


## Areas of expertise of forensic nursing in Brazil

 <https://doi.org/10.56238/sevened2024.016-011>

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### ABSTRACT

Forensic Nursing is an area of Nursing that works at the interface between health and law, contributing to the collection of evidence in criminal investigations and to the identification of victims and perpetrators in situations of violence. In Brazil, according to the Federal Council of Nursing, the areas of expertise of Forensic Nursing include working in health institutions, prison and psychiatric units, institutes of forensic medicine, consulting and forensics, mass disasters, catastrophes and humanitarian missions, and everything that involves violence by life cycle. Forensic nurses perform examinations on victims of physical, sexual or psychological aggression, collect traces, document injuries and provide specific care to preserve the integrity of the evidence. In addition, they work in the investigation of suspicious deaths, identification of bodies and support for victims of violence. Forensic Nursing in Brazil plays a fundamental role in the search for justice and in the protection of the rights of people involved in situations of violence and crime.

**Keywords:** Forensic Nursing, Professional Competencies, Nursing Performance, Brazil.

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## INTRODUCTION

Forensic Nursing is an important specialty for Nurses working in criminal or violent situations. Forensic nurses help preserve evidence for use in criminal investigation and court proceedings. They can also provide assistance to victims of violence and help collect medical information for consultations (IAFN, 2023; Lynch; Duval, 2011).

This aspect is a growing field of Nursing and is important for public safety and justice. The work of a Forensic Nurse helps to ensure that criminals are held accountable for their actions and that victims receive justice. In addition, Forensic Nurses can play an important role in preventing violence and developing policies and programs to improve community safety and health (IAFN, 2023; Lynch; Duval, 2011).

Forensic Nurses can work in a variety of settings, including healthcare institutions, governmental, educational, non-governmental, and private consulting institutions, described below.

- **Health institutions:** hospitals, emergency rooms, clinics, and primary care services to collect medical evidence and provide health care to victims of violence.
- **Government institutions:** police departments, medical forensics, and forensic science laboratories.
- **Educational institutions:** teaching as professors or researchers in universities and schools of Nursing.
- **Non-governmental organizations:** Forensic Nurses can work with non-governmental organizations (NGOs) that deal with issues related to violence, such as sexual abuse, domestic violence, and human trafficking.
- **Private Consulting:** Forensic Nurses can offer consulting and forensic services to businesses, organizations, and individuals.

In general, these professionals need to have a specialized training in Forensic Nursing and usually require experience in basic Nursing before specializing. Additionally, some positions may require additional certification or licensing.

## AREAS OF COMPETENCE OF FORENSIC NURSING

In 2015, the Brazilian Association of Forensic Nursing (ABEFORENSE, 2015) regulated the construction of the areas of technical competence of Brazilian Forensic Nursing, with the objective of outlining the competence profile of the Forensic Nurse, which covers a range of clinical and specialized attributions, in order to facilitate the regulation of the competence certification framework, making it publicly available and ensuring clarity to society about its performance.

Next, the eight areas proposed by COFEN (2017) will be addressed.



## PERFORMANCE OF FORENSIC NURSING IN VIOLENCE

In the aspects of violence, COFEN (2017) points to sexual violence, however, such actions can extend to any type of violence, respecting some specific peculiarities in each type and in each population, whether woman, man, child, elderly, among others.

Some actions will be pointed out according to Marcelo and Barreto (2019), COFEN (2017), Hammer, Moynihan and Pagliar (2013) and Lynch and Duval (2011) as described below.

### Forensic Nursing Actions:

- Reception of victims and family members involved in all forms of violence;
- Develop service strategies and identify their priorities;
- Adopt preventive measures to address possible health risks arising from sexual violence;
- Implement protocols for the collection and preservation of traces;
- Ensure that victims receive psychological assistance and refer them to programs that help restore their psychosocial status;
- For aggressors, refer them to rehabilitation programs and specific treatments;
- Collection, storage and processing of forensic traces;
- Analysis of physical and psychological conditions, trauma, questionable deaths and/or psychopathological evaluations related to forensic cases.

In the different scenarios of action, it is responsible for caring for survivors, whether they are children, adolescents, adults or the elderly, in the collection of forensic evidence, physical examination, reception and therapeutic listening, in addition to participating in investigations of sexual crimes and trials (Silva *et al.*, 2021; Kings *et al.*, 2020; COFEN, 2017).

Forensic care is often episodic, primary, and acute in nature, and unplanned, especially when the need arises in a specific treatment setting, e.g., an emergency clinic, mobile unit, suicide prevention center, crime scene, death, or a forensic pathology laboratory (Hammer; Moynihan; Pagliar, 2013).

This type of care includes health assessment and treatment, as well as forensic evaluation, evidence collection, and documentation to maintain the chain of custody. A differentiated and specific aspect of Forensic Nursing is the expert examination that Nursing can perform and raises evidence in a criminal case.

The expert examination is usually performed by a specialist called an expert, but, in his absence, it can be performed by a nurse who works in the emergency room, where he must follow the institution's protocols regarding the collection of evidence from the evidence.



This type of care should be composed of the entire interdisciplinary team with the free and informed consent of the victim, signed by the victim or by a legal guardian (Amar; Sekula, 2015; Barder; Gabriel, 2010).

#### Nurse's performance in an Expert Examination:

- Respect the needs and rights of the abused person, for example: lawyer present/or temporarily interrupt the procedure due to fatigue.
- Be extremely careful in the physical examination and in the collection of traces and with clothing so as not to contaminate the forensic evidence.
- Specific tests such as collection of secretions (saliva, urine, blood, sperm and others) in order to maintain the integrity of the test.

