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Early Memories of an Emerging Specialty: The Forensic Nurse

Patricia M. Speck, DNSc, CRNP, FNP-BC, AFN-C, IVSE-C, DF-IAFN, DF-AFN, FAAFS, FAAN, FNCB

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Corresponding author: Dr. Patricia M. Speck, DNSc, CRNP, FNP-BC, AFN-C, IVSE-C, DF-IAFN, FAAFS, DF-AFN, FAANP, FAAN
Professor Emeritus, University of Alabama at Birmingham School of Nursing, Birmingham, AL

Abstract

Rare is the opportunity to witness the birth of a nursing specialty. The article is only one person's memory (confirmed by persons acknowledged) and the challenge is for all who were part of the growth before or during the birth of forensic nursing to contribute their memories too.

Keywords: forensic nurse, personal reflection, competencies, standards, certification

Early Memories of an Emerging Specialty: The Forensic Nurse

In world history, there are few original thinkers—Aristotle, Galileo, and Einstein enter my mind. However, some pivotal thinkers cause some to pause, ponder…, and change. Virginia Lynch is one such thinker. In 1992, Minneapolis, MN, U.S. at the invitation of Dr. Linda Ledray, Virginia spoke about nursing as an extension of the forensic medical examiner role in England; hence, the Forensic Nurse. Listening to her talk, I thought about her proposed concept and theoretical practice framework. As a board-certified family nurse practitioner working with vulnerable urban and rural populations in an impoverished area in Memphis, TN, US, I became the first adopter of Lynch's proposal—conceptualizing a role called Forensic Nurse. This is why: The conceptual role Lynch described fits my nursing practice. As I drew an umbrella on the board, Beth Ariss (deceased) from Winnipeg, Manitoba, Canada, argued that the Lynch theoretical framework for practice made sense to her too, and she became the second adopter as others joined. This group formed the first organization for forensic nurses in the US and Canada! Before you think it was that simple, think about this: There are remaining differences of opinion, where some backed only sexual assault care and the title "nurse clinician", others proposed to

adopt the full scope of practice described by Lynch, and some in between. Just for the record, the first schism in the forensic nursing organization occurred in 1992 at the formative Minneapolis meeting, where lifelong colleagues and friendships or frenemies were formed.

As a group of readers with life experiences, it is important to go back to little-known or remembered history to help inform the younger readers about the evolution in social thinking that explains changes with a historical backdrop, one decade to the next. The Civil Rights movements in the U.S. and Europe throughout the mid- and late-19th and entire 20th centuries paved the way for the women's movements on newsreels in the 1920s and '60s. The evolution in thinking promoted by suffragettes in the 1920s and civil rights protests in the '60s and '70s became the impetus for legislative enactments codifying the concepts of *liberty*.

Nursing is a discipline and a predominantly female vocation. The women's movement and continual legislative changes gave courage to the early nurse innovators, known as physician extenders in the U.S. The 1950s nurse role expansion in specialties (CNS, circa 1956) paved the way for other types of specialty nursing roles, now known as nurse practitioners (NP, circa 1964). In parallel sciences from the 1950s onward, victimology was an emerging area of study in criminology, leaving the dyad of the criminal and criminal justice system behind, and defining a new triad, inclusive of the victim. With fewer than 20 articles addressing violence against women between 1960–1970, physicians in the U.S. and Canada were eager to give up the *crime victim* in the emergency departments—notably, the domestic violence and rape victim without visible injury.

The 1960s and '70s were a turbulent time (war… sex, drugs, and 'rock n roll'!) for individuals, families, communities, and societies at large. Each generation establishes its mark on society. For nursing, building on the published evidence in 1973, Ann W. Burgess, a psychiatric nurse at Boston College in Massachusetts (today, living on as a *FAAN Living Legend*), partnered with Linda L. Holmstrom (deceased), a sociologist, to write *Rape Trauma Syndrome (RTS)*. Their analysis highlighted the constellation of post-rape symptoms amenable to psychiatric nursing intervention, and many women identified with the descriptions. The article was a sensation, first for the title chosen *(RTS)*, and second, a nurse wrote it! In a later conversation, Ann told me that, while surprised at the notoriety, she *picked the right title for the right journal*. In the 1960s and '70s, for those of us who remember the media coverage of the women's movement, once the trusted news anchor Walter Cronkite reported about Ann's article and women's equality in the evening news, conversations at my dinner table changed!

