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FAST FACTS About
FORENSIC NURSING

What You Need to Know

Meredith J. Scannell, PhD, MSN, MPH, CNM, SANE-A, CEN

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Preface

Forensic nursing is a growing nursing field blending nursing science with forensic science, law, and criminology. A forensic nurse is one who provides specialized care for patients who are victims and perpetrators in medicolegal cases. At its core, this specialty seeks to address healthcare issues that have a medicolegal component that often involves violence, trauma, death, abuses, criminal activity, liability, and accidents. Forensic nurses trained in this field have enhanced education and training in the forensic practices of documenting injuries, collecting biological fluids, and preserving evidence such as clothing from the assault. Forensic nurses often act as multidisciplinary team members from various healthcare settings and law enforcement as well. Knowing foundational aspects of forensic nursing can serve nurses who care for diverse patients and may be victims of abuse or crimes. Forensic nurses have a unique lens that enables them to detect whether their patients are being subjected to inhumane treatment or not and give the best treatment to them and provide linkage to services. Forensic nursing is vital to patient care and, to some degree, nurses in almost any clinical setting will use forensic nursing skills in screening, assessing, and treating patients. This book provides insight into some common and not-so-common aspects of forensic nursing and how nurses in any setting can implement forensic nursing skills in delivering optimal care to patients.

Meredith J. Scannell, PhD, MSN, MPH, CNM, SANE-A, CEN

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Fast Facts About Forensic Nursing:
What You Need to Know

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Trauma has lasting adverse effects on a person’s physical, psychological, social, and spiritual well-being. It affects every aspect of a person’s life, including physical health, behavioral health, the ability to learn, as well as relationships. The earlier in life the trauma occurs, the more damaging the consequences may be (Blanche, 2012; Machtinger et al., 2015; Reeves & Humphreys, 2017; Stokes et al., 2017). As forensic nurses, we recognize that trauma survivors are vulnerable and that we must provide culturally competent, gender-neutral, recovery-oriented care.

Trauma-informed care (TIC) means treating the whole person while considering and attempting to understand past traumatic events and how they may influence current behaviors and coping mechanisms. We must consider the complexities of a person’s lived experiences as integral to the decisions and choices that the person makes.

TIC helps us to “see” the bigger picture. It will help us to understand that victims of traumatic events will not always react or behave in ways we expect. It is often said that traumatic reactions are normal reactions to abnormal situations (Withers, 2017).
At the end of the chapter, the nurse will be able to:

1. Discuss how pervasive trauma is in our society and the impact it has on public health.
2. Recognize the importance of understanding the trauma patient’s past lived experiences when providing nursing care to the victim of a current traumatic event.
3. Integrate forensic nursing practice into the core principles of TIC to empower patients to participate in their healthcare decisions.

**TRAUMA**

The American Psychological Association (2018) describes “trauma” as exposure to actual or threatened death, serious injury, or violence. Trauma is an emotional response to a terrible life event in the life story of a patient who has directly experienced an event such as childhood or adult physical, sexual, or emotional abuse; neglect; loss; community violence; structural violence; or terrorism. Trauma also encompasses the life stories of our patients who have personally witnessed an event occurring to others or learned that such an event happened to a close family member or friend.

Trauma is our life story—the care providers who note repeated or extreme exposure to aversive details of such events.

**TRAUMA-INFORMED CARE**

TIC recognizes the impact of interpersonal violence and victimization on an individual’s life and development (Reeves & Humphreys, 2017; Stokes et al., 2017). To provide TIC, we must seek to understand how violence impacts the lives of patients and be aware that every interaction we have with patients is consistent with the recovery process and reduces the possibility of retraumatization by the care we provide.

**BOX 5.1 TRAUMA IS AN EMOTIONAL RESPONSE TO A TERRIBLE EVENT**

- Trauma and its consequences are recognized as serious public health risks.
- Most mental health professionals do not have formal education and training in trauma mental health.
- Trauma affects up to 60% of the American population.

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Trauma survivors are the majority of patients in human service systems and we must recognize we have no way of distinguishing survivors from nonsurvivors. To provide TIC means we treat all patients as if they were survivors by implementing strategies to reduce retraumatization and recognizing that the effects of trauma can be seen in the problems directly or indirectly related to the trauma (Blanche, 2012; Bowen & Murshid, 2016; Reeves & Humphreys, 2017; Stokes et al., 2017).

**TIC: A STRENGTH-BASED FRAMEWORK**

Trauma symptoms arising from past violence and the absence of a safe environment create obstacles to services, treatment, and recovery. TIC recognizes that the violence of trauma is both physical and psychological in nature. Concentrate your care on what has happened to the person, not on his or her response to the trauma. TIC provides “do no harm” care and does not retraumatize or blame victims for trying to manage their traumatic reactions to abnormal situations (Reeves & Humphreys, 2017). Nurses must remember that the person may be experiencing thoughts, feelings, or behaviors that remind him or her of past traumatic events, thus precipitating a stress response even if the person is now in a safe place.

