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ORIGINAL ARTICLE

Forensic nursing science: Global strategies in health and justice

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Death investigation;
Evidence recovery

Abstract Forensic nurse examiners (FNE) are becoming integral partners in contemporary medicolegal systems worldwide. Existing forensic services have been proven inadequate to sufficiently address the vast crimes against women and children, victims of sexual and domestic violence, socio-cultural crimes, abusive religious rituals, and atrocities that accompany armed conflict. Considering that nurses comprise the largest group of healthcare providers worldwide, forensic nurse examiners represent a previously unrecognized resource in universal healthcare and embody an ideal group to advance international considerations in global healthcare and social justice. Although specific legal concerns within the healthcare communities vary from country to country, all nations struggle with issues of public health and safety. A comprehensive multidisciplinary forensic education and training program for nurses will facilitate improved management of existing interpersonal and sexual violence crises while reducing an unnecessary back log of cases for forensic physicians. The addition of a forensic specialist in nursing science will provide a valuable resource to assist in the substantiation of prosecutors' claims or aid in the exoneration of suspects who are falsely accused. Their unique contributions increase coordination and cooperation, share medical/forensic expertise, enhance the care of victims of crimes while augmenting forensic services, and act as a liaison in applicable responsibilities between healthcare institutions and law enforcement agencies. The relevant literature indicates that once the *Forensic Nurse Examiner Response Team* is trained, specialists in forensic nursing science practice independently under the auspices of a *Director of Clinical Forensic Medicine* or Chief Medical Examiner. This new generation of health and justice professionals

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will produce affirmative outcomes where the science of forensic nursing is practiced. The positive treatment of victims of gender based crime, an increase in successful prosecution, and the assurance of best specimens in evidence recovery will provide confidence in the community at large that justice has been served through these combined forensic services...medicine, nursing and the law.

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1. Introduction

The science of forensic nursing represents an emerging worldview in the future of the forensic sciences as crime and violence bring together the two most powerful systems affecting the lives of people throughout the world – *health and justice*. The need for policies to address critical issues related to violence and its associated trauma is a multidisciplinary concern. These concerns require a joint endeavor involving physicians, nurses, police officials, attorneys, magistrates, sociologists, psychologists, social workers, forensic and political scientists, advocates and activists, and other criminal justice practitioners to reduce and prevent social injustice. Effective forensic case management is an area lacking in sufficient policy and legislation to ensure protection of the legal, civil and human rights of both the victims and the accused.¹ An identified shortage of skilled forensic physicians has resulted in serious deficits of quality forensic services. Recent strategies to augment and improve global standards of care for victims of crime, the falsely accused and those wrongly convicted necessitate the application of forensic science to nursing practice.

2. New strategies for health and justice

Considering that nurses comprise the largest group of health-care workers worldwide, forensic nurse examiners (FNE) represent a previously unrecognized resource in universal healthcare and signify a model program to advance international considerations in health and justice. With the continuously evolving synthesis of mobility, advanced technology and unbridled sciences, forensic nursing has accelerated as a scientific discipline. Forensic nursing science combines the principles and philosophies of the traditional forensic sciences and those of contemporary nursing science in the clinical investigation of crime related trauma and death. Forensic nurse examiners serve as a clinical liaison to medical and legal agencies, supplementing the need for vital forensic services to provide fair and equal justice as questions of innocence or criminality arise. It must be emphasized that the practice of forensic nursing is not limited to victims, but includes court ordered evidence recovery from the suspect, the accused and the incarcerated offender. With the founding of *The Innocence Project*, a US litigation and public policy organization dedicated to exonerating wrongfully convicted individuals through DNA testing, the need to reform the criminal justice system to prevent further injustice has been recognized. Critical awareness of false accusations, eye witness identification and contaminated evidence has led to a reevaluation of current forensic practices and procedures in healthcare. This policy has had a profound impact on the scientific standards for the proper collection of biological, trace and physical evidences and meticulous preservation of medical specimens to include DNA sources such as blood and bloodstains, semen and seminal stains, tissues and cells, bone and organ fragments, and

teeth.² In 1996, Jay Miller, Director of the CODIS project (Combined DNA Identification System), US Federal Bureau of Investigation (FBI), recognized the forensic nurse examiner (FNE) as the ideal clinician to provide sexual assault examinations, and to recover and preserve biological evidence for inclusion in the CODIS data bank.³ Although healthcare intervention must always supersede that of evidence recovery, the FNE (who is not part of the trauma team) can provide selected forensic services secondary to life saving intervention.

