVCB. <http://www.nacvcb.org>
- National Victim Assistance Academy (NVAA). (2002). *National Victim Assistance Academy Manual*. California State University, Medical University of South Carolina, & Washburn University.
- Rand, M. (2009). *Criminal victimization, 2008*. Bureau of Justice Statistics. <http://www.ojp.usdoj.gov/bjs/pub/pdf/cv08.pdf>
- Jacelon, C., Connelly, T., Brown, R., et al. (2004). A concept analysis of dignity for older adults. *Journal of Advanced Nursing*, 48, 76-83.
- Jansen, G. J., Dassen, W. N., & Groot-Jebbink, G. (2005). Staff attitudes towards aggression in health care: A review of the literature. *Journal of Psychiatric and Mental Health Nursing*, 12(1), 3-13.
- Lindseth, A., & Norberg, A. (2004). A phenomenological hermeneutical method for researching lived experience. *Scandinavian Journal of Caring Sciences*, 18(2), 145-153.
- Lindström, U. A., Lindholm, L., & Zetterlund, J. E. (2006). Katie Eriksson: Theory of caritative caring. In A. Marriner Tomey & M. R. Allgood (Eds.), *Nursing theorists and their work* (pp. 191-223). Mosby Elsevier.
- Lindwall, L., Boussaid, L., & Kulzer, S. (2011). Patient dignity in psychiatric nursing practice. *Journal of Psychiatric and Mental Health Nursing*. <https://doi.org/10.1111/j.1365-2850.2011.01837>
- Lohne, V., Aasgaard, T., Caspari, S., et al. (2010). The lonely battle for dignity: Individuals struggling for respect and understanding.
- Bradbury-Jones, C., Sambrook, S., & Irvine, F. (2009). The phenomenological focus group: An oxymoron? *Journal of Advanced Nursing*, 65, 633-671.
- Bredenhof Heijkenskjöld, K., Ekstedt, M., & Lindwall, L. (2010). The patient's dignity from the nurse's perspective. *Nursing Ethics*, 17(3), 313-324.
- Chochinov, H. M., Hack, T., McClement, S., et al. (2002). Dignity in the terminally ill: A developing empirical model. *Social Science & Medicine*, 54, 433-443.
- Eriksson, K. (2001). *Vårdvetenskap som akademisk disciplin* [Caring science as an academic discipline]. Department of Caring Science, Åbo Akademi University.
- Eriksson, K. (2007). The theory of caritative caring: A vision. *Nursing Science Quarterly*, 20(2), 201-202.
- Franklin, L.-L., Ternstedt, B.-M., & Nordenfelt, L. (2006). Views on dignity of elderly nursing home residents. *Nursing Ethics*, 13, 130-146.
- Gallagher, A., Li, S., Wainwright, P., et al. (2008). Dignity in the care of older people: A review of the theoretical and empirical literature. *BMC Nursing*, 7(1), 1-12.