In the 1960s and '70s, nurses promoted awareness about domestic violence by using the Duluth Model and Coordinated Community Response partnerships to assist in understanding the Power & Control Wheel. Early nurses responded to domestic violence in the 1960s and '70s, forming organizations and advocacy partnerships. The early disciples, led by Dr. Jacqueline Campbell (another *FAAN Living Legend*), established the evidence for nursing interventions, e.g., Danger Assessment and other screening tools that followed. Campbell's legacy continues today. The challenge for the early nurses in DV practices who were there in the 1970s: write the early history about forensic nurses in the care of persons experiencing domestic violence!

Around the same time, another innovative nurse, Dr. Beverly H. Bowns (deceased), a champion for nurse practitioners (NP) at the University of Tennessee Health Science Center College of Nursing, wrote a Health and Human Services grant in 1972. The grant proposed exploring a new role using NP providers in Title X Family Planning clinics in Memphis—responding to reports of sexual violence. With NP training, the program was piloted November 1973. By February 1974, the Rape Crisis Center was opened as the first 24/7/365 response to sexual assault in the nation, exclusively served by NPs. In Minneapolis, Dr. Linda Ledray, a clinical psychologist who cared for sexual assault victims, opened a counseling program in 1975. Determined that counseling victims was insufficient to change the system of justice in response to rape, she became an RN, and in 1978 began combined services, offering nursing and counseling services to rape victims (personal conversation with Ledray years ago). Other programs predating Memphis used physicians and enlisted RNs to assist in emergency departments (Kansas City, MO); but only with direct care from physicians, e.g., speculum insertion (Florida, Missouri, and Texas to name a few). In 1979, Dr. Barbara Moynihan published the first analysis of a new nursing role in the emergency department (Connecticut). The challenges to the expanded role continued. Burgess and Ledray wrote letters of support in 1983 for my graduate thesis, *Anxiety in Rape Trauma* (1985). Only one faculty, Dr. Leon McAuley (a psych-MH RN), understood the association of rape to nursing care. In the late 1970s and 1980s, *before the term Forensic Nurse*, many of us were aware of other nursing programs serving victims of violent crime, and we were talking to each other. Validity for the nurse practitioner role in care of victims improved when the University of Tennessee Health Science Center College of Medicine Department of Continuing Education designed and awarded medical fellowship hours and/or continuing education credits to physicians and nurses alike from 1988–2005. Dr. David Muram was the visionary leader propelling initial collaborations between forensic nurses, physicians, and universities. Over the next three decades, physicians and nurses from all over the country took calls with Memphis' nurse practitioners who responded to victims and accused alike. No one believes how good it was! …all the while saving the chronicled history in media—film (HBO), television (Montel Williams, Larry King Live), and local news!

No change occurs without a message, a platform, and passionate, talented first-adopters. For the forensic nursing specialty, the message came from Virginia Lynch in a graduate thesis (Lynch, 1991). Dr. Linda Ledray, at the University of Minnesota, provided a platform in 1992 for her message. The first meeting was exhilarating, and the International Association of Forensic Nursing (IAFN) (circa 1992, 501c6, GA) was born. The first elected board included Dr. Margaret Aiken, Dr. Ann W. Burgess, Ledray, and Lynch. The organizer (Ledray) invited the speakers, arranged for lodging in student housing, and arranged for meals in the university cafeteria. The invited speakers at the August 1992 meeting introduced the concept of specialty organizations for multi-disciplinary teams in child abuse, e.g., American Professional Society on the Abuse of Children - APSAC (Dr. Sue Perdue), conceptualization of the forensic nurse theoretical framework and roles (Lynch), sexual assault scope and standards of practice (Speck & Dr. Margaret M. Aiken), and steps necessary to validate the forensic nursing role as a specialty among nursing organizations (Speck). The first adopters of the forensic nursing specialty role were 74 RNs and one physician each from the U.S., Canada, and Guam. All attendees were enthusiastic, talented people who provided across-the-lifespan healthcare following violence;

most responded to sexual violence, and other attendees responded to child maltreatment, domestic violence, and psych-MH in the offender populations! Still others were practicing as death investigators. The common thread was care of our patients who intersected with the legal system, either immediately following trauma or long after trauma occurred.

