


Contextualizing Forensic Nursing

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ABSTRACT

Forensic Nursing is a specialty that combines knowledge of health, law, and criminology, focusing on the application of nursing in legal contexts. It involves gathering evidence, assisting victims of crime, and accurate documentation for court proceedings. Forensic Nurses work at the interface between health and justice, using their technical and ethical expertise. It is essential that these professionals understand the ethical, legal, and political implications of their work, respecting confidentiality, ensuring informed consent, and reporting incidents accurately. The specialty is also concerned with meeting the emotional needs of victims, considering the trauma they face. Training in this area is crucial, as nurses must have a solid understanding of healthcare practices and legislation. The integration between theory and practice is necessary to deal with complex cases and collaborate with other disciplines in the justice system, making forensic nursing a fundamental area for the protection of victims' rights and the promotion of social justice.

Keywords: Forensic Nursing, Regulation of Forensic Nursing, Development of forensic practice, Legal responsibility, Health legislation and justice.

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INTRODUCTION

HISTORICAL, POLITICAL AND LEGAL ASPECTS OF FORENSIC NURSING

Forensic Nursing is a professional specialization in Nursing recognized by the Federal Council of Nursing in 2011 (COFEN, 2011). The object of action of the Forensic Nurse is the person who is the victim of violence, as well as the perpetrators. However, the condition of care for victims and perpetrators is a field of Nurses that is not restricted only to specialists, but is present in Primary Health Care, especially in Family Health Strategies and Basic Health Units.

A victim is understood to be any person who suffers physical, emotional, or property damage as a result of a crime, violation of the law, public calamity, natural calamity, or serious violation of human rights (BRASIL, 2021).

Victims can be direct, indirect, vulnerable, special and collective. The direct victim is the one who is directly harmed by the action or omission of an agent. The indirect one, on the other hand, is the person who maintains an affective or kinship relationship, up to the third degree, as long as they live together, are in their care or if their dependence, in cases of crime, delinquency with death, disappearance or calamity (BRASIL, 2021).

In the case of victims of special vulnerability, this arises from the fact that they have age, sex, health status or disability, and the type, degree and duration of victimization, causing damage with serious consequences for their psychological balance or for their condition of social integration. Finally, collective refers to any social group, community, or organization affected by a crime, unlawful act, or public calamity, which violates collective legal assets, such as public health, among others (BRASIL, 2021).

As for perpetrators, they are those who commit crimes or offenses, known as aggressors (COFEN, 2017). The profile of male aggressors is that of young people, mainly intimate partners, spouses or ex-spouses (MELO et al., 2021). The crime occurs mainly at the victim's residence, on weekends, at night, when the perpetrator uses physical force and is under the influence of alcohol and other drugs (Santos; Carmo, 2023).

Violence occurs all over the world and affects people of all ages, gender, race, religion, nationality, education, sexual orientation or social status. However, violence tends to occur among vulnerable groups due to poor living conditions. It exists in everyone's life, whether as a victim or as an aggressor, and it is repeated in the structure and subjectivity of different spaces, such as home, school, community, work, and institution. Therefore, it is a socially constructed phenomenon, but it must be deconstructed based on intersectoral and multidimensional actions (BRASIL, 2009).

Thus, the situation of violence is understood as a multifaceted problem, with a high incidence of violent deaths throughout the federative regions of Brazil, affecting various groups, among which is the population of lesbians, gays, bisexuals, trans and transvestites, queers, intersex, asexuals and



other existing genders and sexualities, people with disabilities, indigenous people, youth, women and blacks (Cerqueira *et al.*, 2021; BRAZIL, 2016).

HISTORICAL ASPECT

The term forensics is derived from the Latin word "*forensis*," which relates to the application of scientific knowledge to legal problems. Forensic science, an ancient interdisciplinary field in the world, encompasses all disciplines and applies scientific techniques for legal purposes. Initially, all techniques were borrowed from various disciplines such as chemistry, medicine, biology and dentistry (Amar; Sekula, 2015; Hammer; Moynihan; Pagliar, 2013).

Until the last decade, forensic science has been the domain of investigators, technicians, police officers and prosecutors, creating a medico-legal link that traditionally excluded health care in general and medical care in particular. Although not consciously discouraged by the forensic and criminal justice communities, the involvement of nursing was neither considered necessary nor desired by physicians (Pyrek, 2006).

