

Forensic Nursing in the Emergency Care Setting

Joint Position Statement



INTERNATIONAL
ASSOCIATION OF
**Forensic
Nurses**



Emergency Nurses Association
930 E. Woodfield Road
Schaumburg, IL 60173
847-460-4000
enau@ena.org
www.ena.org



International Association of Forensic Nurses
6755 Business Parkway, Ste 303
Elkridge, Maryland 21075
410-626 7805
info@ForensicNurses.org

Copyright © 2023 by the Emergency Nurses Association (ENA) and the International Association of Forensic Nurses (IAFN)

All rights reserved. No part of the material protected by this copyright may be reproduced or utilized in any form, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without written permission from the copyright owner.

This position statement, including the information and recommendations set forth herein, reflects ENA's current position with respect to the subject matter discussed herein based on current knowledge at the time of publication. This position statement is only current as of its publication date and is subject to change without notice as new information and advances emerge. The positions, information, and recommendations discussed herein are not codified into law or regulations. In addition, variations in practice that take into account the needs of the individual patient and the resources and limitations unique to the institution may warrant approaches, treatments, and/or procedures that differ from the recommendations outlined in this position statement. Therefore, this position statement should not be construed as dictating an exclusive course of management, treatment, or care, nor does adherence to this position statement guarantee a particular outcome. ENA's position statements are never intended to replace a practitioner's best nursing judgment based on the clinical circumstances of a particular patient or patient population. Position statements are published by ENA for educational and informational purposes only, and ENA does not "approve" or "endorse" any specific sources of information referenced herein. ENA assumes no liability for any injury and/or damage to persons or property arising out of or related to the use of or reliance on any position statement.

How to Reference This Document

Navarroli, J. E. (2023). *Forensic nursing in the emergency care setting* [Joint position statement]. International Association of Forensic Nurses and Emergency Nurses Association.

<https://enau.ena.org/URL/ForensicNursingintheEmergencyCareSettingPositionStatement>

Editorial and Production Credits

Chief Learning Officer: Suzanne Montella, MBA
Director, Emergency Nursing Practice Excellence: Catherine Olson, MSN, RN
Director, Branding and Creative Strategy: Denise Wawrzyniak, MA
Senior Development Editor: Chris Zahn, PhD

FOLLOW US



Authors and Reviewers

Authored by

Joanne E. Navaroli, MSN, RN, CEN

Reviewed by

International Association of Forensic Nurses

Gail Hornor, DNP, CPNP, SANE-P

Sara Jennings, DNP, RN, SANE-A, SANE-P, AFN-BC

ENA 2022 Position Statement Committee Members

Alison Day, MSN, BS, RN, FAEN

Dawn Peta, BN, RN, ENC©

Brenda Braun, MSN, RN, CEN, CPEN, FAEN

Lisa Leiding, DNP, RN, CCHP-RN

Cheryl Riwitis, DNP, RN, FNP, EMT-B, CEN, CFRN, FNP-BC, TCRN, FAEN

Elizabeth Stone, PhD, RN, CPEN, CHSE, FAEN

Sharon Vanairsdale, DNP, MS, RN, APRN, NP, CNS, CEN, ACNS-BC, NP-C, FAEN, FAAN

Jean Proehl, MN, RN, CEN, CPEN, TCRN, FAEN, FAAN, Chairperson

ENA 2023 Board of Directors Liaison

Jack Rodgers, MHM, BSN, RN, CEN, EMT-P (Ret.), FAEN

ENA Staff Liaison

Domenique Johnson, MSN, RN

Developed: 1998.

Approved by the ENA Board of Directors: July 1998.

Revised and Approved by the ENA Board of Directors: September 2000

Revised and Approved by the ENA Board of Directors: February 2003

Revised and Approved by the ENA Board of Directors: July 2010

Revised and Approved by the ENA Board of Directors: December 2017

Reviewed and Approved by the International Association of Forensic Nurses (IAFN): January 2018.