3. The health of a nation

The devaluation of human life is inherent in the genesis of violence. The World Health Organization (WHO) has recognized violence as a major public health problem as perilous as microbial diseases worldwide. Global violence is widely recognized within the domain of public health and safety. In addition to immediate physical and psychological trauma, the pervasive nature of violence affects the basic and profound aspects of life: *culture, tradition and religion*. An abrupt intensity of the dramatic economic, political, and societal crisis combined with interpersonal crime and terrorist-related violence in global societies demands an overwhelming accountability for health and justice operatives to collaborate on solutions. Violence is no longer considered solely within the purview of law enforcement agencies but rather is viewed as a mutual responsibility of healthcare and the law. Strategies for improving a nation's health image must address priority areas involving interpersonal and sexual violence as important contributors to morbidity and premature mortality. A healthy world cannot be achieved merely within highly industrialized nations. Antiquated laws and social policies, restrictive family values and human inequalities affect access and delivery of healthcare throughout various countries. The dynamics of archaic cultural traditions and religious practices will continue to impact and pose threats to the most vulnerable subjects, namely, women, children, the elderly, the disabled, and those in extreme poverty.⁴

4. Violence and the forensic nurse examiner

The US Department of Health and Human Services has recognized the inevitable outcomes of violence (injury, disability, and death) as the primary benchmarks of public health status. Healthcare professionals have been challenged to assume accountability along with law enforcement officials for the cause and effects associated with human violence. This challenge has resulted in propelling the evolution and application of forensic nursing science. Every injury, illness, or death can have forensic implications. Forensic nursing demands superb assessment skills, second only to a high degree of suspiciousness. Therefore, a solid forensic education for nurses provides a vital link in the development of clinical acumen required for responding to these forensic circumstances. Increasingly, the

United States and a significant number of other countries are turning to forensic nurse examiners with the expectation to augment the often insufficient resources that have resulted in the destruction of evidence, long delays in medical response time, the loss of human lives, and inadequate prosecutions. Among the core challenges that face health and justice providers is protection of the patient's legal, civil, and human rights.⁵

Past history indicates that each medical specialty has long had corresponding nursing disciplines to assist and support physicians with the exception of one...*forensic medicine*. By and large, forensic physicians have had to rely on police as an associate to relay medical information, recognize medical evidence and sensitive communication to grieving and bereaved persons. It is not only difficult but unfair for police, who are not medically educated, to be expected to perform both criminal and medical investigation. Shared responsibilities between forensic physicians, law enforcement officers and forensic nurses have become an essential partnership in order to address the current demands of social transgressions. It is well to remember that all trauma patients are regarded as forensic cases until suspicion of criminality or questions of liability are confirmed or ruled out. Victims of aggression and abuse are frequently unrecognized and remain unreported by non-medical investigators of crime-related trauma. As perhaps the first point of contact in the immediate post-trauma period, the FNE is in an ideal position to gather information and physical evidence related to the crime. Forensic nurses must be able to recognize patterned injuries indicative of human abuse, to skillfully interview patients and evaluate the nature and scope of these injuries.

5. Forensic nursing defined

Nursing science has merged with the forensic sciences and criminal justice systems to provide this distinctive discipline at a crucial time in social and criminal hostility to improve policies that help meet the expectations of victims, the accused and their families through accessible and cost-effective programs.⁶ Forensic nursing was first recognized as a scientific discipline in 1991 by the American Academy of Forensic Sciences and originally defined by Lynch as: the application of the forensic aspects of healthcare combined with the bio/psycho/social/spiritual education of the registered nurse in the scientific investigation and treatment of trauma or death of victims and perpetrators of violence, criminal activity and traumatic accidents. It provides direct services to individual clients and consultation services to nursing, medical, and law-related agencies, and provides expert court testimony in areas dealing with questioned death investigative processes, adequacy of services delivery, and specialized diagnoses of specific conditions as related to nursing.^{7,8}