Forensic Nursing evolved from forensic medicine, which was designed to provide medical care to living patients and was exclusively a medical expertise on several continents such as Europe, Asia, Australia, among others, for more than two consecutive centuries (Mclay, 1990). However, with the emergence of the role of health care as a medical specialty in the United States, it was not until the 1980s that the need for a forensic case specialist became necessary, as much evidence was lost due to lack of intervention. Therefore, it was clear that all nurses working in the health system, and especially in emergency settings, should have a basic understanding of patient assessment, evidence preservation, and interaction with justice (Love; Sekula, 2015).

POLITICAL ASPECT

In the United States of America (USA), in the mid-1970s, a group of nurse activists in favor of the rights of women victims of rape fought for humanized care for this population. These professionals had perceived a certain limitation in their work, as there were no protocols and training in urgent and emergency services that carried out examinations of victims of violence, which could compromise the quality and legal admissibility of the evidence when collected (Morse, 2019; Hammer; Moynihan; Pagliar, 2013).

In response, these nurses sought to standardize the performance of the examination and professionalize the role of forensic expertise, which included medical documentation of bodily injury, collection of biological materials (e.g., blood, semen, saliva), and physical debris that could link the victim to the suspect and/or the crime scene (Morse, 2019).



After all this struggle by these activist nurses, 72 of them specialized in performing forensic examinations of victims of sexual abuse and rape, they founded the *International Association of Forensic Nurses* (IAFN) and created the *Sexual Assault Nurse Examiner* (SANE) certification in the 1990s (IAFN, 2023; Morse, 2019). After this advance in the professional field in this decade, Forensic Nursing was legally recognized in 1991 by the *American Academy of Forensic Sciences* and, in 1995, by the *American Association of Nurses* (ANA) in the USA as a specialty.

In 1997, the guidelines that guided advanced practice were developed in partnership with IAFN and ANA (Amar; Sekula, 2015; Barder; Gabriel, 2010). In addition, one of the pioneers in the field of Forensic Nursing worldwide was Virginia Lynch, the first nurse to become a member of the American Academy of Forensic Sciences, the first president of the IAFN and the precursor of the specialty, which defines it with a focus on the care of victims and perpetrators of violence based on ethical-legal aspects in clinical nursing practice (Amar; Sekula, 2015; Lynch, 2011; Barder; Gabriel, 2010).

In North America, Virginia Lynch played a role in education and care, developing the specialty in the late 1980s and offering it in the Texas School of Nursing's master's program on Nursing in the Investigation of Death, in which she developed the first scientific articles in the forensic area of that decade. In addition, she had a very comprehensive view of the areas of Nursing and their performance in different scenarios, in which many of them already played their role in forensic practice, but without training (Hammer; Moynihan; Pagliar, 2013).

Forensic Nurses have an in-depth knowledge of the collection and preservation of forensic evidence, treatment practices for sexual violence, domestic violence, abuse among children and the elderly, human trafficking, judicial proceedings, legal expert opinions, inquiry, forensic psychiatric nursing and corrective action in the link between justice and nursing care for people in situations of violence (Hammer; Moynihan; Pagliar, 2013).

According to the IAFN, Forensic Nursing, in addition to providing assistance directly to people in situations of violence, provides advice and testimony in civil and criminal proceedings related to the practice of Nursing. The specialty works in several areas, including aggression, domestic violence, child abuse and neglect, elder abuse, death investigation, mass disasters, among others (IAFN, 2023).

In the areas of expertise of North American Forensic Nursing are: sexual assault examiners, educators/consultants, coroners, death investigators, legal consultants, lawyers, pediatricians, correctionals, geriatricians, psychiatrists, clinicians, emergency physicians and intensivists (Barder; Gabriel, 2010).

U.S. forensic nurses work independently according to clinical protocols, maintain chain of custody, are active members of investigative teams, advocate for victims, provide interventions



related to combating violent crime, assist in investigations with the medical examiner on the cause of death, assess injuries, collect and preserve traces, participate as witnesses for justice, and implement safety plans in relation to violence in the community (Barder; Gabriel, 2010).