Reviewed and Approved by the International Association of Forensic Nurses (IAFN): 2023

Revised and Approved by the ENA Board of Directors: 2023

Forensic Nursing in the Emergency Care Setting

Description

Forensic nursing in the emergency care setting is more than just evidence collection. It encompasses a combination of skills in and knowledge of nursing process, trauma-informed care (TIC), medico-legal issues, as well as community violence prevention. This care requires the emergency nurse to care for patients presenting with injuries from all forms of unintentional and intentional trauma, including, but not limited to, falls, motor vehicle crashes, child or elder abuse, intimate partner violence, gunshot wounds, and physical or sexual assaults according to requirements in the country of practice (Bakon et al., 2019; Bektas & Pakiř 2020; Carney, 2021; Filmater et al., 2018; Foresman-Capuzzi, 2018; International Association of Forensic Nurses [IAFN]; Rahmqvist, et al. 2019; Wolf et al., 2022). Forensic nursing care is best provided by nurses who have had additional education and clinical training in the care of violence victims, such as sexual assault nurse examiners (SANE) or sexual assault forensic examiners (SAFE). However, many emergency departments may not have a trained forensic nurse available. Therefore, the emergency nurse must possess knowledge related to the care of these patients.

Violence and unintentional injury-related deaths are a public health problem affecting more than four million people of all ages worldwide (World Health Organization [WHO], 2021). According to WHO (2021), tens of millions of non-fatal injuries are treated in emergency settings and other locations throughout the world. The prevalence of injuries related to violence creates a need for enhanced knowledge of what constitutes trauma as well as proper forensic evidence collection and preservation procedures.

Trauma is not just acts of violence or abuse. It also includes historical and vicarious trauma as well as structural trauma, i.e., harm that results from social values or biases (Burton et al., 2019; Drake & Burton, 2022). Whether intentional or unintentional, trauma is an event(s), the individual's experience of those event(s), and the residual adverse effects of all types of trauma event(s) (Drake & Burton, 2022; Substance Abuse and Mental Health Services Administration [SAMHSA], 2021). When treating trauma patients, life-saving intervention supersedes evidence collection but does not negate the need to recognize and preserve potential evidence. Furthermore, the emergency nurse has the responsibility to provide trauma-informed care. Trauma-informed care is an approach based on principles introduced by SAMHSA (2021) that focus on the four "Rs": realization of the effects of trauma; recognizing the signs of trauma; responding using the principles of TIC to ensure patient centered care that provides safety, transparency, dignity, and emotional support; and preventing retraumatization (Agency for Healthcare Research and Quality [AHRQ], 2015; Burton et al., 2019; Drake & Burton, 2022; SAMHSA, 2021; Wolf et al., 2022).

Proper evidence collection and preservation procedures are important to the medico-legal process and can assist in the prevention of revictimization/retraumatization of the patient. It is highly recommended that forensic evidence collection and preservation guidelines be clearly defined and follow crime

laboratory standards for the appropriate jurisdictional agency with a focus on preventing cross-contamination (Batts & Sanger, 2019; Foresman-Capuzzi, 2018). Emergency nurses caring for patients having suffered an act of violence or trauma are responsible for providing TIC, accurate objective documentation, evidence recognition, collection, photographic evidence, chain of custody, and preservation, as well as preparation for testimony in potential court proceedings, depositions, or as an expert witness in medico-legal investigations (Batts & Sanger, 2019; Foresman-Capuzzi, 2018).

ENA and IAFN Position

It is the position of the Emergency Nurses Association (ENA) and the International Association of Forensic Nurses (IAFN) that:

1. The emergency nurse understands the scope of practice, roles, and responsibilities of forensic nursing in the emergency setting including proper identification, collection, and preservation of forensic evidence as well as proper documentation and chain of custody.
2. The emergency nurse understands the type of injuries that qualify as trauma to ensure that evidence collection and preservation is incorporated into the plan of care.
3. The emergency nurse be educated in trauma-informed care in order to provide appropriate care to all patients who experience intentional or unintentional violence.
4. The emergency nurse collaborates with key stakeholders to develop guidelines and/or policies that ensure the integration of forensic nursing into the emergency care setting.
5. Evidence collection procedures and/or policies include clear guidance on protection of patient privacy and rights and jurisdictional requirements, including reporting requirements.
6. Emergency nurses receive education on proper evidence collection and preservation, objective written and photographic documentation, the chain of custody process, and testifying in legal proceedings.
7. Emergency nurses receive education to better identify victims of abuse and violence (e.g., child maltreatment, intimate partner violence, elder abuse).
8. Emergency nurses participate in policy and guideline development to further improve forensic nursing education.
9. Whenever possible, it is highly recommended that a forensically trained nurse is among the team members caring not only for patients requiring forensic evidence collection in the emergency setting, but for all patients affected by violence and trauma.