The first four IAFN Presidents, Virginia Lynch (1993-96), Patti Seneski (1997-98), Jamie Ferrell (1999-2000), and Kathy Bell (2001-02) saw the organizational foundation take a structure —a member organization where all are welcome and *expected to work*. Presented at the Minneapolis meeting in 1992, the Memphis application to the American Nurses Association (ANA) in 1990, requested recognition and validation for the role of sexual assault nurse clinicians working with rape victims. Rejected because Memphis was not an organization, the application became the template that guided the new IAFN organization's Board of Directors (BOD) application to the ANA from an organization! It worked, and in 1995, ANA designated the Forensic Nurse as a specialty in nursing, using the broad conceptualization of the framework proposed by Virginia Lynch in her thesis. The members, many practicing in the forensic nursing role since the 1970s, formed special interest groups (SIGs) in the new organization. SIG topics included graduate education, sexual assault, psychiatric mental health, death investigation, family violence, child abuse, and elder abuse, among others. In 1996, the sexual assault clinicians became Sexual Assault Nurse Examiners (SANE), approving and adopting the modified Memphis document for future SANE practice, becoming the first SANE Scope and Standards of Practice (IAFN, 1996). In 1997, the IAFN Board of Directors approved the first IAFN Forensic Nursing Scope and Standards of Practice (IAFN, 1997). It would be 12 years before the ANA approved the FN Scope and Standards of Practice (2009)!

During the 1990s, the IAFN member organization formed SIGs and committees to accomplish the strategic plan and create infrastructure for the organization. For the educators in academic institutions, establishing a forensic nursing educational foundation with scientific and practice evidence was important. However, science was lacking in the 1990s… but borrowed science was available from parallel disciplines of medicine, psychology, social sciences, forensic science, and others! Regardless, forensic nurse educators persevered, and the first academic institutions to offer graduate education in forensic nursing were Fitchburg State University in Fitchburg, MA, U.S. (circa 1994), led by Georgia A. Pasqualone (deceased) and Dr. Connie Hoyt (deceased). In Calgary, Canada, Dr. Arlene Kent-Wilkinson created the first online psychiatric forensic mental health course at Mount Royal College (now a university) for registered professionals. Dr. Cathy Carter-Snell became the first coordinator of the post-baccalaureate forensic certificate program there, completed the curriculum, and developed/taught North America's first online sexual assault nurse examiner (SANE) course in 1999.

The early barriers to academic organizations included a scarcity of evidence to support the variety of practice roles or align the variety of academic institutional pedagogy. Understanding the barrier, the Education Committee, under the Chair Dr. Daniel Sheridan, brought forth a policy to support graduate education in 1998.

Relying upon borrowed science, the forensic nursing academic educators identified core content necessary for their unique academic pedagogy. At annual meetings, many compared

academic content for validation, discussing current understanding, aligning with nursing philosophies, and pedagogical designs. Nonetheless, the topics of interest to forensic nurses were continuously under study by PhD researchers and had been for decades. Like today, these conversations among forensic nurse educators followed innovative developments in guiding nursing organizations. The first forensic nursing doctorate was at the University of Tennessee Health Science Center in Memphis, TN, led by Assistant Professor Susan B. Patton. Entering students in 2002, upon completion of a dissertation, the graduate received a Doctor of Nursing Science (DNSc). By 2005, the dissertation requirement was placed in abeyance, awarding Doctor of Nursing Practice (DNP) degrees for quality-improvement projects. It was evident to many of us in leadership and academia that the missing link for academic institutions was certification and a platform for scientific dissemination. IAFN President Kathy Bell (2001–02) appointed the first Forensic Nursing Certification Board (FNCB) in 2002, led by Drs. Linda Ledray and Debbie Hatmaker. FNCB formed as a separate entity, with the specific intent to offer certification in the sub-specialty role of SANE in adult/adolescent. Dr. Patricia M. Speck, IAFN President (2003–04) shepherded SANE certification through accepted pedagogical processes; it took three years before awarding the first SANE-A certification in 2005. Dr. Susan B. Patton followed and in 2004, led the development of the sexual assault nurse examiner for pediatric populations (SANE-P), first awarded in 2007. AACN, under the leadership of Patton, developed the parameters for the Advanced Forensic Nurse–Board Certified portfolio, first awarded in 2012, and retired by ANCC in 2017. The retirement of the AFN-BC became another catalyst for the professional and certification organizations.