The International Association of Forensic Nurses (IAFN) was established in 1992 and further defines forensic nursing as the global practice of nursing, where healthcare and legal systems intersect. It has, by its nature, a strong association with both physical and social sciences as they apply to public or legal proceedings. This specialty combines the forensic aspects of healthcare with the scientific investigation and treatment of crime or liability-related cases.⁹ The concept of a forensic specialist in nursing has sparked an innovative development of a new discipline in the forensic and clinical sciences that has been replicated across the United States and in other countries. Despite the number of medicolegal concerns, many

US hospital emergency departments (ED) do not have a forensic clinician on duty at all times to oversee proper attention to the legal implications of trauma care.

Although, healthcare personnel should not refuse involvement in forensic case assessment as reported in some countries, forensic patients are often forced to await the arrival of the clinical forensic medical examiner (FME). This forensic clinician, who is not in residence, is notified to respond and recover evidence prior to emergency care. In spite of hospital policies and legal mandates, if the FME is not readily available the patient is often transferred to another hospital (which may be in another city) to obtain forensic services prior to life saving intervention. Consequently, it is not uncommon for the patient to die during transport as cited in a leading Pakistan newspaper's editorial titled *Death by Red Tape*. The presence of the forensic nurse examiner (FNE) on each shift can eliminate an unnecessary delay, loss of life and/or evidence. Nurses in all specialties, ED nurses in particular, must develop the necessary skills to competently care for patients classified as *clinical forensic patients*. Research has identified a minimum of 28 forensic patient classifications routinely admitted to the ED.¹⁰ These cases include domestic violence, child abuse, elder abuse, neglect, sexual assault, and rape, among others. All cases reported as accidents must be evaluated to confirm or rule out intentional from non-intentional injury. Cases of inter-personal violence (IVP) comprise one of the largest numbers of forensic patients, who often fail to identify themselves as crime victims out of humiliation or fear. The primary responsibility of the FNE is to recognize suspicious trauma, display appropriate sensitivity while interviewing the patient, and ask direct questions pertaining to how the injury occurred, to accurately document findings, recover evidence, coordinate with police, and testify if required.

In October 1998 the US Emergency Nurses Association (ENA) issued a position statement that clearly outlines the responsibility of ED nurses in forensic cases that should not only provide physical and emotional care, but should focus on the identification, collection and documentation of forensic evidence. Prosecutors, police, homicide detectives, and forensic pathologists, who work with FNEs concur that forensic nursing services are superior to those provided in the past by non-forensic healthcare professionals. Forensic nursing services are practiced strictly within the scope and practice of nursing according to the regulating body of nursing in each country. It does not involve the medical practice of physicians. One must consider that the identification of trauma and the recovery of evidence has long been a nursing responsibility; however, it was commonly referred to as wound documentation (nurse's notes) and collection of specimens. These same specimens become criminal evidence once the case is reported to a legal agency. However, due to the absence of forensic knowledge in traditional nursing education, forensic circumstances are frequently overlooked and evidence is lost or discarded in the absence of a resident FME. Therefore, an FNE on each shift will provide an immediate forensic response to trauma/emergency cases and eliminating long delay or transfer of the patient.

6. The forensic nurse examiner

The FNE is identified as an exceedingly skilled healthcare professional educated in the concepts of the nursing and forensic sciences. Roles once limited to physicians, politicians, police,

or attorneys have now become roles – although not replacements – available to forensic nursing personnel. Such roles are recognized by prosecutors to provide critical thinking and forensic assessments involving rape, torture and custodial abuse among other significant medicolegal concerns. Roles that were once strictly within the purview of *non-medical* agents of government, military, and police are now viewed as upgrading appropriate roles by employing nurses with forensic credentials. These roles include nurse death pronouncement laws, forensic assessments of refugees for the immigration courts (according to the Istanbul Protocol), clinical forensic investigations of clustered deaths in veteran's hospitals, sexual assault examinations in public, private and military hospitals, consultants to attorneys, testifying in federal cases, employment by crime laboratories, and for digital evidence recovery in the clinical environs.