Background

Trauma places a huge economic burden on society, often resulting in lifelong physical and mental health consequences. Childhood exposure to trauma costs society \$458 billion annually (Berger, 2019). Post-traumatic stress disorder (PTSD), the most common psychological disorder resulting from trauma exposure, is responsible for \$232.2 billion annually (Angelis, 2023). According to the Institute for Economics and Peace (IEP), the global economic impact of violence is \$16.5 trillion (2022). The Centers for Disease Control (CDC) report that the cost of injury in the United States in 2019 was \$4.2 trillion

(Peterson et al., 2021). In the United States alone there were 35 million injury-related emergency department visits in 2018 (CDC, n.d.) and many of these presentations could have required clinical forensic nursing skills (Foresman-Capuzzi, 2018). Clinical forensic nursing skill is more than evidence collection; it requires recognition and knowledge of the types of injury presentation complaints that may be linked to violence. Injuries sustained in motor vehicle crashes or a workplace setting, burns, falls, electrocution, gunshots or stabbings, exposure to hazardous materials or bioterrorism, or injuries resulting from a known assault or crime may qualify for evidence collection (Foresman-Capuzzi, 2018). The evidence supports treating patients with significant or suspicious traumatic injuries as forensic patients, regardless of whether or not the circumstance that brought about their injuries was reported to law enforcement (Filmlalter et al., 2018; Rahmqvist et al., 2018). Once it is determined that evidence collection and preservation are indicated, the nurse begins with providing trauma-informed care to ensure that the well-being of the patient takes precedence over evidence collection. It is imperative that emergency nurses understand that proper methods of evidence collection and objective documentation correlate with legal and reporting requirements based on the jurisdiction of practice, as this may be the only source of information for criminal or civil investigations and adjudication (Batts & Sanger, 2020; Donaldson, 2020, 2022; Drake et al., 2022; Wolf et al., 2022).

Emergency nurses are part of the multidisciplinary team that cares for victims and perpetrators of injury, violence, and crime (Foresman-Capuzzi, 2018). Collaborating with community partners or key stakeholders in the criminal justice system, law enforcement, and advocacy agencies will help to create evidence collection and preservation guidelines consistent with jurisdictional requirements and patients' rights (Batts & Sanger, 2020). Physical evidence, including but not limited to, clothing, bullets, swabs, and photographs of injuries, must be handled carefully and documented, to prevent disruption of the chain of custody or compromise of evidence (Batts & Sanger, 2020; Foresman-Capuzzi, 2018). Subjective evidence includes anything the patient or a witness discloses and requires detailed documentation using direct quotes whenever possible (Batts & Sanger, 2019; Foresman-Capuzzi, 2018). Education, tool kits, protocols, and ongoing training regarding evidence collection and preservation, documentation requirements, patients' rights, healthcare responsibilities, and legal requirements are critical to emergency nurses' ability to provide competent forensic care (Bakon et al., 2019; Bektas & Pakis 2020; Carney, 2021; Filmlalter et al., 2018; Foresman-Capuzzi, 2018; Rahmqvist et al. 2018; Wolf et al., 2022).

Current best practices suggest that all patients with suspected traumatic injuries be treated as a forensic patient to preserve the patients' opportunity to pursue justice, with nurses practicing TIC during the encounter (Filmlalter et al., 2018; Rahmqvist et al., 2018). It is best practice to include an officially trained forensic nurse in the care of patients affected by trauma and violence, such as the use of SANE/SAFE nurses for sexual assault patients, to improve their physical and mental health outcomes and the chances for successful prosecution of the assailant(s) (Keating, 2022; Wolf et al., 2022). Ongoing education, including simulation training addressing forensic nursing topics, can increase competency and comfort levels for all emergency nurses. It is important for emergency nurses to advocate for education and training in forensic nursing to ensure appropriate patient care can be provided without unnecessary barriers.

Resources

American Nurses Association, & International Association of Forensic Nurses. (2017). *Forensic nursing scope and standards of practice* (2nd ed.).