According to Barder and Gabriel (2010) and Pyrek (2006), some aspects are essential in the performance of nurses in an expert examination: Some examinations must be performed according to the protocol for care regarding violence. In the case of sexual violence, for example, some conducts follow (BRASIL, 2015; BRAZIL, 2012).

#### Examinations carried out on victims of violence:

- **Vaginal contents:** Bacterioscopic examination (Chlamydia, Gonococcus and Trichomonas). Culture for gonococcus, PCR for Chlamydia if possible to describe if there is presence of sperm in the material.
- **Blood:** Anti HIV; Hepatitis B (HbsAG and anti Hbs); Hepatitis C (anti HCV); Syphilis; Transaminases; Blood count and b-HCG (for women of childbearing age).

In addition, the victim must undergo the following procedures for the prevention of injuries, among them (BRASIL, 2015; BRAZIL, 2012):

- Antibiotic prophylaxis for sexually transmitted infections;
- Immunization against hepatitis B;
- HIV prevention is based on the assessment of the risk of exposure and the prevention of pregnancy.

#### Prophylactic treatment in situations of violence:

- Emergency contraception.
- Prophylaxis of sexually transmitted infections. The recommended regimen for adult women and adolescents consists of benzathine penicillin, ceftriaxone, and azithromycin.
- Immunoprophylaxis against hepatitis B is indicated in cases of sexual violence in which there is exposure to the semen, blood or other body fluids of the aggressor.



- Prophylaxis for HIV/AIDS is recommended in all cases of vaginal and/or anal penetration up to 72 hours after violence, even when the serological status of the aggressor is unknown.

As for the training and development of competencies of the Sexual Assault Examining Nursing, they should include the following contents (Hammer; Moynihan; Pagliar, 2013; Lynch; Duval, 2011):

#### Training of Sexual Assault Examining Nursing:

- Forensic photography;
- First aid responsibilities and work;
- Interpretation and analysis of bite marks;
- Death inquiry;
- Psychological abuse;
- Evaluation of deviant behavior and psychopathology;
- Interpretation of blunt, cutting, or rapid trauma (e.g., gunshot);
- Sexual abuse and rape;
- Jurisprudence;
- Compensation for damages to people imprisoned under the law;
- Elder abuse;
- Child abuse and neglect;
- Substance abuse;
- Psychological and physical abuse;
- Adoption of tissues and organs for occult or religious practices.

Thus, the performance of Nursing is fundamental to care for people in situations of violence, in which it works together with the multiprofessional team. The service is provided in a welcoming, neutral and understanding way, providing peace of mind to the victims. Professionals specialized in this area are essential to intervene appropriately with victims and assist justice in the trial of criminals (Matos; Sales Junior, 2021).

Technical assistance in expert reports consists of the monitoring and guidance of technical expert investigations, based on the effective contribution to the expert acts, collecting all the information essential to the preparation and presentation of medical and technical opinions:

#### How to act in expert proceedings:

- Accompany the judicial expert in the diligence carried out;
- Provide subsidies to the legal sector for the formulation of questions;



- Produce the technical opinion;
- Represent the company as an assistant expert (technical assistant);
- Challenge the report if necessary;
- With a great tradition in expert technical assistance in labor lawsuits (unhealthy, dangerous, occupational accident and occupational disease).

## PERFORMANCE OF FORENSIC NURSING IN THE PRISON SYSTEM

Nurses working at the interface of health and criminal justice systems, wherever they are in the world, face daily challenges unique to their roles, the individuals they care for, the security environment in which they work (including prisons, correctional systems, and various community settings), and the laws governing their administration (Love; Sekula, 2015).

Correctional, institutional, or custodial nurses specialize in providing care, treatment, and rehabilitation to individuals convicted or incarcerated for criminal law violations that require medical evaluation and intervention (Lynch; Duval, 2011).

Custodial nursing is the practice of nursing and the provision of patient care in a service that belongs to the criminal justice system. The legal system includes jails, prisons, juvenile detention, substance abuse treatment, and other detention facilities (Pyrek, 2006).

Areas of expertise may include prisons and/or institutions in judicial custody, where assistance is specialized in both the treatment and rehabilitation of those sentenced to prison or imprisonment for infractions of the criminal law, requiring medical evaluation and intervention (Hammer; Moynihan; Pagliar, 2013).

In Brazil, the work of nursing professionals in the prison system is guided by the National Policy for Comprehensive Health Care for Persons Deprived of Liberty in the Prison System (PNAISP), which guarantees health promotion, disease prevention, and protection, especially when these people are legally in state custody (COFEN, 2021; Carvalho, 2017; BRAZIL, 2014).

In prison environments, nurses, according to IAFN (2022) and Baccon *et al.* (2022), should:

### Nurses' Conducts in the Prison System:

- To assess the physical, psychological, social and spiritual conditions that affect the process of caring for people deprived of liberty, consequently improving the quality of life of this population.
- Screen inmates for medical and psychiatric needs, such as substance withdrawal, chronic alcohol or other drug treatment, suicide attempt, trauma, and infectious diseases. This classification assists inmates in being housed, initiating scheduling ongoing health visits,



and determining whether critical care should be attended to immediately that assists in custody.

- Care for chronic diseases, considering that prisoners must have regular visits to medical facilities for the treatment of hypertension, asthma, arthritis, and other medical conditions.
- Follow-up or management of pregnancy. Although visits involve contact with doctors or other professionals, nurses provide key elements of managing this care.
- Provide health education according to demands found, for example, adherence to medication, prevention of communicable diseases, etc.
- They perform specific nursing procedures and techniques such as medication administration, dressings and others that aim to meet individual needs.