The role of the forensic nurse examiner (FNE) educated at both a basic and advanced level has unlimited potential in the global healthcare market. Leadership and management skills prepare the FNE to fill essential roles as forensic nurse scientists, examiners, educators, investigators, administrators, and consultants are employed in local, state, or federal government and nongovernment institutions and organizations fill this need. The forensic nurse provides a scientific and humanitarian image to those who suffer amid the chaos and crises of our times. Thus, women and children, the damaged and disabled who represent the most vulnerable populations, will be offered greater protection in the challenge to shield them from harm.

Forensic nurse examiners practice in a variety of professional roles, in which they may further specialize in a variety of specific subspecialties. Roles and responsibilities, although unique to each subspecialty within the forensic nursing genre, have common characteristics according to the basic concepts of forensic nursing science and include the following:

- Forensic Clinical Nurse Specialist/Practitioner
- Forensic Correctional (US) or Custody Nurse (UK and Australia)
- Forensic Nurse Coroner/Death Investigator
- Tissue and Organ Donation/Recovery Specialist
- Sexual Assault Nurse Examiner (Adult and/or Pediatric)
- Forensic Healthcare Services Administrator
- Forensic Nurse Photographer
- Forensic Geriatric Nurse
- Forensic Academic/Educator
- Healthcare Risk Manager
- Forensic Nursing Researcher
- Legal Nurse Consultant
- Forensic Psychiatric Nurse
- Forensic Nurse Attorney/Nursing Jurisprudence

The purpose of forensic nursing science is to assist in the creation of positive change in the inappropriate medicolegal management of detainees, asylum seekers, mentally disordered offenders, living and deceased persons, to prevent victimization and reduce the fear of crime. Forensic nurses, who go to law school and become practicing attorneys have a unique advantage in medicolegal jurisprudence. The FNE is trained to provide forensic services while facing the challenging circumstances of civil unrest, political crisis, war, torture, mutilation, starvation, and summary executions in a world filled with violence.

7. Forensic nursing services

Forensic nursing services offer direct forensic care to victims, suspects, perpetrators, and those who witness violence. The clinical forensic nurse investigator documents, secures and preserves evidence while providing forensic consulting services to clients and interdisciplinary partners in healthcare and law-related agencies.¹¹ Examples of primary services are briefly described below:

7.1. Sexual violence

Sexual assault assessment and examination is one of the primary applications of forensic nursing services. These forensic patients include the adult and pediatric, male and female, the living and the deceased victims of sexual violence. Sexual assault nurse examiners (SANE) programs were first established in 1974 by a committee of physicians, prosecutors and law enforcement agencies, who determined the registered nurse was the ideal clinician to provide rape examinations. This program established improved patient care, reduced an unnecessary burden on emergency physicians, and increased successful prosecutions. The practice of the sexual assault nurse examiner, once limited to providing rape examinations, has now expanded to the broader role of the forensic nurse examiner (FNE), which incorporates the role of the SANE nurse, in the assessment, examination, evidence recovery, and photo documentation of all categories of forensic patients where medical treatment is not required. The FNE who is certified in sexual assault examination applies the latest state-of-the-art technology and guidelines. Increasingly, forensic pathologists are employing the FNE to provide rape homicide medical/forensic evidence recovery prior to autopsy. The American College of Emergency Physicians have endorsed the concept of the FNE, specifically in cases of sexual violence, and have assisted in developing protocol for the FNE.¹² US prosecutors agree that forensic nurses make formidable witnesses in the courtroom.

