

Think Forensic, Act Forensic, Feel Forensic: Qualitative Descriptive Recording of Forensic Nurses' Experiences in German-Speaking Switzerland

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ABSTRACT

Background: Forensic nursing (FN) is slowly increasing as an area of nursing practice in German-speaking Switzerland, particularly following the implementation of the Istanbul Convention.

Objectives: To explore FN roles, barriers, and support structures in this part of Switzerland.

Methods: Qualitative descriptive study involving 10 expert interviews with FNs.

Results: FNs aim to improve care for patients affected by violence, balancing direct patient contact with interprofessional collaboration. While they feel confident in their responsibilities, challenges include limited role awareness among other professionals and unclear role definitions. Interprofessional collaboration remains underdeveloped but significantly affects FN responsibilities. The integration of FNs into the Swiss health care system depends on various factors, including positive political pressure and funding.

Conclusions: Improved communication, clearer role definitions, and further research on FN practices in Switzerland are needed. Overcoming challenges is crucial if Swiss FNs are to meet international standards and maximize their role within the national health care framework.

KEY WORDS:

Forensic nursing; implementation; interprofessional collaboration; role definition; Switzerland

Key points

- Various forensic nursing (FN) roles exist in German-speaking Switzerland with a wide range of responsibilities aimed at ensuring optimal care for patients affected by violence.
- Effective FN integration into existing health care delivery systems requires institutional support, interprofessional collaboration, clear role definitions, and broader positive political pressure.
- Barriers to full implementation of FN roles include unclear funding, limited practice and routine due to time constraints, and generally avoidant societal views toward violence.

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Forensic nursing (FN) is a relatively new discipline in Switzerland, with a limited number of FN-trained nurses working in different settings and institutions. In recent years, FN training has become available in French- and German-speaking Switzerland (Bern University of Applied Sciences [BFH], 2024; Health and Social Education Centre (BGS) Chur, 2018; University of Zurich [UZH], 2023). In Switzerland, institutions such as the University Hospital of Lausanne (CHUV), the Cantonal Hospital of Grison, and the canton (Swiss cantons are semi-autonomous regions within Switzerland, each with its own government) of Zurich have developed violence-specializing medical teams that include forensic nurses (Canton of Zurich, 2023; cm, 2023; Meier, 2021). Despite these developments, no comprehensive data are available on the total number of FNs in Switzerland or the contexts in which they work. Nevertheless, the Swiss Federal Council has recognized FN as an example of good practice in its implementation of the Istanbul Convention's focus on the education and training of professionals and volunteers (Federal Office for Gender Equality [FOGE], 2022).

Like other European countries, the Swiss Federal Council recognized the societal importance of violence against women and domestic violence, and in 2018 the Council adopted the Istanbul Convention (Federal Office for Gender Equality [FOGE], 2018), highlighting the urgency of addressing the impact of violence in Switzerland. One in five women in Switzerland has experienced sexual harassment, and one in 10 has been raped (gfs.bern, 2019). Only 10% of survivors (The term "survivor" is used in this work because it focuses on empowerment and overcoming trauma. Meanwhile, the term "victim" emphasizes the harm someone has experienced and is used in the legal system; Leech, 2022; RAINN, n.d.; Sexual Assault Kit Initiative [SAKI], n.d.; Women Against Abuse, n.d.) report the incident to the police, and only 8% press charges. Many do not report incidents due to shame, fear, or doubts about their credibility (gfs.bern, 2019; Guidry et al., 2021). Men are also victims of violence: half of the men surveyed reported having experienced violence in a relationship (Jud et al., 2023). At the CHUV, over half of the patients were men, mostly survivors of violence outside the family, whereas nearly 70% of the female patients had experienced violence within the family (Hofner et al., 2009).

Survivors of violence are at increased risk of numerous physical and mental health consequences (Hornberg et al., 2008). Therefore, health care professionals are regularly in contact with patients who have survived violence (Hofner et al., 2005; Morier-Genoud et al., 2006). Furthermore, violence imposes significant financial costs on society. In Switzerland, for example, the annual direct costs are

estimated to be between CHF 164 and 287 million (Federal Office for Gender Equality [FOGE], 2013).