In addition, they will be able to assist in the development of evidence-based policies and procedures related to the identification, collection, preservation and photographic documentation. They may also act as consultants in risk management administration and review medical records as legal advisors. In a school environment they are able to identify children at risk of abuse or neglect. In the home environment, they are able to assess living conditions for safety; evaluate the patient for evidence of exploitation, abuse, or neglect; they also provide referral to the primary health care service (Barder; Gabriel, 2010).

LEGAL ASPECT

Regarding the practice of Forensic Nursing, the *American Nurse Association* (ANA) is the professional association that represents all registered nurses in the United States. In 1995, Forensic Nursing received the status of specialty in approval of the scope and standards of its performance by the Nursing Congress promoted by ANA. The scope and standards of practice of the specialty were published by the ANA in conjunction with *International Forensic Nursing* (IAFN) in 1997. Since then, the standards for Forensic Nursing care practices, as identified by the IAFN, are interconnected with the Nursing Process, based on care, evaluation, outcome, identification, planning, diagnosis, implementation and evaluation (Barder; Gabriel, 2010).

Advances in the science of Forensic Nursing have revolutionized medico-legal care for forensic patients and reduced the risk of liability for violating their legal rights to clinical and community facilities in the USA (HAMMER; MOYNIHAN; PAGLIAR, 2013). Its expansion has been gaining ground in several countries, such as Japan, Canada, Australia, England, Peru, Kenya, Korea, India, Jamaica, Sweden and Italy (Cachoeira; Evangelist; Souza, 2020; Silva; Silva, 2009).

In Brazil, its emergence occurred in the mid-2000s, by two nurses Karen Beatriz and Rita de Cássia, bringing the theme to the scientific community and to professionals about their work in the USA, which contributed to society, as it is the specialty to be recognized by the competent councils and associations (Silva; Silva, 2009).

After this advance, the Federal Council of Nursing (COFEN) recognized Forensic Nursing as a specialty by Resolution No. 389, of October 2011 (COFEN, 2011), with several implementations in the country during this decade. It was updated by Resolution No. 581/2018 (COFEN, 2018).

The Brazilian Association of Forensic Nursing (ABEFORENSE) was founded in 2014 (ABEFORENSE, 2015a), which contributes to the development of technical skills in Forensic



Nursing. In 2015, ABEFORENSE was presented to COFEN for its consolidation (ABEFORENSE, 2015b; ABEFORENSE, 2015c).

In 2015, the Forensic Nurse Examiner (FNE) *was held for the first time in Brazil*, with courses taught by Virginia Lynch, Albino Gomes and Jamie Ferrel, with the participation and support of the Federal Police, the Regional Nursing Council of Sergipe and the Federal Nursing Council, among other institutions, which have the purpose of implementing the specialty in the country (ABEFORENSE, 2015a).

In 2017, COFEN published Resolution 0556/2017, which regulates the country's operations, bringing eight areas or competencies, namely, Sexual Violence, Prison System, Psychiatric, Expertise, Technical Assistance and Consulting, Collection, Collection and Preservation of Traces, Post-Death, Mass Disaster, Humanitarian Missions and Catastrophes, Mistreatment, Trauma and Other Forms of Violence (COFEN, 2017a; COFEN, 2017b). That same year, the Brazilian Society of Forensic Nursing (SOBEF) was founded in the city of São Paulo (ABEN, 2017). After two years, the National Commission for Forensic Nursing was created by COFEN in 2019 (COFEN, 2019).

In Brazil, the Sexual Assault Examining Nursing course was held for the first time on May 6 and 8, 2019 as a high-performance training program for nurses who care for victims of sexual violence. The objectives set out in the course are in line with the guidelines for comprehensive care for victims of violence proposed by Brazilian legislation, such as the involvement of health professionals in the preservation and collection of forensic traces and the applicability of the chain of custody of guarantee in health services (Silva *et al.*, 2021).

Resolution 0556/2017 was updated to Resolution No. 700 of June 2022, which regulated the collection of data and traces to help solve crimes, especially sexual and domestic violence (COFEN, 2022b). That same year, the specialty was included in the Brazilian Occupation Code, demonstrating its relevance in criminal situations (COFEN, 2022a).