7.2. Scientific investigation of death

As early as 1975, forensic pathologist Dr. John Butts in Alberta, Canada was the first to recognize the aptitude of the registered nurse as a medical death investigator within a medical examiner system.¹³ Registered nurses with a specialized forensic education have proved to be exceptional death investigators as opposed to non-medical investigators. Nurses are educated to understand anatomy and physiology, medical terminology, physicians progress records, surgical intervention, natural disease processes, pharmacology, as well as the complexities of brain death. Advances in the forensic and medical sciences are persuading a greater number of nurses to attain advanced degrees in order to supplement the level of professionalism in view of the shortage of forensic pathologists. As in any other career, the trend to maintain quality continuing education and formal credentials impacts the professional benefits of the forensic nurse and will provide unlimited potential yet to be imagined and fulfilled. Forensic physicians will help to determine the next role and level of expertise for the FNE as they identify areas where quality forensic assistance is needed. With rapid progress moving the role of the forensic nurse examiner forward into the frontiers of global healthcare, new roles, qualifications, and skills will require the sophisticated

educational experiences available through institutes of higher education.

7.3. *Crimes against women and children*

One of the most pernicious overlooked, areas of universal violence and abuse familiar to every country is violence against women. Ban Ki Moon, United Nations Secretary General stated that “Violence against women continues to persist as one of the most heinous, systematic and prevalent human rights abuses in the world. It is a threat to all women and an obstacle to all our efforts for development, peace, and gender equality in all societies”.¹⁴ It inflicts devastating physical and psychological trauma on women and has wide-ranging implications for their families, communities and societies. Violence against women includes rape and sexual violence, female genital mutilation, forced marriage, stalking, commercial sexual exploitation such as prostitution, pornography and trafficking, wife battering, domestic homicides, honor killing, gender discrimination, female infanticide and sexual harassment. Violence against women is never normal, legal or acceptable and should never be tolerated or justified. Everyone – individuals (both men and women), communities, governments, and international bodies – has a responsibility to help eliminate interpersonal violence and to redress the suffering it causes.

According to the Egyptian Centre for Women’s Rights (ECWR) report on harassment and violence against women and children found that 98% of foreign women and 60% of Egyptian women are beleaguered on a daily basis.¹⁵ The study was conducted on a sample of over 2000 women in four governorates in the country, including Cairo and Giza. An Egyptian government report in November 2008 found 47% of married women between 15 and 49 are subjected to at least once to physical violence. Among married women, 33% are physically abused and 7% are sexually abused before marriage. The report also found 18% of Egyptian women subjected to psychological violence in the form of name calling and demeaning and intimidating behaviors by a man. Egypt is not alone in its attempt to combat gender based violence. Sexual violence, harassment and abuse of women and children are foremost concerns throughout developed and developing countries.¹⁶

Comprehensive forensic healthcare education should offer professionals current tools and knowledge that will make a difference in their practice, promote collaborative community responses to violence and design strategies for violence prevention. Forensic nurses should be aware of their role of safeguarding human rights as defined by the International Council of Nurses.¹⁷ The United Nations and the International Committee of the Red Cross and Red Crescent Societies indicate that nurses must be familiar with their responsibilities for caring for prisoners and detainees, and understand that it is unethical to participate in acts of torture or execution in any setting. Forensic nurses also participate in disaster management involving mass fatalities, human rights missions, mass grave exhumations, identification of human remains in the aftermath of armed conflict, research into the epidemiology of violence and its consequences in times of peace and at war.

7.4. *Military forensic nurse corps*

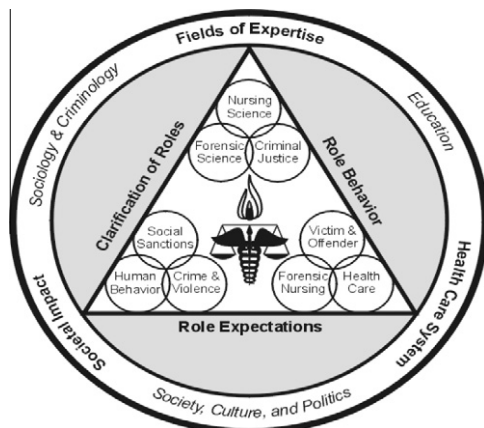
The application of forensic nursing within the US Armed Forces has expanded forensic services to become available in

US military medical treatment facilities worldwide. Military forensic nurses are well educated in a variety of forensic science specialty areas today and have achieved their primary recognition as sexual assault nurse examiners (SANE) and forensic nurse examiners (FNE), as well as clinical investigators of human abuse and neglect, and intimate partner violence. All branches of the military have identified certain active forensic nursing roles within hospital emergency departments, clinics, security police forces, mortuary services, family advocacy and other social services in the US Air Force Office of Special Investigations and Hospital Risk Management. Although, all branches of military services have sexual assault nurse examiners in larger facilities and overseas, few installations currently have the resources to permit FNEs to function in a full-time role. Military leadership is currently engaged in strategic planning to ensure that its members have the benefits and protection afforded by the various forensic sciences, including nursing.