Under Speck's presidency, the *Journal of Forensic Nursing* (2003) became the scholarship dissemination vehicle, appointing the first editor, Dr. Louanne Lawson from the University of Arkansas for Medical Sciences (UAMS) College of Nursing. Technical assistance grants written by IAFN BOD members and submitted to the funders in 2003–04 were awarded to IAFN in 2005. President Dr. Daniel Sheridan (2005–06) accepted the funding to support the expansion of SANE care, development of an elder abuse curriculum, and other technical assistance grants—funding ensured IAFN financial stability and growth of the role of SANE. Slowly, the gaps in forensic nursing's conceptual foundation justified expansion of the forensic nurse specialty in academic organizations, incorporating a variety of practice settings for the students (usually focused on the faculty specialty). During Susan Chasson's presidency (2007–08; 2018), the IAFN organization pivoted from supporting the generalist forensic nurse and focused efforts solely on the development of the SANE role and expansion of the SANE practice nationally. As a result, SANE roles proliferated, and the concept of a generalist forensic nurse languished for more than a decade. The American Nurses Credentialing Center's retirement of the AFN-BC became another catalyst in resurrecting FNCB, and generalist and advanced certification formation.

Notwithstanding the singular focus of IAFN after 2007, by the mid- to late-2000s, colleges and schools of nursing in the U.S. and Canada were implementing curricula for the forensic nurse with content to teach the next generation of generalist and advanced forensic nurse leaders. The assortment of content in forensic nurse programs of study emphasized one or more unique aspects of the practices, which caused pause among educators of forensic nurses. How do

educators frame the minimum skills necessary for competence in all forensic nurses? Through committee work, the educators determined that the domains and performance measures from 2004 were insufficient. In other words, core competencies and the didactic coursework to teach competencies were inadequate and inconsistent, and where present, not standardized. Practice skills were not consistent across the forensic nursing specialty, nor were they measurable. Simultaneously, SANE training with continuing education was the primary entry path for many forensic nurses. The fledgling *Journal of Forensic Nursing* reflected anthologies of unique practices and activities, not rigorous research. At the time, the typical journal article reflected continuing education *describing* the practices, which reflected the paucity of data to support the forensic nurse practice. During the mid-2000s. the promise of the new-millennium growth presented challenges to forensic nurse leaders and educators wanting to expand academic offerings in the general and advanced specialty of the forensic nurse. There was little forensic nursing science!

Academic Educator Meetings 2002–04

The excitement and promises of a new millennium revealed the educational challenges among educators of forensic nurses. Presidents Kathy Bell and Patricia M. Speck encouraged the academicians and others offering continuing education to gather at the annual conference to begin the process of aligning curricula in academic programs with nursing. The purpose of the meetings was to determine fundamental domains, content, and performance measures useful to forensic nurse educators and necessary for the specialty practice of forensic nursing to flourish. Before the process was over, faculty met at three intensive and iterative meetings (2002, 2003, and 2004) under the guidance of presidents Bell (2001–02) and Speck (2003–04).

At the 2002 IAFN Tenth Annual Scientific Conference in Minneapolis, MN, IAFN President-Elect Patricia M. Speck gathered the Education Committee members and explained the Delphi method, a consensus-driven iterative process necessary to create agreement about academic curricula in forensic nursing. A trio of leaders, Drs. Anita Hufft, Susan Patton, and Speck gathered graduate educators holding academic appointments, providing academic education in forensic nursing. They were also practicing forensic nurses. They led robust discussions about educational design, pedagogy, and varied core course content. Members teaching continuing education argued for content, not fully understanding the academic structure for curricula design and pedagogy. As educators shared their varied curricula and defended the variety of content taught, the first outcomes were evident—there were gaps, and questions arose about understanding what constitutes competency in a general forensic nurse practice. What is the unique education necessary for the forensic nursing specialty practice? And what is the basic skill set necessary for the specialized general practice? Consequently, academic pedagogy and unique curricula in 2002–04 differed amid existing continuing education offerings covering sub-specialty topics, e.g., SANE, elder, or child sexual abuse. The successful first meeting outcome in 2002 was a consensus decision to hold future meetings attended only by academic educators and organizational leaders. In the interim, the education committee continued the work necessary to define the education and practice for forensic nurses. In response to the 1998 policy supporting graduate education, the organizational leaders led the second (2003) and third (2004) meetings, which focused on the attending academic educators and graduate-prepared practitioners who had

taught in or taken accredited graduate coursework. The meeting locations included the University of Pennsylvania (2003), hosted by Dr. Kathleen Brown and Boston College Connell School of Nursing (2004) in Boston, MA, hosted by Dr. Ann W. Burgess. The two three-day meetings of academic educators were oftentimes enthusiastic but validating. The resulting agreement included common domains of forensic nursing practice, entitled *Core Competencies for the Advanced Practice Forensic Nursing* (IAFN, 2004). The four domains are classified as:

- Response to Violence
- Evidence-Based Science
- Innovation in Systems
- Education Dissemination

Reflecting the evolutionary understanding about nursing and subsequently forensic nurse education in academic settings, the IAFN Board of Directors in 2004 adopted the following statements in the Core Competencies for Advanced Practice Forensic Nursing, naming Domains and Performance Measures for the forensic nurse.