**Fast Facts**

TIC shifts our focus to “What happened to you?”

Trauma affects all genders, all ages, known survivors, and new survivors; trauma is acute and chronic.

TIC is a powerful framework: It gives hope and a new culture to provide a better way to handle trauma, which is one of our most pressing social issues (Blanche, 2012; Bowen & Murshid, 2016). The core principles of providing TIC are essential to the work and care forensic nurses deliver (Table 5.1). TIC guides how we approach, know, and treat our patients.

**EMPOWERING OUR PATIENTS**

The prevalence of trauma in the United States is sobering:

- One in four women experience intimate partner violence.
- One in four women experience severe physical violence.
- About 8.5 million women experience rape before the age of 18.
## Table 5.1

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<th>Core Principle</th>
<th>Approach</th>
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<td>Safety</td>
<td>Provide physical and emotional safety.</td>
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<td>Prevent further trauma from occurring.</td>
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<td>Trustworthiness and transparency</td>
<td>Maintain transparency in policy and procedure.</td>
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<td>Build trust among staff, patients, and community members.</td>
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<td>Collaboration and peer support</td>
<td>View patients as central members of the care team and experts in their own lives.</td>
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<td>Operationalize peer support and peer mentoring.</td>
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<td>Empowerment and choice</td>
<td>Share power with patients; give them a strong voice in decision making.</td>
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<td>Minimization of retraumatization</td>
<td>Recognize the potential for retraumatization.</td>
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<td>Understand the impact of trauma and how the current problem may relate.</td>
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<td>Protect the patient from any power differential.</td>
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<td>Recognize the patient’s fears and expectations.</td>
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TIC, trauma-informed care.


- One in nine men experience intimate partner violence.
- One in seven men experience severe physical violence.
- About 1.5 million men were made to penetrate before the age of 18.
- One in four children experience maltreatment (physical, sexual, or emotional abuse).
**BOX 5.2 TRAUMATIC REACTIONS: NORMAL REACTIONS TO ABNORMAL SITUATIONS**

Prolonged and repeated episodes of childhood and adult trauma can lead to complex posttraumatic stress disorder (PTSD), which can have prolonged effects on emotional regulation, self-perception, and relationships with others. This helps to explain many of the reactions and coping behaviors seen among trauma survivors (Machtinger et al., 2015).

Due to the stigma associated with sexual or intimate partner violence, many victims remain silent. Illness, medical procedures, treatments, and hospitalizations may be traumatic for people, and reactions from past experiences may confound current events. Medical exams can feel invasive: We ask sensitive questions, examine our patients’ bodies, and sometimes perform painful procedures (Reeves & Humphreys, 2017).

Distressing healthcare experiences can act as a barrier to accessing the help the victim may need; past healthcare experiences may complicate the current experience and impact clinical practice (Reeves & Humphreys, 2017). It is imperative for the forensic nurse to recognize the risk of revictimization to the person by elements of routine care such as physical touch, supine positioning, and the power imbalance between provider and patient. The healthcare environment supports providers and contributes to the power differential between staff and patients (Machtinger et al., 2015). Trauma survivors are actively working to cope with traumatic events and make sense of them, and they are at high risk for experiencing trauma symptoms and triggers from healthcare procedures and examinations (Reeves & Humphreys, 2017).

TIC is a shift to a culture of safety, empowerment, and healing. The first step is to recognize how common trauma is, assume each patient may have a trauma history, and provide care from a trauma-informed perspective. Interventions to create safety and privacy include the following (Blanche, 2012; Reeves & Humphreys, 2017; Stokes et al., 2017):

- Give patients a choice of where in the room to sit or stand.
- Ask permission before touching or interviewing.
- Interview before they disrobe.
- Explain all medical terms and procedures.
TRAUMA ACROSS THE LIFE SPAN

Adverse childhood experiences (ACEs) are stressful or traumatic events that children experience before the age of 18, such as violence at home, neglect, abuse, or having a parent suffering from mental illness or a substance abuse habit. Frequent exposure to ACEs influences a child’s response to stress, and if the exposure is severe or chronic, it can impact physical and behavioral health long into adulthood (Withers, 2017). Childhood and adult trauma have been shown to be major risk factors for the most common causes of adult illness, death, and disability in the United States (Felitti, 2009).

The 1998 Adverse Childhood Experiences Study (ACE Study) examined the relationship between chronic childhood stress and adversity and its impact on long-term health outcomes (Blanche, 2012; Felitti, 2009). In the study, researchers assigned an “ACE score” to each participant by adding up the number of adversities the participant reported. The ACE study reported two important findings:

- ACEs are incredibly common.
- The more ACEs, the higher the risk for chronic disease in adulthood.