In addition, they assist people deprived of liberty, preventing various situations of violence, in which they develop treatment plans for victims and aggressors, identifying priorities and structures to safeguard their human and legal rights to incarcerated people with institutional protocols for expert care, referring these individuals to public services for a more accurate evaluation, if necessary (COFEN, 2017).

Assessing health needs is a priority for all interns and Nursing Systematization contributes to comprehensive, broad, systematized and unified care. They enable the nurse-patient bond, as well as understanding the nature of corrective care, the risks associated with incarceration and the problems and responses common to these experiences lived within the prison (Amar; Sekula, 2015).

Thus, the performance of Nursing in the prison system contributes to the health of incarcerated people, through comprehensive care that meets their practical and clinical needs, such as screening and listening, exams, palliative care, especially for communicable, infectious-contagious, mental diseases, as well as the development of actions that encompass other levels of health care (Lima *et al.*, 2020; Barbosa *et al.*, 2019).

## PERFORMANCE OF FORENSIC NURSING IN THE PSYCHIATRIC SYSTEM IN ASYLUMS OR JUDICIAL HOSPITALS

The reform of psychiatric care in Brazil encouraged the reorganization of the Psychosocial Care Network, with emphasis on multitherapeutic practices carried out by an interdisciplinary team in the community, that is, with active and constant participation within the family (BRASIL, 2001; BRAZIL, 2005).

However, it seems that such guidelines do not contemplate people with behavioral mental disorders in conflict with the courts. People with mental disorders (PTM) in conflict with the law are



referred to judicial hospitals, that is, they are institutions that house them for treatment and rehabilitation.

The type of psychiatric hospitalization in these cases are the so-called compulsory hospitalizations that are determined by the courts, that is, by a judge through a judicial decision considering a risk to society and the health of the person himself. The premise is that hospitalization will force the person to be treated. To make the decision, a psychiatric doctor's report is required to base the judge's decision, this report contains data about the person's physical and mental health as well as the risks it represents (BRASIL, 2002).

Forensic Nursing in mental health is the intersection of mental health and the legal system, as they work with criminals who have been found to be mentally disturbed and need additional attention separate from the judicial/penitentiary system (Love; Sekula, 2015).

Forensic psychiatric nurses who work with offenders with mental disorders in safe psychiatric services should promote the following actions: (Love; Sekula, 2015):

#### **Actions of the Forensic Psychiatric Nurse:**

- Evaluate the person (victim or perpetrator) according to demands;
- Reception and qualified listening;
- They collect evidence that can influence conviction, recidivism, treatment and prevention, and not health promotion.
- They attend to psychiatric and clinical emergencies and urgencies or other health problems that occur in prison services.
- They use their training to assist in the rehabilitation of criminals.
- Assess the well-being of victims of crime and perpetrators.
- Act as specialized consultants in criminal cases.
- Carry out records and documentation necessary for expertise.
- Application of adherence to institutional protocols in the provision of forensic care.
- Perform the mental examination (detailed anamnesis).

Unlike the other areas of Forensic Nursing, the mental examination is essential to monitor the evolution of the case, confirmation, evolution or remission of psychiatric conditions.

The work of these specialists in correctional services is comprehensive as described above, that is, they involve therapeutic, clinical, rehabilitation and violence prevention activities.

He points out that it can happen that incarcerated people develop mental disorders in correctional institutions. In this context, it is essential to have an interdisciplinary psychiatric evaluation that can be done in the institution or be referred to specific services such as the Psychosocial Care Center (CAPS) to undergo psychiatric evaluation and, depending on such





evaluation, the prisoner can be referred to hospitals or judicial clinics (BRASIL, 2015; BRAZIL, 2002).

In Brazil, it has a program called the Comprehensive Attention Program for the Judicial Patient (PAI-PJ) with the role of "advising the Justice of First and Second Instances" in the individualization of the application and execution of socio-educational measures, penalties and security measures for judicial patients, through propositions based on Federal Law No. 10,216, of April 6, 2001 (BRASIL, 2001). Currently, in this resolution, the professionals listed to work with the PAI/PJ are psychologists and social workers, but this can be another care strategy in which the Forensic Nurse can conquer his space in the future.

When people with mental disorders are referred to judicial hospitals, that is, they are institutions that shelter for treatment.

The main types of mental and behavioral disorders that can lead to compulsory hospitalizations are: personality disorders, post-traumatic stress disorder, and substance abuse related to sexual crimes. In view of this, the professional has a forensic clinical look to recognize, intervene and take measures against acts of violence committed for humanized and qualified care (Januario *et al.*, 2022).

It is important to note that people with mental and behavioral disorders can be victims or perpetrators and will be welcomed by Forensic Nursing in both situations.

According to Franjic (2018) and Amar and Sekula (2015), Forensic Psychiatric Nurses usually work in:

#### Areas of expertise of Forensic Psychiatric Nursing:

- Psychiatric hospitals;
- Other custodial institutions/clinics;
- Juvenile detention centers.

In summary, the field of professional activity in psychiatric and mental health services ranges from the implementation of care protocols, evaluation of injuries and risk of violence through clinical and psychiatric nursing consultations, to promoting prevention and rehabilitation actions. These professionals usually work with diverse populations, whether those who have committed violent crimes or those with suspected mental and behavioral disorders (SOBEF, 2019).

Thus, the work of these specialists can play an important role in the care of PTM people, as their functions include treating victims, identifying injuries, collecting evidence, since forensic psychiatry is the application of psychiatric nursing techniques to legal proceedings (Leodoro *et al.*, 2023).



## PERFORMANCE OF FORENSIC NURSING IN EXPERTISE, TECHNICAL ASSISTANCE AND CONSULTING

The Expert Nurse is one of the categories of professionals who can contribute to the judicial system together with an interdisciplinary team consisting of biologists, engineers, chemists, physicists, geologists, among other degrees.