> The advanced forensic nurse practice will develop, promote, and implement protocols and systems responding to victims and perpetrators of trauma, injury, accidents, neglect, abuse, exploitation, and all forms of violence.
>
> The advanced forensic nurse practice will impact research and policy affecting human responses to violence, injury, trauma, accidents, neglect, abuse, exploitation, and all forms of victimization.
>
> The advanced forensic nurse practice will develop and supervise systems of care for complex health problems related to accidents, trauma, crime, victimization, abuse, neglect, exploitation, and all forms of violence.
>
> The advanced forensic nurse practice will educate others in the concepts and practice of forensic nursing and forensic health (IAFN, 2004, p 1-5).

In 2004, the document satisfied the contemporary understanding about the uniqueness of forensic nursing and as such, forensic nurse faculty in academic organizations aligned their forensic nursing graduate curricula to the consensus document. The intentional outcome was to expose educators to national and international nursing documents necessary to validate the conceptual framework as a curricular standard in graduate education for the forensic nurse. The alignment to the guiding national documents also removed barriers for schools of nursing wanting forensic nurse programs of study but did not know how to meet the overarching guidelines for national accreditation of schools of nursing. Consequently, the numbers of academic offerings grew. For the first time, forensic nurses aligned Lynch's forensic nursing theoretical framework (1991) to concepts, educational content, and clinical performance measures in unique populations seeking care from a forensic nurse. With SANE and rapid retirement of Advanced Forensic Nursing certification, there were hopes for an eventual generalist and advanced forensic nursing credentialing. The first two decades after the first meeting in Minneapolis, MN saw increasing numbers of Forensic Nursing MSN certificates, DNSc, and DNP programs of study from

accredited universities and schools or colleges of nursing. All programs focused on populations intersecting with legal systems, cared for by the forensic nurse, and all are an outgrowth of the formative work of the educational committee and organizational leadership during the early- to mid-2000s.

Academic Educator Meeting 2014

After the 2002–04 meetings, the next decade focused on SANE development, and with Department of Justice funding, several consensus documents emerged to guide SANE practice. The organizational focus on SANE was disappointing to educators collectively, particularly as the subject-matter experts gathered to rewrite Forensic Nursing Scope and Standards of Practice (2009). Many contributors focused on the sub-specialties in the forensic nursing specialty rather than the general specialty of the forensic nurse. The disenchantment was understood because the body politic practiced in a variety of sub-specialties under the umbrella of forensic nursing and more graduate-prepared nurses were entering the field, taking these sub-specialty roles back to their advanced nursing practices, such as the forensic nurse in mental health and forensic nurse in women's health or family practice. So, in October 2014, with an informal survey of faculty in academic institutions teaching undergraduate and graduate forensic nursing, this author determined there was ongoing interest to revisit the decade-old Core Competencies for Forensic Nursing, published in 2004. Post haste, the educational gaps were topics of discussion at the American Academy of Nursing Expert Panel on Violence, at End Violence Against Women International, the American Academy of Forensic Sciences, and at other annual interprofessional meetings where forensic nurses gathered. Other organizations (e.g., OSHA, JAACO, WHO) were publishing violence reduction guidelines for healthcare providers. With the support of Dean Doreen Harper and several professional organizations, Dr. Patricia M. Speck convened a fourth meeting, December 15-17, 2014, at the University of Alabama at Birmingham School of Nursing, Birmingham, AL. The email was sent to dozens of faculties affiliated with academic institutions and teaching forensic nursing, snowballing to others not on the list (the email letter is in Speck et al, 2024, Appendix A)

Almost two dozen academicians gathered in Birmingham to discuss the elements necessary to meet academic accreditation with forensic nursing education. The diverse faculty represented multiple academic institutions from across the U.S. Several key attendees were group leaders who were also present at the earlier educator meeting. The planners chose to use the Delphi method again, with modifications as the desired iterative process, planning for undue group influence, necessary to arrive at consensus about core elements in all forensic nursing practices and used at the 2002–04 educator and practitioner meetings. The challenges and potential limitations included the fact that many of the participants were now colleagues and friends with long-standing relationships and frequent conversations about the education of forensic nurses. The limitations of the Delphi method had an obvious relationship influence. Regardless, the primary goal remained: figure out the basic domains and descriptions, core competencies, context, and content necessary to teach to all forensic nurses desiring formal education.