Studies have shown the benefits of FN. For example, Romain-Glassey et al. (2011) reported that 84% of patients at the CHUV's medical service for violence forwarded their documentation to the judicial system, and 92% of the patients found the information provided by professionals to be clear and helpful. International research also shows that patients feel well supported by forensic nurses, who empower patients to make decisions and restore their sense of control, thus mitigating the risk of re-traumatization during examinations (Campbell et al., 2013; Du Mont et al., 2009, 2014; Fehler-Cabral et al., 2011). Romain-Glassey et al. (2014) also highlighted the advanced nursing practice competencies demonstrated by FNs at the CHUV, including direct clinical practice, coaching, and interprofessional collaboration (IPC). While FN roles and responsibilities are well documented in the United States and Europe (de Vries et al., 2019; Hand-Oades, 2021; Littel, 2001; Lynch, 1995), the roles, practices, and competencies of FNs in German-speaking Switzerland have not been researched.

Accordingly, we aimed to explore the FN role in German-speaking Switzerland as well as the obstacles and supporting factors FNs encounter while implementing this newly established role. The following research questions guided the study:

- What is the role of forensic nurses in German-speaking Switzerland, and which functions and activities does the role involve?
- What obstacles and supporting factors do forensic nurses in German-speaking Switzerland perceive in their role?

The Integrated Practice Model for Forensic Nursing Science and the Constructed Theory of Forensic Nursing Care

Here we briefly describe the frameworks used to plan the study, build the questionnaires, and conduct the analysis. The integrated practice model for FN science outlines the FN role in an interprofessional context, integrating knowledge from nursing, law, forensics, and psychology (Valentine, 2014; Valentine et al., 2020). The model emphasizes a holistic approach to patient care and guides research and practice. The constructed theory of FN further develops FN practice, with a focus on integrating forensic knowledge into nursing (Valentine et al., 2020). It incorporates concepts from nursing, sociology, and philosophy and is centered on three propositions: improving forensic evidence collection, enhancing legal

investigation outcomes, and supporting patients affected by violence and trauma (Valentine et al., 2020).

Design and Methods

Study Design

Considering the lack of information on FN practices in Switzerland and the study's focus on experiences, a qualitative descriptive design was chosen (Doyle et al., 2020). This study is based on constructivism (Creswell & Creswell, 2018).

Population and Setting

Participants were selected on the basis of the Swiss Association Forensic Nursing (2021) definition of an FN: a health professional with a diploma, either a bachelor's or master's degree, supplemented by postgraduate training in FN. The eligibility criteria also included the completion of FN training in Swiss institutions, at least 3 months of work experience as an FN, and fluency in German to ensure effective communication.

A combination of purposive and snowball sampling methods was used to ensure diverse and relevant samples. Initial recruitment took place at the 2023 Swiss Forensic Nursing Forum, where the project was presented to a broad audience of Swiss and international FNs from different settings and cantons. This purposive sampling approach was selected to include participants with diverse backgrounds in terms of cantons, settings, and experiences (Creswell & Creswell, 2018). Subsequently, snowball sampling was used to recruit additional participants from various FN implementation pilot projects to ensure that the sample size was sufficient for a robust qualitative analysis, particularly to ensure the presence of FNs working in both specific projects and hospital settings (Creswell & Creswell, 2018).

Participants' consent was obtained before the interview, and the participants were informed that they could withdraw from the study at any time before, during, or after the interview. No participants withdrew.

Data Collection and Analysis

Expert interviews were conducted following the processes outlined by Meuser and Nagel (2002, 2009). The participants' demographic data, including personal and professional characteristics, were collected at the time of the interview. The interview guide was developed based on the theoretical frameworks. The first author conducted 10 semi-structured interviews between August 2023 and January 2024, either face-to-face in various locations or via Zoom and Teams. The participating FNs were working in various cantons and institutions in German-

speaking Switzerland. The interviews lasted between 23 and 92 minutes, with an average duration of 52 minutes.