According to COFEN Resolution No. 556/2017 (COFEN, 2017), the Expert Nurse works in the following situations:

### Actions of the Expert Nurse:

- Judicial expertise activities;
- Testify at trials;
- Provide technical assistance;
- Cooperate with the judiciary in the analysis and interpretation of medical records involving official documents;
- Cooperate in the implementation of safety measures in relation to the health of the teams;
- Act in cases of professional negligence;
- Bodily injury;
- Litigation in nursing homes;
- Responsibility for forensic and criminal evidence or evidence.

### Technical Assistance Actions:

These experts may work in a variety of areas, especially child abuse, elder abuse, domestic violence, sexual assault, alcohol and drug trafficking, and homicide investigations.

Its mission is to review the facts of forensic cases, map clinical and biopsychosocial findings, and analyze reports from professionals involved in patients in situations of violence (Pyrek, 2006), as follows.

- Assists lawyers in clarifying technical health terms;
- Installation of institutional protocols;
- Medical history and physical, mental, and neurological examination;
- It assists justice in the analysis of reports and opinions.

### Consulting Actions

The preparation of reports should include various information provided by the medical records of patients in different situations of violence, whether they are living or dead (Pyrek, 2006), as follows.



- Free and consented consent form;
- Promotion and prevention of human and legal rights of victims, family members and offenders;
- Summary and discharge instructions (homicides and survivors);
- Medical history and physical, mental, and neurological examination in situations of violence;
- Annotations and reports.

### Expert actions

This expert may be called to testify in court. You will be asked to testify about the facts, what you have observed and what you have documented in detail, so it is important to consult with you before testifying. As determining "what happened" is beyond the nurse's attributions, but only documenting what was evidenced through clinical evaluation of the patient when entering the health system is essential in this process (Love; Sekula, 2015), and is seen below.

- Testimony in court;
- Preparation of expert reports and reports;
- Medical history and physical, mental, and neurological examination;
- Notes and various reports in relation to the condition of the person or situation examined (anesthesia, surgical pathology, reports related to consultations, medical evolution, radiology reports, laboratory records, medical requests);
- Nursing reports and documents in progress (ethical-legal infractions).

Therefore, forensic assistance, both in the criminal and civil spheres, is essential to help clarify crimes, support and focus on victims and aggressors, as well as family members. In the civil sphere, the role of the nurse becomes important, as he can contribute to audits and consultations on matters related to nursing (Furtado *et al.*, 2021).

### PERFORMANCE OF FORENSIC NURSING IN THE COLLECTION, COLLECTION AND PRESERVATION OF TRACES

In 1997, the International Association of Forensic Nursing (IAFN) together with the American Association of Nurses (ANA) advocated the roles and responsibilities of the North American Forensic Nurse in advanced practice. One of the priorities would be the safety of the living victim and the body of the deceased victim, collecting and preserving evidence of the victim without compromising their safety and physical integrity. In addition, this specialist should develop interview techniques for victims, suspects of the crime, the convicted perpetrator, family members, friends and all those who can add to the investigation (Barder; Gabriel, 2010).



The Forensic Nurse has his or her performance established according to the protocol, which attests to his or her ability to cooperate with the chain of custody and implement the procedures provided for in its guidelines, in addition to being a professional with a holistic view, that is, he or she has an accurate perception, which allows him or her to scrupulously inspect the area, capture more traces and become a powerful ally of justice (Marcelo; Barreto, 2019; COFEN, 2017).

In addition, these professionals will collect and preserve traces of victims and perpetrators of crimes, whether in the pre-hospital and intra-hospital environment, in the community or in other professional environments, within the applicable legal limits (COFEN, 2017).

Let's make an addendum to understand what a vestige is in criminalistics, according to Bertolini (2018). Trace is the raw material found and/or collected at the scene of the crime. They can be classified as Transient and Permanent. In other words, it is information that will serve to confirm the existence of a crime; allow the reconstruction of facts, the identification or association of perpetrators.

- Transient traces: these are those that disappear quickly, for example: papillary impressions, stains of certain organic or inorganic substances, and braking marks, among others (Bertolini, 2018).
- Permanent traces: are those that remain for a longer time, sometimes decades, for example: such as signs of violence against things (doors, windows, safes, among others), or against people (injuries and scars, among others) (Bertolini, 2018).

As a result, the expert examinations, especially the examination of the direct corpus delicto, must be carried out as soon as the fact becomes known to the expert authority, because the more perfect the expertise, the closer it will be to the crime that was committed. The more hours that pass, the fewer traces can be found. Therefore, the Criminal Procedure Code (Law No. 3,689, of October 3, 1941) allows this procedure to be carried out on any day and at any time, that is, including Sundays, holidays, regardless of the time and even at night.

Another classification of traces according to Prof. Wagner Luiz can be the presence of false or simulated traces: these are the modifications or alterations that are intentionally introduced at the scene of the crime, with the aim of leading to false interpretations. There are also the so-called pseudo-traces, which would be alterations or pre-existing signs at the scene of the crime or in it, involuntarily introduced, by negligence or professional malpractice. They can also be classified according to their dimensions: Macroscopic (macro="large", visible) are usually related to objects and microscopic those that require the use of instruments or technicians to be detected, such as the use of forensic light, microscope, and others (Bertolini, 2018).

The Forensic Nurse usually does the forensic examination. According to the legal dictionary, the corpus delicto is the set of material elements or traces that indicate the existence of a crime. It



constitutes expert evidence since its absence can generate the nullity of the process (Amar; Sekula, 2015).