As in 2002–04, Speck provided an agenda and documents to guide the 2014 attendees through a modified Delphi method over several meetings. A list of the documents provided prior to the 2014 meeting created a starting point for academicians. After preliminary orientation and during the introductory discussions, the attendees agreed that the initial document from 10 years earlier, *Core Competencies for Advanced Practice Forensic Nursing* (IAFN, 2004), was insufficient in supporting pedagogy for the current curriculum designs. Participants noted that the document was written for graduate programs and the advanced forensic nurse practices, and did not address the professional forensic nurse practices, a goal desired by all, as many courses were in RN to BSN or pre-licensure programs of study.

The planners and attendees thought that the conceptualization of forensic nurse practices by Lynch, adopted in 1992, was an umbrella role for all forensic nurse sub-specialty practices. In the interim, documents guiding nursing practice appeared to fill the gaps. One was that trauma is universal (SAMHSA, 1997), and the attendees in all meetings to date felt that as nursing grew, other evolutionary thinking was pushing the notion from Lynch's thesis that forensic nursing is in all nursing practices. They also thought that identification and consensus on core elements in general forensic nurse practices, including the domains, core competencies, concepts, context, and content, were achievable goals to align with current national nursing documents in 2014. Again, the science to support the practice reflected descriptive research and organizational policy documents contributed to an absence of clear guidance in the application of forensic nursing research to practice. While important, the attendees agreed to "park" the research discussion. Ground rules for prioritizing the information necessary to reach the goals through iterative discussions were necessary to bring consensus.

The educators at the 2014 UAB meeting realized that the existing environment in academic settings provided the foundation for building the forensic nurse specialty curricula for the undergraduate and graduate nurses in academic programs of study. Goals included figuring out the domains, core concepts, competencies, context, and content for each pillar (legal, forensic science, and forensic nursing), guiding the unique role of a forensic nurse, and standardizing all undergraduate and graduate education going forward. Discussions also reflected acceptance of the need for continuing education in all forensic nurse practices to maintain role specialization with exposure to emerging evidence in the science of forensic nursing. Promotion of new evidence was thought essential in all forensic nursing practices, especially defining the importance of continual learning and the preparation of RNs for bedside subspecialties. Regardless of academic or continuing education, pedagogy uses a foundation of nursing knowledge related to specialty areas, theory, frameworks, competencies, and skills vital to growth of the specialty and sub-specialties in forensic nursing. Who knew that expanding forensic nurse graduate programs would facilitate the same conversation in less than 10 years?

The IOM statement was one, saying "advanced practice registered nurses [RN] should be able to practice to the full extent of their education and training" (IOM, 2011, p. 278), and forensic nurse RNs were adopting the IOM mantra, too. At the same time, national nursing organizations continued to challenge educators to transition to Jean F. Giddens' conceptual model for education (Giddens, 2012). So, at the 2014 UAB meeting, a second purpose was to begin to align all forensic nursing curricula, pedagogy, and practice with concept-based education and

national nursing organizations' publications related to education, whether graduate or undergraduate. While not a goal, attendees in 2014 agreed that alignment with nursing's social contract with society, adopting ethics and practice statements from American Nurses Association, American Association of Colleges of Nursing, Commission on Collegiate Nursing Education, National Council of State Boards of Nursing, National League for Nursing, and many others aligns the specialty of the forensic nurse with all nursing practices.

On Day One of the 2014 UAB meeting, the morning was filled with informal conversations about the state of nursing and forensic nursing, and after a rapid analysis of each faculty's curriculum and content, it was clear that the content emphasized different sub-specialties in curriculum, usually reflecting the expertise of the faculty, and not one program looked like another. By lunch, participants concluded that not much had changed during the intervening decade. However, there were some commonalities in curriculum. Most taught evidence collection using forensic science, dabbled in court rules and the art of testimony, but not the science or legal principles of either. The participants concluded that an evidence gap for forensic nursing practices continued, validated by the absence of rigorous studies in peer-reviewed publications. So as one person said, "How can you teach what is not yet in the evidence for our practices?" In lieu of rigorous forensic nursing practice evidence, many educators were using consensus documents and descriptive studies from a variety of journals describing practices, cases, and case series to support and teach course content. Others used a 25-year practice lens to analyze the growth of the specialty, informing the conversation.