Ballou, S., Bamberger, P. S., Brown, L., Brown, R., Burney, Y., Davenport, D., DePalma, L., Jones, C., Keaton, R., Kiley, W., Kline, M., Lanning, K., LaPorte, G., Latta, J., Ledray, L. E., Nagy, R., Ostrom, B. E., Schwind, L., Stoiloff, S., . . . Williams, S. (2013). *The biological evidence preservation handbook: Best practices for*

evidence handlers (NISTIR Publication No. 7928). U.S. Department of Commerce, National Institute for Standards and Technology. <https://nvlpubs.nist.gov/nistpubs/ir/2013/NIST.IR.7928.pdf>

Bush, K. (2017). *Care of prepubescent pediatric sexual abuse patients in the emergency care setting*. [Joint position statement]. International Association of Forensic Nurses and Emergency Nurses Association. <https://enau.ena.org/Users/LearningActivity/LearningActivityDetail.aspx?LearningActivityID=mf1vjjoBOIP4V27Kgp5Uvw%3D%3D&tab=4>

Centers for Disease Control and Prevention. (2021). *Violence prevention*. <https://www.cdc.gov/violenceprevention/index.html>

Kattenhorn, L. (Ed.). (2023, March 5). *Nursing in justice and forensic health*. Royal College of Nursing. <https://www.rcn.org.uk/library/Subject-Guides/nursing-in-justice-and-forensic-health#tab3>

Keating, J. F. (2022). *Adult and adolescent sexual assault patients in the emergency care setting* [Joint position statement]. International Association of Forensic Nurses and Emergency Nurses Association. <https://enau.ena.org/Users/LearningActivity/LearningActivityDetail.aspx?LearningActivityID=5E4DR2UsltvFqlG1So5fKg%3d%3d>

Ministry of Social Development. (n.d.). *Frameworks for change in family violence (2019-2023)*. New Zealand Government. <https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/family-and-sexual-violence/frameworks-for-change-in-family-violence.html>

National Health Service England. (n.d.). *Violence prevention and safety*. <https://www.england.nhs.uk/supporting-our-nhs-people/health-and-wellbeing-programmes/violence-prevention-and-safety/>

National Institute of Justice. (2017). *National best practices for sexual assault kits: A multidisciplinary approach*. <https://www.ojp.gov/pdffiles1/nij/250384.pdf>

Public Health Agency of Canada. (2020). *Stop family violence: Tools, guidance, and promising practices to help you prevent and respond to family violence*. Government of Canada. <https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/tools-guidance-promising-practices-help-you-prevent-respond-family-violence.html>

Office on Violence Against Women. (2016). *National protocol for sexual assault medical forensic examinations for pediatrics*. U.S. Department of Justice. <https://www.justice.gov/ovw/file/846856/download>

The Swedish National Council for Crime Prevention. (2022). *Crime prevention in Sweden: Current status and development needs 2022*. https://bra.se/download/18.146acb6517fd55784015647/1655367577764/2022_crime_prevention.pdf

World Health Organization. (2022). *Violence prevention*. <https://www.who.int/teams/social-determinants-of-health/violence-prevention>

References

Agency for Healthcare Research and Quality. (2015). *Trauma-informed care*. <https://www.ahrq.gov/ncepcr/tools/healthier-pregnancy/fact-sheets/trauma.html>

Angelis, T. (2023). By the numbers: Examining the staggering cost of PTSD. *Monitor on Psychology*, 54(1), 104.

