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## Review

## Forensic nursing – Global scenario and Indian perspective



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## ABSTRACT

Sexual violence is a significant cause of physical and psychological harm and suffering for women and children. Although sexual violence mostly affects women and girls, boys are also subject to child sexual abuse. Nurse is the person who attends the victim first. In order to meet the rigid and ever-changing demands of providing care to the victim and complying with our confusing system of laws, the nursing should have been forced to expand into a Forensic nursing, specialty of its own. Nursing roles in the criminal justice service known by many names worldwide—Custody nursing, Prison/Correctional nursing, Immigration centre nursing, Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE), SARTs (Sexual assault response team), SARCs (Sexual assault referral centre) and FNDIs (Forensic nurse death investigator). In India the premier institutes like AIIMS New Delhi and The PGI Chandigarh, do not have forensic content in their nursing curriculum manuals. The WHO and IAFN have urged inclusion of forensic content in both undergraduate and postgraduate nursing programs. Forensic Nurse Specialist can provide direct services to individual clients, consultation services to nursing, medical and law-related agencies, as well as providing expert court testimony in areas dealing with trauma and/or questioned death investigative processes, adequacy of services delivered, and specialized diagnoses of specific medical conditions. Research Findings on the Effectiveness of Sexual Assault Nurse Examiner (SANE) Programs suggests various improvements in each and every step in care of victim of sexual assault.

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## 1. Introduction

The violent gang rape of a 23-year old medical student on a public bus, in December 2012 could be considered one of the cruellest examples of sexual assault in India in recent times. The case not only sparked large protests across New Delhi but also shook the world; however many other cases remain unreported and undetected. According to the 2013 annual report of the National Crime Records Bureau, India, 24,923 rape cases were reported across the country in 2012<sup>1</sup> and an estimated rape rate of 2 per 100,000 population.<sup>2,3</sup> This compares to a reported rape rate ranging from 1.2 per 100,000 in Japan to 114.9 per 100,000 in South Africa<sup>4,5</sup> Compared to other developed and developing countries, incidence of rape is quite low in India.<sup>6,7</sup> The low incidence could be misleading and probably could be because of underreporting of the cases rather than true low incidence. Cases of sexual harassment of

minors mostly go unreported. Social stigma associated with the victim rather than the perpetrator in an orthodox society and the fear of troubling by law enforcement agencies and the society could be some reasons for such hesitation. Statistics of the National Crime Records Bureau of India reveal that a crime against a woman is committed every 3 min, a woman is raped every 29 min, a dowry death occurs every 77 min, and one case of cruelty committed by either the husband or relative of the husband occurs every 9 min.<sup>2</sup> It is not against women alone that the crimes are committed but children also are not spared. Nearly five children die every day in America from abuse and neglect. In 2010, an estimated 1560 children died from abuse and neglect in the United States.<sup>8,9</sup> India has the largest number of children (375 million, nearly 40% of its population) in the world. Two thirds of these (69%) are victims of physical, emotional, or sexual abuse. New Delhi, the nation's capital, has a child abuse rate of over 83%. Interestingly, boys face more abuse (>72%) than girls (65%). More than 70% of cases go unreported and unshared even with parents/family.<sup>10</sup> There is no way in which these unreported cases of sexual violence both in adults and children can be considered as no data regarding these cases is available.

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### 1.1. Role of nursing in criminal justice

A nurse is the first contact in the hospital who attends to the victim. In order to meet the ever-changing demands of providing care to the victim and complying with the requirements of the complex system of laws, the nursing field has expanded into a subspecialty “Forensic Nursing”. As per Taber’s cyclopaedic medical dictionary (21st edition), Forensic nursing is defined as “A subspecialty of nursing in which nurses participate in sexual assault examinations and other legal affairs affecting mental, occupational, and public health.” It is the application of forensic aspects of health care combined with bio psychosocial education of the registered nurse in the scientific investigation and treatment of trauma, death, violent or criminal activity, and traumatic accidents within the clinical or community institution (Lynch, 1991).<sup>11</sup>

Varied nursing roles in the criminal justice service are known by many names worldwide - Custody nursing, Prison/Correctional nursing, Immigration centre nursing, Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE), SARTs (Sexual assault response team), SARCs (Sexual assault referral centre), CANE (Child abuse nurse examiner) and FNDIs (Forensic nurse death investigator). These terms are not interchangeable and should be used in the appropriate context.

Custody nurses provide health care services within police custody suites. Prison nurses are employed in all UK prisons, which range from open prisons, high secure estates, young offenders’ institutions and women’s prisons to local establishments.