Day One afternoon started with an explanation of the Delphi method. The plan was to first capture individual thought before inevitable discussion and undue influence among colleagues. The questions to individual attendees focused on forensic nursing core elements, specifically, "Building on the metaparadigm of nursing (nurse-patient-health-environment), what are the overarching core concepts guiding forensic nursing?" Their independent thoughts were captured on "sticky notes," placed on a whiteboard folded. Group leaders unfolded the responses. The reveal was without collegial influence. Without comment and using the iterative process of combining concepts, distinguishing competencies, context, and content aided in the identification of core areas and the groups prioritized the areas and organized the notes in common themes. Three core areas became the practice framework priority. Descriptions of the practices reflected core thematic areas and context became sub-themes in the core area. Further modification of the Delphi method occurred with the allowance for timed discussions in groups allowing for persuasive influence. Discussion reduced the concepts as groups, prioritizing the emerging thematic topics, aligning the content under the concepts, determining competencies necessary for practice, and identifying specific context and content for the forensic nursing roles. Once the groups reported their agreement to the larger group, the overarching core elements emerged regardless of sub-specialty context. The modified iterative process resulted in three overarching core areas in forensic nursing education: legal foundations, forensic science, and forensic nursing science. The process of prioritizing separated emerging concepts and a focus on overarching core competencies common to all nursing practices and those unique in forensic nursing practices was a necessary discussion. Common content was identified in all contexts proposed—legal foundations, forensic science, and the specialty forensic nursing lens with unique application of

interventions based on the common knowledge. Participants named nursing, and separated the additional competencies necessary for the forensic nurse in a variety of different settings where distinct forensic nurse specialty and sub-specialty roles practice. These included unique domains, descriptions, core concepts, competencies, context for practice, and essential common content. The process of prioritization among forensic nursing educators helped show unique forensic nursing competencies that thread through overarching contextual situations applicable conceptually across all content areas of forensic nursing.

Following an evening of reflective "networking", Day Two of the 2014 UAB meeting revisited the core areas, the identified themes in the competencies, the context, and the content necessary for all forensic nurses, regardless of the practice role. Themes appeared as attendees brainstormed words to describe the necessary competencies for the forensic nurse. A similar process occurred, with teams working on specific areas under each of the three core elements. After the afternoon discussions, and tabling much of the earlier conversation, everyone attending agreed to strengthen the process and minimize conversation as organizers implemented the modified Delphi method, asking questions about the context for unique practices and the common elements in comprehensive approaches to forensic nursing education, using "dots" to prioritize elements in each thematic category.

On Day Three, attendees reviewed their work. The emerging themes in the context of forensic nursing supported the specialty, unique from other nursing roles, and forensic science as the borrowed science, with familiarity with legal foundations and tenets, particularly when caring for patients who were in corrections systems and with mental health pathos. Building on the previous two days, two attendees, Dr. Angelia Trujillo (Alaska) and Dr. Elizabeth Burgess Dowdell (Pennsylvania) presented conceptual exemplar cases using Giddens & Caputi conceptual model publications to demonstrate alignment with future nursing education by using two distinct case exemplars (sic* the concept of rape as a lived experience and adolescent risk using technology). Quickly, the group recognized several competencies with emerging patterns of educational themes under the three pillars. More difficult to find were the common pedagogical approaches using the three pillars of forensic nursing—legal principles, forensic science, and forensic nursing. The context for practice was never questioned by the participants who understood the practice occurred after human trauma (bio-psycho-social-spiritual) with "an intersection of nursing and legal systems" (Speck attended a IAFN think tank hosted by Janet Barber-Duval at the Sigma Theta Tau headquarters in Indianapolis, IN, and coined the quote in 1995, which was later published by Speck & Peters, 1998). Unresolved were the totality of core competencies necessary for practice and identification of all content necessary for all forensic nursing education. The notes from the meeting recorded an improved evolutionary understanding of the distinctions between the central and foundational forensic nurse domains, a description (just beginning), core concepts, competencies, context, and applicable evidence informed content. The historical notes from 2014 offered a slice-in-time understanding about the forensic nurse specialty role across the lifespan into death.

There were three other outcomes, not linked to the goals of the 2014 UAB meeting of educators. For instance, the group aligned with nursing, creating consensus about: (1) license authority—as registered nurses practicing forensic nursing, encouraging all nurses follow their

Nurse Practice Act in role and function; (2) higher education—forensic nursing education to align with accreditation standards in academic institutions of higher learning; and (3) continuing education—adhere to the functional and approved structure in nursing for awarding continuing education units.

Reflecting, the strengths of the Delphi process were in the initial design, minimizing influence among participants, and teamwork, modifying the design throughout the consensus-building process. The participant sample was a strength, representing a variety of institutions, and while minimally racially diverse, all were faculty in accredited nursing programs and had forensic nursing practices. Another strength included the student recorders who captured the language used by the forensic nurse educators and the practice components. A third strength was many of the same educators took part in 2002–04 and were present in 2014.