<https://www.apa.org/monitor/2023/01/staggering-ptsd-costs>

- Bakon, S., Taylor, A., Meyer, S., & Scott, M. (2019). The provision of emergency healthcare for women who experience intimate partner violence: Part 1—An integrative review. *Emergency Nurse*, 27(6), 19–25. <https://doi.org/10.7748/en.2019.e1950>
- Batts, J. J., & Sanger, R. M. (2020). Collecting forensic evidence in the emergency department: A guide for lawyers, investigators, and experts. *American Journal of Trial Advocacy*, 42(2). <https://ssrn.com/abstract=3542380>
- Bektaş, G., & Pakiş, I. (2020). Awareness of forensic cases among nurses: A descriptive cross-sectional study. *Journal of Forensic Nursing*, 17(3), 182–187. <https://doi.org/10.1097/JFN.0000000000000323>
- Berger, M. W. (2019, November 6). Childhood exposure to trauma cost society \$458 billion annually. *Penn Today*. <https://penntoday.upenn.edu/news/childhood-exposure-trauma-costs-society-458-billion-annually>
- Burton, C. W., Williams, J. R., & Anderson, J. (2019). Trauma-informed care education in baccalaureate nursing curricula in the United States: Applying the American Association of Colleges of Nursing essentials. *Journal of Forensic Nursing*, 15(4), 214–221. <https://doi.org/10.1097/JFN.0000000000000263>
- Carney, A. (2021). The forensic nurse's evolving role in addressing elder maltreatment in the United States. *Journal of Forensic Nursing*, 17(4), 194–201. <https://doi.org/10.1097/JFN.0000000000000344>
- Centers for Disease Control and Prevention (CDC). (n.d.). *FastStats: Emergency department visits*. <https://www.cdc.gov/nchs/fastats/emergency-department.htm>
- Donaldson, A. E. (2020). New Zealand emergency nurses' knowledge about forensic science and its application to practice. *International Emergency Nursing*, 53, Article 100854. <https://doi.org/10.1016/j.ienj.2020.100854>
- Donaldson, A. E. (2022). Forensic professional's thoughts on New Zealand emergency nurse's forensic science knowledge and practice. *International Emergency Nursing*, 62, Article 101151. <https://doi.org/10.1016/j.ienj.2022.101151>
- Drake, S. A., & Burton, C. (2022). Trauma-informed approaches to medicolegal death investigation: A forensic nursing perspective. *Journal of Forensic Nursing*, 18(2), 85–90. <https://doi.org/10.1097/JFN.0000000000000359>
- Filmlater, C. J., Heyns, T., & Ferreira, R. (2018). Forensic patients in the emergency department: Who are they and how should we care for them? *International Emergency Nursing*, 40, 33–36. <https://doi.org/10.1016/j.ienj.2017.09.007>
- Foresman-Capuzzi, J. (2018). Forensic aspects of emergency nursing. In V. Sweet (Ed.), *Emergency nursing core curriculum* (7th ed., pp. 667–674). Elsevier.
- Institute for Economics & Peace. (2022). *Global Peace Index 2022: Measuring peace in a complex world*. <https://reliefweb.int/attachments/ad15f23e-1439-46cc-b283-a2fd3b95e578/GPI-2022-web.pdf>
- International Association of Forensic Nurses. (n.d.). *What is forensic nursing?* <https://www.forensicnurses.org/page/whatisfn>
- Keating, J. F. (2022). *Adult and adolescent sexual assault patients in the emergency care setting* [Joint position statement]. International Association of Forensic Nurses and Emergency Nurses Association. <https://enau.ena.org/Users/LearningActivity/LearningActivityDetail.aspx?LearningActivityID=5E4DR2UsltvFqLG1So5fKg%3d%3d>
- Machado, B. P., Batista de Araújo, I. M., & Céu Barbieri Figueiredo, M. (2020). Forensic nursing practice—What do the students know anyway? *Forensic Science International: Synergy*, 2, 138–143. <https://doi.org/10.1016/j.fsisyn.2020.04.003>
- Peterson, C., Miller, G. F., Barnett, S. B., & Florence, C. (2021). Economic cost of injury — United States, 2019. *Morbidity and Mortality Weekly Report*, 70(48), 1655–1659. <https://doi.org/10.15585/mmwr.mm7048a1>
- Rahmqvist, J. B. (2018). Challenges of caring for victims of violence and their family members in the emergency department. *International Emergency Nursing*, 42, 2–6. <https://doi.org/10.1016/j.ienj.2018.10.007>
- Substance Abuse and Mental Health Services Administration. (2021). *National strategy for trauma-informed care operating plan*. <https://www.samhsa.gov/sites/default/files/trauma-informed-care-operating-plan.pdf>

Wolf, L. A., Perhats, C., & Delao, A. (2022). Educational needs of U.S. emergency nurses related to forensic nursing processes. *Journal of Trauma Nursing*, 29(1), 12–20. <https://doi.org/10.1097/JTN.0000000000000627>

World Health Organization. (2021, March 19). *Injuries and violence*. <https://www.who.int/news-room/fact-sheets/detail/injuries-and-violence>