The conceptual framework of the specialty was born from the need to reduce and prevent interpersonal violence and criminal behavior in society. The benefits of clinical forensic intervention, the collection and preservation of forensic evidence, the effective investigation of sexual crimes, the recognition and reporting of abuse, the investigation of suspicious death, court-ordered mental health assessments, and qualified forensic testimony are clearly recognized (Hammer; Moynihan; Pagliar, 2013).

Therefore, the trajectory of Forensic Nursing has demonstrated its contribution both in the criminal and civil spheres, which points to a new need for implementation and recognition of this practice in the context of forensic investigation in Brazil. Although research in this area is just beginning, the literature already reveals several options for science- and humanitarian-based action



that are essential to help clarify crimes and support and care for victims, aggressors, and their families (Furtado *et al.*, 2021).

ACTIVITY

In this chapter, he addressed the foundations of forensic science and the influence of this science on cases related to Nursing. As nursing professionals, it is important to reflect on how this area can interfere in our practice. When analyzing the following case study, it is considered how this discussion may impact professional performance?

CASE STUDY: FAMILY HEALTH STRATEGY (FHS) NURSE

"A woman, Maria, 30 years old, married, mother of three children, one three years old and two others five and six. She sought the service to perform the preventive colposcopic pathological exam. When you saw Maria and started the nursing consultation, you noticed that her arms and legs had bruises and possible scratches on her neck. When approached about what those signs were, Maria informed her that she had hit her arm and legs at home and that the scratches were from her pet cat. She seemed to be a little embarrassed and scared."

QUESTIONS FOR REFLECTION

In their daily professional routine, many nurses are often faced with situations that reverberate aspects similar to those described in discussions about forensic science in nursing. These situations, which can involve everything from gathering evidence in cases of abuse to documenting incidents in detail, reinforce the importance of being prepared to act rigorously and ethically. This reality leads them to reflect on the relevance of the guidelines and protocols that govern nursing practice, ensuring that interventions are not only technical, but also aligned with ethical and legal principles.

In relation to the ethical, political and legal dimension, it is crucial that nursing professionals conduct their work with a strong sense of responsibility. When facing complex circumstances, nurses must always seek the best approach, which considers not only the rights of patients, but also the need to follow ethical and legal standards. Often, these situations require careful analysis of confidentiality, informed consent, and the ability to make decisions in contexts of vulnerability. Thus, the conduct of these situations must be done with a clear awareness of the implications that each action can have not only for the patient, but for society as a whole.

Finally, when elaborating a critical analysis that articulates theoretical contextualization with practice, it is evident that the scientific basis and continuing education are fundamental. Theory provides the necessary framework for professionals to understand the nuances of the situations they experience on a daily basis. However, practice calls for the need for adaptation and reflection. It is at the intersection between theory and practice that nurses can develop critical skills to face ethical,



political and legal challenges, thus promoting a more conscious and grounded professional practice. This articulation not only improves the capacity to respond to emergency situations, but also strengthens the profession and ensures the protection of patients' rights. In this way, continuous reflection becomes an indispensable tool for professional development and the quality of the service provided.