One of the most comprehensive US Department of Defence sexual assault training programs is provided by the Armed Forces has been the Sexual Assault Response Team (SART) training course, hosted by the Armed Forces Institute of Pathology (AFIP): Office of the Medical Examiner. This 40 hour course was planned, developed and organized by two military forensic nurse corps officers from the US Air Force and US Navy. Utilizing their subject matter expertise and experience in forensic nursing and sexual assault care they have instructed many aspects of the course. Since 2005, this course has trained over 500 joint military and civilian personnel on the military management of sexual assault medical, advocate, legal, investigative, and psycho-social issues. It included laboratory sessions to introduce to participants to sexual assault forensic examination techniques, forensic photography, documentation of injuries, and physical evidence collection. Its program continues to be the gold standard of sexual assault examiner training in the Armed Forces and will serve as a model for future related joint service training.¹⁸

8. Education and training

Competencies necessary for nurses to provide highly skilled and quality care of victims of violence include the science of forensic nursing. For nurses who want an advanced professional degree representing the highest level of competency, forensic nursing provides new options (Fig. 1). The educational preparation for forensic nurses incorporates a variety of pathways for both undergraduate and graduate programs, certificate and continuing education courses and doctoral degrees in this field.¹⁹ Progressive academic institutions are currently providing the opportunity for innovative programs of study for nurses, who wish to attain a bachelors, masters or doctorate degree in forensic nursing science. The education and experience of the forensic nurse specialist provide a distinctive knowledge base and clinical skills appropriate for an advanced role in sexual assault examination, death investigation and other clinical forensic services. The most common model for the existing forensic nurse seeking a formal degree is the post-licensure education. Nurses, who hold a registered nursing license and later become involved in the forensic aspects of patient care, often return to college or university programs to advance their skills and gain credentials as forensic nurse examiners. This is the most opportune and timely method to achieve a forensic education in nursing. It requires



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Figure 1 Integrated Practice Model for Forensic Nursing Science. The dynamics illustrated in the integrated practice model for forensic nursing science incorporates a synthesis of the multidisciplinary, multisectorial framework for humanitarian accountability in forensic nursing, forensic science and criminal justice. This common connectedness unites the philosophies of physical science with the legal dimensions and defines forensic nursing's body of knowledge based on shared theories with other disciplines.

less time and investment for the returning nurse with 2 years of education and a license to become a practicing FNE than the nursing student in a 4 year degree program. The practicing RN also has the clinical experience to advance basic forensic services as opposed to the novice student without practical knowledge.

Where no formal forensic education programs for nurses exist, the local clinical forensic physician or forensic pathologist can initiate an introductory course as an elective within the existing nursing curricula. Once the impact of forensic medicine is recognized it becomes a powerful influence on nursing practice. It is interesting to note that the primary resource for establishing forensic nursing practice has been forensic medical examiners, human rights organizations and police agencies in the medicolegal care of forensic patients. The nursing process is a natural design for the clinical forensic investigation of trauma, injury, illness, torture, and death. Nurses, who have attained an advanced forensic practice degree will provide a greater utilization of nursing skills such as communication, interviewing, hostage negotiation, biomedical investigation, multidisciplinary team coordination, research, interpretation of trauma, exhumations, disaster management, sexual assault education and examination, evaluation of complex circumstances involving political victims and prisoners of conscience among other multidisciplinary needs and responsibilities.⁵ Correctional healthcare is another important area of forensic nursing in the prison systems as well as in jails and detention centers. Australia was the first to provide a three tiered system of forensic nurses as early as 1993.