The examination of the corpus delicto can be direct, when the experts perform it directly on the person or object of the criminal action, or indirect, when it is not exactly an examination, but done through testimonial evidence, that is, testimonies of witnesses. Law No. 13,721/2018 added a single paragraph to article 158 of the CPP, which determines that priority is given to the performance of the corpus delicto examination when it comes to a crime that involves: domestic and family violence against women, violence against children or adolescents, violence against the elderly or violence against people with disabilities (BRASIL, 2018).

- In summary, the "corpus delicto" constitutes the materiality of the alleged criminal offense, that is, it is all the material elements of the incriminating conduct, including the means or instruments used by the criminal.

### Forensic examination of the body of crime

The Forensic Nurse must perform the forensic examination in order to identify and collect evidence that was transferred from the aggressor to the victim at the crime scene. Evidence must be collected in an organized and careful manner, without any form of discrimination and/or that induces any physical or psychological damage to the victim (whether living or deceased) (Barder; Gabriel, 2010).

Regardless of the place of collection, whether in a hospital or pre-hospital environment, the traces that may be considered evidence must be collected very carefully. The expert must be careful not to contaminate the traces and must not, therefore, handle or touch the trace without gloves, nor speak, sneeze or cough on or near it without a mask. For this he must wear a vestment, gloves, mask, glasses, and on certain occasions with shoe covers. As for the crime scene, it is isolated so as not to be contaminated, that is, to isolate and protect as quickly as possible, in addition, before the collection itself it is necessary to photograph all traces.

Any type of tissue or biological fluid found at the crime scene that may be a source of DNA can be: urine; saliva; semen; blood; placenta; bones and teeth; hair and hair; fecal material; Nails and skin are considered biological traces.

In addition to the presence in the person himself, Bertolini (2018) points out that these traces can be found in clothes, jewelry, cars, captive environments, among others that are at the crime scenes. **Other non-organic traces are also important, such as:** any items in the pockets removed from the body; plant material; dirt; paint chips; fabric; soils; explosives; projectile; controlled substances (narcotics, opioids) and notes, among others. **There are also morphological traces:** footprints; tracks; marks of objects; fingerprints and bite marks.



According to Amar and Sekula (2015), each crime scene is unique and each case has its own challenges, with different types of evidence.

The forensic nurse will perform a complete physical examination, caudal skull, looking for injuries such as abrasions, bruises, standardized injuries, lacerations, bites, marks and burns, using a topographic ruler of the body.

When you find lesions or marks, you should photograph and document them thoroughly in the medical record. In addition, the following are also collected: nail shavings, saliva, hair samples, pubic hair, and beard hair, and anal and genital swabs.

If it is performed on a female child, she must be sedated for the examination, however, if she has not had the first menarche and/or has never had a vaginal examination, it is not indicated (Barder; Gabriel, 2010).

The collection will always be done with the use of new and disposable gloves, which will be changed before handling a new trace. All collected material must be packed in bags and/or weak bags, individually separated and identified.

After the collection, preservation must be carried out, which depends on the type of material collected, and documentation that requires the identification of all evidence, preservation and retention method (chain of custody) is essential (Barder; Gabriel, 2010).

Regarding the documentation, it must be objective, legible, clear, timely and descriptive, as it will not provide a precise diagnosis, but it will serve as an indirect report for the investigation of violence, as the professional will describe, for example, the types of injuries resulting from violence such as cuts, wounds, cause of death, among others (Barder; Gabriel, 2010).

Unfortunately, there are some traces that are usually lost, ranging from dust, blood and wounds, to be lost or contaminated by Nurses and Doctors who provide care in an unprepared way (Franjic, 2018).

## PERFORMANCE OF FORENSIC NURSING IN THE POSTMORTEM

Nurses have their main role in the preservation of life, striving to ensure dignified treatment for all individuals, from conception to after death. And in the afterlife?

In the past, nurses made body preparations, bathing, taponing and clothing. Today these activities have been transferred to funeral directors. Currently, in most health services, the nursing team removes the body from the hospital bed to the morgue, from then on it is up to the funeral home to make other preparations for an integral outcome.

In the forensic field, the IAFN, the entity responsible for regulating the practice of Forensic Nursing at the international level, defines three components as being indispensable in an investigation: The medical and social history, the examination of the body and the analysis of the



crime scene (IAFN, 2014). The lack of any of these components renders the investigation incomplete, and can affect its credibility and accuracy, negatively impact family members, public health agencies, civil and criminal actions, and even public safety.

The nurse who assists in the investigation of a death must have significant experience in the emergency room and/or Intensive Care Unit (ICU). It is in the clinical environment that the professional will develop and improve skills and competencies with regard to the situations of psychosocial events that often accompany unexpected or traumatic death, in addition to having a clinical perspective on the medical/social history, body examination, and crime scene investigation (IAFN, 2023).

In Brazil, the domain of death investigation by Forensic Nurses is regulated in detail by ABEFORENSE (2015), according to which the domain in question has two competencies: the application of the Nursing Process to the investigation of violent or indeterminate death that occurs at any stage of the life cycle and the interaction with family members and survivors in the process of overcoming grief throughout the criminal investigation process.

As for the Nursing Process in the investigation of death, this professional must apply the knowledge of Nursing and forensic sciences in an analytical evaluation regarding the context of death, observing the psychosocial aspects inherent to the death process and using the scientific methodology that belongs to the Nursing Process.

In the aforementioned regulation, the following table is presented with the units of competence and the evaluation criteria to be followed.