SART is a multi-disciplinary team developed to improve services to victims of sexual assault. The benefit of the SART is the ability to provide a full range of comprehensive services to victims who have made the decision to report a sexual assault. SARC provides a comprehensive and co-ordinated forensic, medical, counselling and aftercare service to men, women and children. SANE or SAFE is a health care provider (e.g. physician assistant, nurse, nurse practitioner) who has completed special clinical requirements to perform a sexual assault examination and they are part of SART and SARCs.

The FNDI utilizes nursing knowledge and the nursing process in all aspects of death investigation from assessment of the scene to collection and evaluation of evidence and care of survivors. Wooten<sup>12</sup> applied the nursing process (assessment, planning, implementation, and evaluation) to forensic investigation creating three separate components:

- (a) The investigation of the death;
- (b) Care of the family, and/or survivors of the decedents; and
- (c) Effects on the community at large.

Peternelj-Taylor<sup>13</sup> mentioned that forensic nurses have been identified as a distinctive occupational group who ‘integrate nursing philosophy and practice within a socio-cultural context that includes the criminal justice system’.

United States and Canadian forensic nurses have pushed the boundaries of their practice outward to construct independent practitioner roles in the detective and investigative functions of criminal justice, policing, accident, insurance and workers’ compensation fields as mentioned by Lynch.<sup>14</sup>

### 1.2. Recent law amendments against sexual assault in India

The Criminal Law Amendment Act (CLA) 2013 has expanded the definition of rape to include all forms of sexual violence-penetrative (oral, anal, vaginal) including by objects/weapons/fingers and non-penetrative (touching, fondling, stalking, etc.) and recognized the right to treatment for all survivors/victims/victims

of sexual violence. Both public and private health care facilities are expected to provide care to the victims. Failure to treat is now an offence under the law. The law further disallows any reference to past sexual practices of the survivor. Medical professionals are specially mandated to report cases of child sexual abuse, under the “The Protection of Children from Sexual Offences Act (POCSO), 2012.” However, hardly any training is imparted to medical students, doctors and allied child health professionals in India on Child Rights and Protection, intricacies associated with the amendments in law pertaining to these offences and reporting of cases of Child Abuse<sup>15</sup> as well as sexual assault. Nurses being the first “point of care” personnel to attend to a victim, should thus be trained in examination of such persons and collection and handling of evidence that can otherwise be missed by a casual examination. Such amendments in law should be included in the training schedule of forensic nurse practitioners so that they are well abreast with the recent developments.

### 1.3. Indian scenario for medical examination of sexual assault

It is the prime responsibility of the medical facility to provide proper care, examination and psychosocial treatment to the survivor of sexual assault. Section 164(A) Criminal Procedure Code explains the legal requirements for medical examination of a victim of rape. The facility should lay down clear procedures and protocols to be followed in cases of sexual assault and these should be made available to all providers. This includes assembling all the articles required for a medical examination in one place. It is not mandatory that only a gynaecologist must examine the survivor of sexual assault. As per 164(A) Criminal Procedure Code (Cr PC), any Registered Medical Practitioner can and should conduct the examination. In case a female doctor is not available for the examination of a female survivor, a male doctor can conduct the examination in the presence of a female attendant. In case of a minor/person with disability, his/her parent/guardian/any other person with whom the survivor is comfortable must be present.<sup>16</sup> However, many physicians working in the primary health centres have multiple roles to play and may not be readily available. Thus, waiting for an expert or referring the case to a higher centre can result in loss of valuable time and more valuable evidence. Like in any other clinical examination valuable assistance can be provided by a member of the nursing staff, who is well trained to deal with such clinical cases. Inclusion of forensic nursing in the curriculum of nursing studies in India can go a long way in handling these cases and more importantly help in imparting justice to the victim.

## 2. Necessity of forensic nursing

Research indicates that little forensic content is currently incorporated into nursing curricula in various parts of the world.<sup>17–19</sup> In India, premier institutes like AIIMS New Delhi and PGIMER Chandigarh which run B.Sc. (Nursing) courses do not have forensic content in their nursing curriculum manuals. The WHO and IAFN have urged inclusion of forensic content in both undergraduate and postgraduate nursing programs. In addition, health promotion and injury prevention are emphasized by the American Association of Colleges of Nursing in The Essentials of Baccalaureate Education for Professional Nursing Practice<sup>20</sup> and The Essentials of Master’s Education for Advanced Practice Nursing.<sup>21</sup>

In efforts to address “justice gap” many communities throughout the United States have implemented multidisciplinary interventions to improve post assault care for survivors and increase reporting and prosecution rates.<sup>22–24</sup> One such intervention model is Sexual Assault Nurse Examiner (SANE) programs, whereby

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