9. Forensic nursing science curriculum

Courses are designed to provide participants with a detailed understanding of the role and impact of forensic nursing

practice. Many universities offer a variety courses for the forensic nursing degree or certificate programs in the online format. Examples may include the following:

- Practice Paradigms in Forensic Nursing
- Scientific Investigation of Trauma and Death
- Forensic Markers of Child Maltreatment
- Sexual Assault, Abuse and Exploitation
- Violence and Human Rights
- Investigation of Trauma throughout the Lifespan
- Advanced Forensic Nursing
- Forensic Health Policy, Ethics/Legal Aspects
- Mental Health in Correctional Institutions
- Correctional Healthcare Ethics and Law
- Substance Abuse: Forensic Implications
- Introduction to Correctional Healthcare Injury
- Correctional Healthcare of the Older Adult
- Public Health/Infectious Disease in Corrections

10. Board certification

In 1992, the International Association of Forensic Nurses (IAFN) was established to represent the growing number of nurses practicing the science of forensic nursing. This multidisciplinary institute promotes the dissemination of forensic information through conferences, workshops, seminars, and the *Journal of Forensic Nursing*. The IAFN Internet website provides the following information: Earning certification demonstrates professional commitment. Nurses who take the extra step to become certified in their specialty demonstrate their desire to provide quality patient care. Becoming certified is a statement that the nurse has accepted the challenge of preparing for specialty nursing practice which includes a refined knowledge base and critical thinking skills in clinical practice. Currently the Forensic Nursing Certification Board (FNCB) offers two professional credentials; Sexual Assault Nurse Examiner –Adult/Adolescent (SANE-A) and Sexual Assault Nurse Examiner – Pediatric (SANE-P) or the FNE may be certified in both SANE-A and SANE-P.

The IAFN Certification Board is currently working on two new credentials including the Certified Clinical Forensic Nurse Examiner (C-CFNE) and Certified Forensic Nurse Death Investigator (C-FNDI). These designations are the earned credentials which recognize that the highest standards of forensic nursing for sexual assault nurse examiners have been achieved, by meeting the eligibility requirements and successfully completing an examination. Certification renewal is available by examination or documented continuing education over a three-year period. The IAFN is committed to providing leadership in forensic nursing practice by developing, promoting and disseminating information about forensic nursing globally. To fulfill this member commitment and colleagues worldwide, a variety of educational opportunities are offered to assist members in staying current in the forensic field. The IAFN provides continuing education through our Regional Symposiums, Online Continuing Education offerings and the Annual Scientific Assembly. The Online Continuing Education Center (OCEC) provides access to forensic nursing continuing education on a variety of topics. This includes the *Sexual Assault – Forensic and Clinical Management Virtual Practicum*. This unique, comprehensive and cost-effective training tool

helps you advance skills in all aspects of sexual assault forensic examinations, from initial meeting, to patient-centered medical examination and treatment, to proper collection and preparation of evidence, to pretrial and courtroom preparation.⁵

11. Global forensic nursing

To date, countries actively offering educational programs, forensic nursing practices, provide professional organizations and/or that are exploring and planning for forensic nursing programs include: the US, Canada, 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 Middle East (India, Singapore, Brunei, Malaysia, Taiwan, Thailand, Japan, Iran, Saudi Arabia), Africa (South Africa, Kenya, Zimbabwe), along with other enlightened countries rallying to launch attention to this movement. Forensic nursing leadership continues the quest to develop new and innovative roles and deliver forensic nursing care in settings as diverse as the countries in which they practice; their potential association with political and non-political organizations, world health crisis, and peace keeping agencies is a realistic challenge.

The problem of HIV/AIDs, women violated by war, government sanctioned torture, crimes against children and the elderly, and human trafficking is not limited to any specific country. The FNE must be skilled in identifying the most subtle signs of crimes against humanity. The development of community-based programs for those with serious and persistent communicable diseases is essential to reduce and prevent pandemics before it is identified and eliminated. Counseling centers for diagnosis of post traumatic stress disorder (PTSD) and documentation of torture for prisoners and refugees must be accepted as a forensic mental health and human rights responsibility of the advanced practice forensic nurse. The American Academy of Nursing (AAN), American Nurses Association (ANA) and the International Association of Forensic Nurses (IAFN)²² call for a greater involvement of its members to move forward in unified fashion that will advance the education and practice of forensic nurse examiners sensibly and cohesively throughout decades of this millennium.^{20,21}