<b>Unidades de competência</b>	<b>Crterios de avaliaço</b>
A1.1. Identifica o processo de morte, iniciando a investigao, numa avaliao inicial, em colaborao com o sistema judicial	A1.1.1. Procede a coleta de informao pertinente, atravs de foto documentao e documentao escrita A1.1.2. Analisa o cenrio da morte e suas circunstncias A1.1.3. Analisa o cadver da vtima atravs de metodologia forense A1.1.4. Observa os comportamentos e interaes da famlia e/ou outros intervenientes presentes A1.1.5. Interage com as vrias entidades envolvidas, na investigao da morte, colaborando com o sistema judicial A1.1.6. Faz juizo acerca do local da morte e questes de segurana
A1.2. Estabelece diagnsticos das condies que possam ter levado a morte	A1.2.1. Identifica as condies de sade da vtima A1.2.2. Determina que informao subsequente a necessria para obteno da causa e mecanismo de morte A1.2.3. Define que entrevistas sso necessrias ao progresso da investigao da morte
A1.3. Constrói objetivos e planeia estratgias de interveno, com vista a determinar a trajetria da investigao da morte	A1.3.1. Orienta a direo a dar as entrevistas A1.3.2. Planeia a obteno da informao atendendo as medidas legais possveis, sem por em causa o valor dos achados e informao A1.3.3. Reune com a equipe multidisciplinar, discute estratgias de investigao e debate dificuldades do caso
A1.4. Implementa o plano traado para obter informao adicional, contribuindo para o desenvolvimento da investigao, conduzindo a confirmao dos achados e respondendo a novas questes	A1.4.1. Realiza entrevistas forenses, com sensibilidade, conscincia e respeito pelas respostas ao trauma A1.4.2. Gere processos internos de transferncia e contra-transferncia A1.4.3. Recolhe histrico mdico e social da vtima A1.4.4. Realiza a autpsia psicolgica A1.4.5. Aplica os princpios relevantes a garantir a segurana e colabora na aplicao de planos de emergncia A1.4.6. Cumpre medidas para garantir a segurana dos dados obtidos e registros efetuados
A1.5. Avalia os resultados face os objetivos e rumo traados, identificando alteraes necessrias ao processo investigativo e reajustando as intervenes at ao trmino da investigao da morte	A1.5.1 Analisa e avalia os resultados da investigao da morte A1.5.2. Determina a necessidade de mais resultados at obter as respostas da situao da morte A1.5.3. Revê intervenes e objetivos se identifica necessidade de mudana de trajetria no processo de investigao da morte

Source: <http://www.abeforense.org.br/wp-content/uploads/2016/06/Compet%C3%A2ncias-Tcnicas-da-Enfermagem-Forense.pdf>

As for the interaction with survivors and family members, helping in the grieving process, the Forensic Nurse must obtain the necessary information, that is, relevant to the understanding of the health status of the victim's family members and/or significant people during the process of adaptation to the loss, promoting emotional, social, informative and organizational support for them (ABEFORENSE, 2015).

As for competence, the nurse must prevent or minimize health damage to family members and significant people in the grieving process. To do so, it must meet the following guidelines:

- Assess the health repercussions of the victim's death process on family members and significant persons;





- Anticipate the responses of family members or significant others in the face of loss and the evolution of the grieving process;
- To support family members and people in struggle during the investigation of deaths;
- Promote multidisciplinary partnership work in order to ensure the greatest efficiency in intervention results;
- Use specialized skills in negotiation processes, with the aim of acquiring multidisciplinary collaboration, ensuring respect for the individual responses of family members and/or bereaved significant people;
- Monitor and control their emotional and behavioral reactions during the process of investigating and supporting the bereaved people involved.

In COFEN Resolution No. 556 of 2017, it establishes the following guidelines for the performance of Forensic Nurses in the post-mortem process:

- To deal with the psychosocial aspects inherent to the death process, using the scientific methodology of the Nursing Process;
- Interact with survivors and family members, and provide assistance in the grieving process, throughout the investigation of the death;
- Participate in the recovery of dead victims or remains, recognizing a scenario of risk of death and deterioration of health;
- Apply knowledge from the disciplines of Nursing and forensic sciences in an analytical evaluation in the context of death;
- Identify the process of death and initiate evaluation with the interdisciplinary team, in cooperation with the judicial system;
- Issue opinions on the conditions that may have led to death in the context of ill-treatment, sexual violence, trauma and other forms of violence;
- Apply the Nursing Process in the investigation of violent or undetermined death;
- Apply the Nursing Process in the post-mortem (violent) assessment that occurs in any age group;
- Implement the plan outlined to obtain additional information, contributing to the development of postmortem assessment, leading to confirmation of findings and answering new questions.

## ROLE OF FORENSIC NURSING IN MASS DISASTER, HUMANITARIAN MISSIONS AND CATASTROPHES

Mass disasters are collective accidents in which there are a large number of serious or fatal victims. Such accidents are, in most cases, due to the form of human coexistence, led to inhabit



reduced geographical areas and a high rate of demographic concentration (UN, 1989). They are usually sudden accidents, natural or produced directly by the action or influence of man, which result in suffering or the loss of human life (Skinner; Sterenberg, 2005).

Catastrophes, on the other hand, are defined as the result of an adverse event, natural or artificial, in (fragile) ecosystems, resulting in human, material and/or environmental damage and consequent economic and social losses (Lourenço; Vieira, 2020).

In these two aspects, Forensic Nursing actions are (COFEN, 2017):

- Dimensioning of personnel for the Nursing team;
- Execute the planned intervention program and adapt it to the needs of the population affected by disasters, catastrophes and missions;
- Interact with survivors and family members and provide assistance in the grieving process to family members;
- Participate in measures for the preservation of corpses;
- Apply the Nursing process;
- Plan interventions and document all data of criminal relevance.