REFERENCES

1. Amar, A., & Sekula, L. K. (2015). *A practical guide to forensic nursing: Incorporating forensic principles into nursing practice*. Sigma Theta Tau. <https://doi.org/10.7748/nm.23.8.17s25>. Acesso em 26 fev. 2023.
2. Associação Brasileira de Enfermagem (ABEN). (2017). *SOBEF - Sociedade Brasileira de Enfermagem Forense*. Brasília. <http://www.abennacional.org.br/site/sobef-sociedade-brasileira-de-enfermagem-forense/>. Acesso em 26 fev. 2023.
3. Associação Brasileira de Enfermagem Forense (ABEFORENSE). (2015a). *Nossa história*. Aracaju. <http://www.abeforense.org.br/nossa-historia/>. Acesso em 26 fev. 2023.
4. Associação Brasileira de Enfermagem Forense (ABEFORENSE). (2015b). *Parecer sobre campo de atuação da enfermagem forense brasileira protocolado no COFEN*. Aracaju. <http://www.abeforense.org.br/wp-content/uploads/2016/06/Compet%C3%AAs-Ancias-Tecnicas-da-Enfermagem-Forense.pdf>. Acesso em 26 fev. 2023.
5. Associação Brasileira de Enfermagem Forense (ABEFORENSE). (2015c). *Regulamento das competências técnicas da enfermagem forense*. Aracaju. <https://www.abeforense.org.br/parecer-sobre-campo-de-atuacao-da-enfermagem-forense-brasileira-protocolado-no-cofen/>. Acesso em 26 fev. 2023.
6. Barder, D. M. G., & Gabriel, S. (2010). *Forensic nursing: A concise manual* (1st ed.). Taylor & Francis Group. <https://books.google.com/books?id=dEoDZ3q62uIC&lpg=PP1&hl=pt-PT&pg=PP1#v=onepag&q&f=false>. Acesso em 26 fev. 2023.
7. Berbel, N. N. (n.d.). “Problematization” and problem-based learning: Different words or different concepts? *[No additional publication information provided]*.
8. Brasil, Conselho Nacional do Ministério Público. (2021). *Resolução nº 243, de 18 de outubro de 2021*. Dispõe sobre a política institucional de proteção integral e de promoção de direitos e apoio às vítimas. Brasília, DF. <https://www.cnmp.mp.br/portal/images/Resolucoes/2021/Resolucao-n-243-2021.pdf>. Acesso em 26 abril. 2023.
9. Brasil, Secretaria de Estado de Saúde do Distrito Federal. (2009). *Manual para atendimento às vítimas de violência na rede de saúde pública do distrito federal* (Laurez Ferreira Vilela, coord.). Brasília: Secretaria de Estado de Saúde do Distrito Federal.
10. Brasil, Ministério da Saúde, Secretaria de Vigilância em Saúde, Departamento de Vigilância de Doenças e Agravos Não Transmissíveis e Promoção da Saúde. (2016). *Viva: Instrutiva notificação de violência interpessoal e autoprovocada* (2ª ed.). Brasília, DF. https://bvsm.sau.gov.br/bvs/publicacoes/viva_instrutivo_violencia_interpessoal_autoprovocada_2ed.pdf. Acesso em 03 mar. 2023.
11. Cachoeira, D. B. C., Evagelista, H. R. F., & Souza, W. de L. (2020). *Enfermagem forense: Contexto histórico, atuação do enfermeiro, contribuições para saúde e segurança pública* (pp. 1-20). Grupo Tiradentes. <https://openrit.grupotiradentes.com/xmlui/bitstream/handle/set/3223/Enfermagem%20Forense%20atualizado%20%2005.12.18%20wbiratan%20PDF.pdf?sequence=1&isAllowed=y>. Acesso em 26 fev. 2023.