Healthcare lies at the center of all rescue missions, war torn countries, and survivors of terrorist acts, among other threats to public health and security. Forensic healthcare is a priority in these circumstances, as well as in human trafficking, mass rapes, genocide survivors, and those injured by landmines or other government related explosive devices. The need for qualified forensic service providers to identify deceased persons, document trauma, interview survivors, compile incisive reports, and photograph scenes of injury or death has become a further extension of responsible forensic nursing services. In developing countries such as Africa and remote areas of India, the FNE is often the only forensically skilled personnel in a specific region. Progressive initiatives require commitment displayed by leaders in healthcare, government and non-government organizations worldwide.

The global FNE provides a range of services appropriate and appealing to government and non-government agencies such as the National Center for Forensic Science, Physicians for Human Rights, the United Nations and the International

Committee of the Red Cross and Red Crescent Societies. Forensic nursing services include mass disaster management and the identification of bodies in the New Orleans Hurricane Katrina tragedy, health and social programs in the human rights violation epidemic in Zimbabwe, the investigation of sociocultural and psychosexual crime in South Africa, India, Pakistan and now, in wartime support in the US military forensic medical services. This challenge represents identified forensic issues, intrinsically woven together with public health, that are appropriate for the forensic nurse examiner. Being alert to threats against democracy is one means of preventing torture. As nurses are involved global human rights, such alertness is part of nursing care. Where civil unrest, political violence, government sanctioned torture, rape and revolution or countries in conflict or at war – the FNE is needed in support of the forensic medical services.

12. Forensic nursing science in Egypt

The potential for the development of a series of educational programs in forensic nursing science with a focus on sexual assault examination, domestic violence, and abuse of children in Egypt has become a realistic proposal in the near future. With the interest and support of forensic physicians in Cairo and a US physician, Dr. Sally Awad – Medical Director for the Memorial Hermann Hospital System Forensic Nursing Program in Houston, Texas, an exchange of dialogue has been initiated.

Jamie J. Ferrell – Clinical Manager for the Memorial Hermann Hospital System Forensic Nursing Program in Houston, Texas and Virginia A. Lynch – Course Director of the US based Forensic Nurse Consultants, International, have trained forensic nurse examiners in South Africa, Central America, Zimbabwe, India, and innumerable other countries since 1996.

Dr. Awad, a native-born Egyptian, emphasizes that “When the health and legal needs of patients intersect, Forensic Nurse Examiners provide expertise in confronting the diverse issues involved. From my perspective as an Emergency Medicine Physician and Medical Director of a Forensic Nursing Program, I have seen the tremendous value forensic nurses bring to the patient’s overall care by providing comprehensive assessments, detailed injury documentation, and evidence preservation while also addressing the patient’s physical, social, legal, and psychological needs. As Medical Director for the Memorial Hermann Hospital System Forensic Nursing Program for the last 10 years, I am humbled by the impact the Forensic Nurse Examiners have made in people’s lives and the sacrifice that each nurse has made for the betterment of others. It is a privilege for me to work with Jamie Ferrell, the Clinical Manager for the Forensic Nursing Program and the knowledge that I have gained from her alone has been astounding. I am committed to help with any communication/trainings that may be needed for our colleagues in Egypt”.

13. Conclusion

Change is inevitable. Professions that do not change according to the *health and justice* trends of our times will be lacking in

essential skills and services. The scientific knowledge each nation must maintain in order to adapt to the requirements of the UN Millennium Development Goals by 2015, involves AIDS, poverty, hunger, malnutrition, terrorism, and violence against women and children. Yet, the improbability of meeting these goals poses an immense threat with the advancing number of new wars, natural disasters and unknown diseases. The science of forensic nursing can provide unprecedented assistance in combating these forces of human destruction through a universal presence, coexisting with forensic medical science and criminal justice systems. Thus, a new generation of forensic investigators, blending biomedical knowledge with the investigation of injury and death, indicates new strategies in the forensic sciences for the near and distant future.

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