In the case of mass disasters and catastrophes, Nurses can (COFEN, 2017):

- Participate in the development of strategies for the search and recovery of living victims, recognizing scenarios of risk of death and deterioration of health;
- Collaborate with sanitary, epidemiological and disease control surveillance;
- Collection and preservation of forensic evidence;
- Participate in measures for the preservation of corpses;
- Promote the protection of human rights and legal guarantees;
- Execute the intervention program planned and adapted to the needs of the affected population;

In the case of humanitarian missions, they are related to interdisciplinary assistance in the field of health in an emergency manner in which national/international administrations often do not have the capacity to respond to catastrophes, such as hurricanes, tsunamis, among others (Ribeiro, 2008).

The role of Forensic Nursing in these special cases is usually to work in field hospitals, formulate strategies prioritizing Forensic Nursing activities, according to the needs assessed, and collaborate with sanitary, epidemiological and disease control surveillance (COFEN, 2017).

These professionals plan intervention strategies, which can be due to natural or unnatural causes. They will meet the needs of the population, working together with health surveillance, epidemiological surveillance, disease control and health problems regarding catastrophic accidents (COFEN, 2017). In addition, they do a careful job to identify not only the victims, but also the



survivors of disasters and understand what they need to obtain quality help, such as in conditions of post-traumatic stress disorder (PTSD) after a traumatizing episode (Bader; Gabriel, 2010).

Forensic Nurses will provide emotional support to survivors and their families during the grieving process, providing support during the cause-of-death investigation process and participating in body preservation measures in the context of disasters, large-scale catastrophes and humanitarian missions (COFEN, 2017).

Assistance in this area ranges from providing technical assistance to victims and their families, emphasizing the importance of disaster awareness, identifying vulnerable groups through triage, and evaluating potential shelters; as well as developing policies and understanding the terminology and role in responding to the types of multi-casualty disasters (Santos *et al.*, 2022; BRAZIL, 2007).

In addition, Forensic Nurses and interdisciplinary teams perform several tasks involving large-scale incidents, one of which is to assist in the collection and identification of victims after a fatal incident, including temporary morgues, processing and preparations of the body, human remains, clothing identification, medical history information, among other functions (Bader; Gabriel, 2010).

The task of the professional team is to ensure the identification and transport of the deceased, so that the family can identify him, so that his burial takes place with dignity and respect (Rocha; Silva; Silva, 2020; Bader; Gabriel, 2010).

This work involves volunteering, as well as that of all relevant professionals, especially from the Institute of Legal Medicine (IML), who work together to receive the remains of fatal victims and welcome their families and provide them with security. Carry out forensic work, various examinations, autopsies, identification and release of the bodies of the victims. The necessary information is also provided to the investigators of the judicial police and society through the press and the Public Prosecutor's Office (Rocha; Silva; Silva, 2020).

Nursing professionals still have a vital role in humanitarian expertise, including documentation and providing psychological support to victims, their families and the health team. They help prevent the spread of epidemics and do forensic work when several people die as a result of them. In addition, they act in disaster situations of natural or unnatural origin. Forensic Nurses need to possess effective communication skills to be successful in humanitarian forensic work (Gorea, 2020).

Therefore, the preparation of professionals in the face of disasters is essential not only for them to act appropriately to provide quality and efficient care to victims, but also to ensure urgent and emergency care in situations of catastrophic disasters (Franco, 2022).



## ROLE OF FORENSIC NURSING IN MALTREATMENT, TRAUMA AND OTHER FORMS OF VIOLENCE

The Brazilian Penal Code, in Article 136, makes the following mention about mistreatment (BRASIL, 1940):

[...] "Exposing to danger the life or health of a person under his authority, custody or surveillance, for the purpose of education, teaching, treatment or custody, either by depriving him of food or indispensable care, or by subjecting him to excessive or inadequate work, or by abusing means of correction or discipline."

Nursing attributions in cases of maltreatment, individuals who come forward in search of their services are: (Oliveira; Costa, 2015):

- Identify and characterize mistreatment;
- Observe the need for a multidisciplinary approach;
- Carry out compulsory notification;
- To report and forward to the competent bodies;
- Know the current legislation;
- Raise awareness among the family about the support, care and legal measures to be taken in case of new episodes of abuse.

Based on the incidence of similar cases, COFEN decided to delimit the concept of trauma as being related to "injuries produced in the form of violence on the human body, whether recent or late" (BRASIL, 2017).

The tasks of the nursing professional when receiving a patient with physical trauma is (Silva *et al.*, 2022):

- Perform cephalocaudal evaluation on the victim;
- Identify (existing) bodily injuries (cuts, scratches);
- Document/record injuries by photographic means;
- Identify physical and non-physical traces;
- Physical evaluation, evidence collection, and documentation of assault and injury;
- Collaboration with the authorities.

In their daily reality, nurses experience and witness extreme situations of human behavior, whether through child abuse, domestic violence, crimes against the elderly, catastrophic accidents, self-mutilation, negligence, mistreatment and torture. These incidents must be reported to the competent and specialized bodies for their appropriate legal measures and technical competences, which are required of these professionals who provide care or court-ordered assessments to patients in legal custody (Hammer; Moynihan; Pagliar, 2013).



The nurse who works with the population of patients who have suffered intimate partner violence, elder abuse and child maltreatment, is usually responsible for the screening and evaluation of abuse, forensic evaluation of the patient, development and implementation of safety plans, in which this professional usually works with a multidisciplinary team to develop a care plan for patients in situations of violence (IAFN, 2023b).

In addition, its work will develop a care plan for victims and their families, from admission, intervention, evaluation, care process and diagnosis to the identification of injuries and types of violence (physical, moral, family, psychological, human trafficking, private imprisonment, torture, negligence, obstetrics and suicide), promoting the protection of human rights and their legal guarantees in the implementation and monitoring of health systems (COFEN, 2017).