When there are strengths, there are also limitations, which include modification of the Delphi for expediency to bring consensus. By the end of Day Two, teams were influencing each other through personal conversations, and fatigue was a factor. When there was disagreement, the groups' discussions were persuaded through influence and evidence, which is a limitation with multiple modifications trying to limit participant influence while using the Delphi methods. Last, forensic debate brought focused evidence for positions, not necessarily in the core areas as noted by the three outcomes above, which were outside the goals of the 2014 meeting. Notwithstanding, consensus was reached through the iterative process of identifying many key concepts through priority re-alignment, which became the core elements for alignment in a priori participant groups who often based discussions on theoretical deduction rather than empirical observation or other evidence, modifying Delphi, and allowing for discussion and persuasion. Regardless, the methods using the iterative process revealed distinction between three core elements (legal foundations, forensic science, and forensic nursing science) and the possible domains, concepts, core competencies, context, and content that would be strengthened at a later meeting.

Last, the three pillars unique to the specialty of forensic nursing included a legal foundation [in U.S. law, and pertinent globally with country-specific law], forensic science, and forensic nursing science, confirming Virginia Lynch's theoretical framework for the specialty practice of forensic nursing. Themes and psychomotor competencies identified in 2014, like all evolutionary thinking, reflected understanding of the unique specialty in the context of the nurse-patient relationships, whether individual, family, community, or system, and what forensic nurses do. Interestingly, content named under each conceptual pillar was consistent across all four educator meetings in 2002–04 and again in 2014, improving confidence in the future development of forensic nursing curricula content and pedagogy. After the 2014 UAB meeting, forensic nursing curricula among higher education programs began to change to reflect the three pillars initially envisioned by Lynch (1991) and the potential for context in all practices. Elusive was a complete list of complex domains, core competencies and content that varied among universities and schools of nursing. The 2014 guiding nursing documents presented the same challenges as earlier meetings. The challenge was met with the founding of a broad professional organization to meet the needs of ALL forensic nursing practices and interests beyond SANE: the Academy of Forensic Nursing (AFN), followed by the separation and formation of the independent Forensic Nursing Certification Board (FNCB circa 2018) where the stars aligned with experienced leaders

and practitioners from the forensic nursing community at large. To fulfill the vision, FNCB is still available to forensic nurses, their organizations, and communities throughout the U.S. and in other countries. Their work centers on the adoption of the published research identifying domains of practice and core competencies and FNCB certification to the unique culture, legal context, and licensing authorities, while maintaining and integrating standardization of nursing criteria. Today, the evolution of forensic nursing continues with upcoming applications for certification accreditation from FNCB and significant forensic nursing education and networking opportunities from partnering organizations supporting forensic nurses.

Note from the Author (?)

Writing these old memories provided opportunities to reminisce and contact old friends, evoking pleasant and sometimes not-so-pleasant events, juxtaposing colleague positions, creating stresses with growth, but all necessary to continue the forward movement of a specialty aligned with nursing, and valued by all nurses globally. *Memories*… promotes the recollections and experiences of one witness to the emerging forensic nurse specialty. While lengthy, no document published, until now, captures the steps necessary to understand the 2020 Delphi project (Speck et al, 2024). In the future, others will repeat the process to bring clarity not yet addressed with this iteration of the forensic nursing specialty role development. The establishment of a generalist and advanced forensic nursing certification was an essential step in the process. Soon educators and practitioners will gather again to design curriculum that aligns with the core competencies in nursing and forensic nursing to answer the question, "What is the advanced forensic nurse from graduate programs of study?" When integration of collective thought results in aligned programs of study, accreditation of the forensic nursing education and eventual licensure recognition is within reach! Seeking accreditation of academic forensic nursing educational programs of study promises to create consistency and credibility of the specialty across all academic organizations—perhaps globally. For that, I am grateful that I was the first adopter in Minneapolis, able to stumble along, contributing with others the building blocks to evolve forensic nurse science and practice throughout the years! The journey led to a vision about the future of forensic nursing science, practice, and education that provides a path of hope to future nurses who strive to reach that elusive *World Peace*.

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Author Contributions

Dr. Patricia M. Speck made substantial contributions to article from memories, confirmed by colleague witnesses, if alive, acknowledged in the manuscript.

Conflict of Interest

The author reports adherence to the ANA Code of Ethics for Nurses with Interpretive Statements (2015).