Early traumatic experiences can alter a person’s psychological and physiological development and may contribute to increased risk behaviors. Prolonged trauma may destabilize a patient’s sense of safety, self, and self-efficacy and impact his or her ability to moderate emotions and navigate personal relationships (Machtinger et al., 2015).

Healthcare providers are in a unique position to screen for ACEs (see Exhibit 5.1), identify the trauma, and provide care through a “trauma-informed lens” (Withers, 2017). This requires us to listen to our patients and explore how relationships and health are affected by witnessing or experiencing abuse or other ACEs.

There is an abundance of evidence linking trauma to health outcomes (Blanche, 2012; CDC, 2014, 2017; Machtinger et al., 2015). Empowering patients to understand that childhood and adult trauma may lie beneath many illnesses and unhealthy behaviors will help our patients to move forward to physical and psychological wellness.

CAREGIVER SUPPORT AND WELL-BEING

Trauma is our life story: As the care providers who interact with patients during these life-changing events, we experience repeated or extreme exposure to graphic details and we provide care to patients during these traumatic events (Machtinger et al., 2015). A critical...
component of TIC is attending to the emotional needs of the care-
giver. Self-care will help to prevent compassion fatigue. Caregivers
need a place to continue the work of healing and to process the com-
plex and challenging feelings and emotions that may arise when car-
ing for patients in the wake of a traumatic or violent event (Stokes
et al., 2017).

THE WAY FORWARD

Trauma is pervasive in our society. Victims of natural disasters are
identified daily through media. Our veterans returning home were
exposed to anticipated and actual life-threatening events every day.
Trauma is present in our daily lives and work environments, as evi-
denced by major accidents, school shootings, and workplace and
street violence. TIC presents healthcare and human service providers
with a framework to administer tailored care that is transformative
by approaching every patient with the assumption that, at some point
in their lives, they may have experienced trauma (Blanche, 2012;
Bowen & Murshid, 2016; Machtinger et al., 2015; Stokes et al., 2017).
TIC is about empathy, compassion, care, and understanding as we
experience and share our patients’ stories. TIC is the lens through
which we see our patients as “whole persons” with all their complexi-
ties, when they interact with us for help.

Exhibit 5.1

Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often swear at you,
   insult you, put you down, humiliate you, or act in a way that made you afraid
   that you might be physically hurt?
   Yes/No. If yes enter 1 ________

2. Did a parent or other adult in the household often or very often push, grab,
   slap, throw something at you, or ever hit you so hard that you had marks or
   were injured?
   Yes/No. If yes enter 1 ________

3. Did an adult or person at least 5 years older than you ever touch or fondle
   you; have you touch his or her body in a sexual way; or attempt or actually
   have oral, anal, or vaginal intercourse with you?
   Yes/No. If yes enter 1 ________

4. Did you often or very often feel that no one in your family loved you or
   thought you were important or special? Or did you feel your family did not
   look out for each other, feel close to each other, or support each other?
   Yes/No. If yes enter 1 ________

(continued)
5. Did you often or very often feel that you did not have enough to eat, had to wear dirty clothes, and had no one to protect you? Or were your parents too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes/No. If yes enter 1 ________

6. Were your parents ever separated or divorced?
   Yes/No. If yes enter 1 ________

7. Was your mother or stepmother often or very often pushed, grabbed, slapped, or had something thrown at her; sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard; or ever repeatedly hit at least a few minutes or threatened with a gun or knife?
   Yes/No. If yes enter 1 ________

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes/No. If yes enter 1 ________

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
   Yes/No. If yes enter 1 ________

10. Did a household member go to prison?
   Yes/No. If yes enter 1 ________

Now add up your yes answers: ________ This is your ACE score.

ACE, adverse childhood experiences.
Source: Got your ACE score? What’s your ACE score? (And, at the end, what’s your resilience score?). Retrieved from https://acestoohigh.com/got-your-ace-score/

CONCLUSION

Using a trauma-informed approach to care for patients in any clinical setting is a critical aspect in nursing care. Trauma is pervasive and impacts many people from early childhood into their older years. Not all patients will disclose a trauma background yet may have lingering medical and mental health effects. Nurses are key in developing therapeutic and healing relationships with patients, which can easily start by implementing a TIC approach to all patients.

RESOURCES

Center for Youth Wellness: https://centerforyouthwellness.org/ace-toxic-stress
The Adverse Childhood Experiences Study: https://www.cdc.gov/violence_prevention/acestudy/index.html
U.S. Department of Health and Human Services: Substance Abuse and Mental Health Services Administration (SAMHSA), National
Center for Trauma-Informed Care: https://www.samhsa.gov/nctic/trauma-interventions
TEDMED Talk: How childhood trauma affects health across a lifetime | Nadine Burke Harris: https://www.youtube.com/watch?v=95ovJ3dsNk&feature=youtu.be

References