The practice of Forensic Nursing places nurses in relationships that involve criminal activities and victims injured or killed as a result of the crime. The specialist in the field carries many responsibilities and expectations, including those of the patient, client or victim, medical staff, administrators, colleagues, family, friends or support systems, and the care team itself (Bader; Gabriel, 2010).

With regard to working with trauma victims, these professionals must accurately describe the physical characteristics of all wounds they identify and report in medical records, as well as perform physical examinations using appropriate terminology. Forensic care of trauma victims requires clinical observation and careful physical evaluation to determine the type of injury caused and its main characteristic, such as size, extension, depth, among others (Amar; Sekula, 2015).

With regard to the role of identifying injuries resulting from trauma, the professional will identify different types of injuries resulting from violence. For example, cuts have sharp edges and are caused by piercing the skin with a sharp instrument (knife, glass, razor blade, or scalpel). Superficial and/or parallel incisions should be considered self-inflicted (Love; Sekula, 2015).

Lacerations with irregular edges are the result of blunt force trauma, for example, identifiable in victims of strangulation, firearms, or stab wounds. Nurses who care for people in traumatic situations must acquire such knowledge and skills (Love; Sekula, 2015).

In addition, the work of these specialists can range from urgent and emergency clinics and hospitals for victims and sexual assault, child abuse, elder abuse, and other violent incidents. The performance of forensic procedures is a component of hospital nursing practice in which they will act in the identification, collection and preservation of evidence without contaminating the evidence, as they are responsible for detailed documentation and their testimony in court, if it is in the interest of justice (Pyrek, 2006).

Thus, the role of Forensic Nursing in maltreatment, trauma and other forms of violence is in the identification of signs and symptoms that characterize suspicion and/or confirmation of some



type of violence, home visit, physical examination, detailed anamnesis, nursing consultation, documentation in medical records, as well as referral to competent bodies and other professionals, whether in the social sphere, psychological, educational and judicial (COFEN, 2017; Pinto *et al.*, 2013; Souza; Santos, 2013).

## ACTIVITY

In this chapter, the eight areas of Forensic Nursing were presented according to COFEN. As a nurse, read the four case studies and reflect below. Both studies were referenced by Amar and Sekula (2015) and Brasil (2008).

### CASE STUDY 1: PRISON CARE

*"You are the Nurse in the Urgent and Emergency Sector. F.D.S, 32, was the victim of several stab wounds in the chest area. She was bleeding heavily and would be sent to the operating room soon. The victim said that her boyfriend became violent and attacked her. The police had to intervene with the main suspect because he had shouted that his girlfriend was "Crazy and that he had tried to kill her". Confirming the act.*

### CASE STUDY REFLECTION

*In the care of incarcerated patients, the Emergency Sector Nurse plays a key role in assessing and meeting the health needs of the inmate. It must consider the specific conditions of the prison environment, such as exposure to diseases, treatment of injuries, mental health issues and ensure humanized care that respects the dignity and rights of the patient, maintaining confidentiality and security.*

### CASE STUDY 2: CHILD VIOLENCE

*"An 8-year-old child has injuries on both sides of the body and with different degrees of evolution and claims that these injuries were caused by a fall from a bicycle. Logic suggests that in this type of accident, injuries are observed at the site where the patient refers to the fall, especially in exposed areas and bony prominences."*

### CASE STUDY REFLECTION

*The Family Health Strategy nurse plays a crucial role in the care and health promotion of patients, performing assessments, chronic follow-up, health education, nursing procedures, and disease prevention. Its practice has a direct impact on health outcomes, influencing patient satisfaction, treatment adherence, and prevention of complications. Empathetic communication,*



*promotion of autonomy, and teamwork are key to achieving good clinical outcomes. The competence and engagement of nursing professionals are essential to ensure quality care, promoting the health and well-being of the community served.*

### **CASE STUDY 3: PATIENT IN CUSTODY IN A HOSPITAL**

*"You are the Nurse in the Urgent and Emergency Sector of a Hospital. Charles is a 46-year-old carpenter who is unemployed. He told you that he may have some serious illness. According to him, the professionals who treated him in prison ignored his complaints, as well as the desire to be hospitalized. Then you took the physical and mental health history and laboratory tests were performed. He reported that he used alcohol and other drugs and the end of his marriage was because of them. The reason he was arrested was because he was unjustly accused of theft at his old job.*

*Charles told him that he was the first person who seemed to care about what he has been reporting. "You are really a good Nurse! I know you can help me. I wanted to be hospitalized!"*

### **REFLECTION OF THE CASE STUDY**

*The nursing professional reflects on the importance of offering compassionate and respectful care to the patient in custody at the hospital, ensuring their safety, dignity and well-being throughout the treatment process.*

### **CASE STUDY 4: INTIMATE PARTNER VIOLENCE**

*"You are the Nurse in the Urgent and Emergency Sector. F.D.S, 32, was the victim of several stab wounds in the chest area. He was bleeding heavily, requiring surgical intervention. The victim reported that her husband became violent and attacked her. The police had to intervene with the main suspect, who shouted that his girlfriend was "crazy" and that he tried to kill her, thus confirming the act.*

### **CASE STUDY REFLECTION**

*The performance of nursing professionals has a significant impact on the outcome of this case, as their competence, sensitivity and ethics in the provision of care can be decisive for the progress and evolution of the patient's clinical condition. The quality of care provided, the ability to establish a therapeutic relationship and the readiness to deal with critical situations directly reflect on the safety, comfort and recovery of the individual under the care of the nurse in the Emergency Sector.*



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