12. Cerqueira, D. et al. (2021). *Atlas da violência*. Instituto de Pesquisa Econômica Aplicada (Ipea). <https://www.ipea.gov.br/atlasviolencia/arquivos/artigos/5141-atlasdaviolencia2021completo.pdf>. Acesso em 07 mar. 2021.
13. Conselho Federal de Enfermagem (COFEN). (2018). *Anexo da Resolução nº 581/2018: Especialidades do enfermeiro por área de abrangência*. Brasília, DF.
14. Conselho Federal de Enfermagem (COFEN). (2022a). *COFEN cria protocolo de Enfermagem Forense para vítimas de violência*. Brasília, DF. http://www.cofen.gov.br/cofen-cria-protocolo-de-enfermagem-forense-para-vitimas-de-violencia_100170.html. Acesso em 26 fev. 2023.
15. Conselho Federal de Enfermagem (COFEN). (2019). *Decisão COFEN nº 0040/2019. Criação da Comissão Nacional de Enfermagem Forense do Conselho Federal de Enfermagem*. Brasília, DF. http://www.cofen.gov.br/decisao-cofen-no-0040-2019_69332.html. Acesso em 26 fev. 2023.
16. Conselho Federal de Enfermagem (COFEN). (2022b). *Enfermagem Forense é incluída no rol das ocupações do Ministério do Trabalho*. Brasília, DF. http://www.cofen.gov.br/enfermagem-forense-e-incluida-no-rol-das-ocupacoes-do-ministerio-do-trabalho_100615.html. Acesso em 26 fev. 2023.
17. Conselho Federal de Enfermagem (COFEN). (2011). *Resolução nº 389, 18 de outubro de 2011. Conselho Federal de Enfermagem: Procedimentos de título de pós-graduação lato e stricto sensu concedido a enfermeiros e lista as especialidades*. Diário Oficial da União, Brasília. https://www.cofen.gov.br/resolucao-cofen-no-581-2018_64383.html. Acesso em 26 fev. 2023.
18. Conselho Federal de Enfermagem (COFEN). (2017a). *Resolução nº 556, 14 de agosto de 2017a. Alterada pela Resolução COFEN nº 700/2022a*. Diário Oficial da União, Brasília, DF. http://www.cofen.gov.br/resolucao-cofen-no-05562017_54582.html. Acesso em 26 fev. 2023.
19. Conselho Federal de Enfermagem (COFEN). (2017b). *Resolução nº 556, 14 de agosto de 2017b. Conselho Federal de Enfermagem: Das áreas de atuação do enfermeiro forense (ANEXO)*. Diário Oficial da União, Brasília, DF. <http://www.cofen.gov.br/wp-content/uploads/2017/08/ANEXORESOLU%C3%87%C3%83O-556-2017.pdf>. Acesso em 26 fev. 2023.
20. Furtado, B. M. A. S. M., et al. (2021). Investigation in forensic nursing: Trajectories and possibilities of action. *Revista da Escola de Enfermagem da USP*, 55, e20200586. <http://dx.doi.org/10.1590/1980-220X-REEUSP-2020-0586>. Acesso em 10 abr. 2023.
21. Hammer, R. M., Moynihan, B., & Pagliaro, E. M. (2013). *Forensic nursing: A handbook for practice* (2nd ed.). Jones & Bartlett Learning. <https://books.google.com.br/books?id=APgVX1WcuYcC&printsec=frontcover&dq=forensic+nursing&hl=pt-BR&sa=X&ved=0ahUKEwjguciyxezjAhVHH7kGHTN0BhQQ6AEIRTAD#v=onepage&q=forensic%20nursing&f=false>. Acesso em 06 abr. 2023.
22. International Association of Forensic Nurses (IAFN). (2023). *Forensic nursing*. Silver Spring, Maryland. <https://www.forensicnurses.org/page/WhatisFN/>. Acesso em 24 fev. 2023.
23. Lynch, V., & Duval, J. (2011). Evolution of forensic nursing science. In *Forensic nursing science* (2nd ed.). Elsevier Mosby. <https://books.google.com.br/books?id=nD6VAFvKGC0C&printsec=frontcover&dq=forensic+nursing&hl=pt-BR>



BR&sa=X&ved=0ahUKEwjguciyxezjAhVHH7kGHTN0BhQQ6AEISzAE#v=onepage&q=forensic%20nursing&f=false. Acesso em 26 fev. 2023.

24. McLay, W. D. S. (1990). **Clinical forensic medicine**. Pinter.
25. Melo, C. A. de, & Santos, S. et al. (2021). Perfil do agressor e fatores associados à violência contra mulheres no Município de Marabá – PA. **Research, Society and Development**, 10(11), e334101119572.
26. Morse, J. (2019). Legal mobilization in medicine: Nurses, rape kits, and the emergence of forensic nursing in the United States since the 1970s. **Social Science & Medicine**, 222, 323-334.
27. Pyrek, K. M. (2006). **Forensic nursing**. Taylor & Francis Group. <https://doi.org/10.1201/EBK0849335402>. Acesso em 06 abr. 2023.
28. Santos, J. D., & Carmo, C. N. D. (2023). Características da violência por parceiro íntimo em Mato Grosso do Sul, 2009-2018. **Epidemiologia e Serviços de Saúde**, 32(1), e2022307.
29. Silva, R. C., & Silva, K. B. (2009). Enfermagem forense: Uma especialidade a conhecer. **Cogitare Enfermagem**, 14(3), 564-568. <https://revistas.ufpr.br/cogitare/article/viewFile/16191/10709>. Acesso em 26 fev. 2023.
30. Silva, J. O. M., et al. (2021). Planning and implementation of the Sexual Assault Nurse Examiner course to assist victims of sexual violence: An experience report. **Revista da Escola de Enfermagem da USP**, 55, e03739. <https://doi.org/10.1590/S1980-220X2020029803739>. Acesso em 10 abr. 2023.