The audio of the interviews was recorded and transcribed verbatim. An initial version of the transcripts was created using the MAXQDA transcription software. However, as we consider transcription to be a crucial first step in the data analysis process and essential for becoming thoroughly familiar with the data, each transcript was carefully revised, line by line, being compared with the full audio recordings.

The data analysis, which followed the methodology of expert interviews according to Meuser and Nagel (2002), was conducted inductively and deductively using MAXQDA. The transcripts were paraphrased, and paraphrases with the same or similar themes were grouped into categories. Next, the interviews were compared thematically, and common headings were created and conceptualized into categories and connections between categories. Finally, the categories were interpreted. The theoretical frameworks were used to summarize the inductively coded textual passages into deductive categories. The coding process and the initial category development were conducted by the first author. The research team met regularly to discuss the coding of exemplary text passages, refine the derived categories, interpret the findings, and address challenges encountered during the analytical process.

Quality Criteria

To ensure quality according to the concept of trustworthiness established by Lincoln and Guba (1985 as cited in Flick, 2017), a diary was used to record progress and decisions, and meeting minutes were kept. At all stages of the study, the authors communicated regularly. The methodology, analysis, and interpretation were discussed. The results of the analysis were presented and discussed with the Swiss FNs at the third Forensic Nursing Forum in May 2024 in Chur.

The first author has completed postgraduate training and works as an FN at the Institute of Forensic Medicine in Zurich. Therefore, she has the knowledge of FNs' expertise and can understand their daily work holistically. The Standards for Reporting Qualitative Research (SRQR) were used.

Ethical Considerations

A risk assessment was determined to be unnecessary (IRB exempt) according to human research law (Swiss Academy of Medical Sciences [SAMW], 2015). This study is based on the Declaration of Helsinki (The World Medical Association [WMA], 2022) and the guidelines for good clinical practice (European Medicines Agency [EMA], 2016).

Results

Demographic Data and Types of FNs

Nine of the 10 participating FNs were female, and one was male. Three worked exclusively as FNs in an FN service. Two worked part-time as FNs for a service; of those two, one also worked as a nurse in an accident and emergency (A&E) department, and the other worked in a hospital ward. Five of the FNs worked primarily as A&E nurses while holding an additional FN role. Of these five, two were in the process of establishing an FN service.

The FN Role in German-Speaking Switzerland

By analyzing the interviews, the authors identified many themes relevant to the FN role in Switzerland. The themes were grouped into five categories, which we describe in detail below: main aim(s), interaction(s), FN responsibilities, sense of security, and factors influencing implementation. A thematic overview of findings is provided in Figure 1.

Main Aim and Interaction

The primary aim of FNs is to *improve the care of patients presenting as survivors of violence*. As FN A explained (in German, but translated in English by the first author):

Above all, I had an idea of what I would like the situation to be like for those affected. I want it to improve. I want them to be better supported, to be dealt with more professionally and for the issue to be given more weight. (FN A, ll. 371–374)

In their experience, contact with patients affected by violence is *not the same as nurse–patient contact*. *Empathy, objectivity, and respect for the patient's autonomy* are key factors for FNs during patient interactions.

FN Responsibilities

Regardless of whether FNs work for an FN service or in an additional role, they *all educate and inform patients* before the examination. This communication includes the available options. FNs serving in an additional role also actively approach patients to clarify the suspicion of exposure to violence. However, FNs working for an FN service are less likely to take this step, as suspicions are usually clarified before an FN becomes involved.

All FNs obtain patient consent before conducting a forensic examination. The extent of the *forensic examination*, which depends on the time available, varies between FNs in an FN service and FNs serving in an additional role. FNs serving in an additional role do not have the resources to conduct a time-consuming, thorough examination, as stated by FN D:

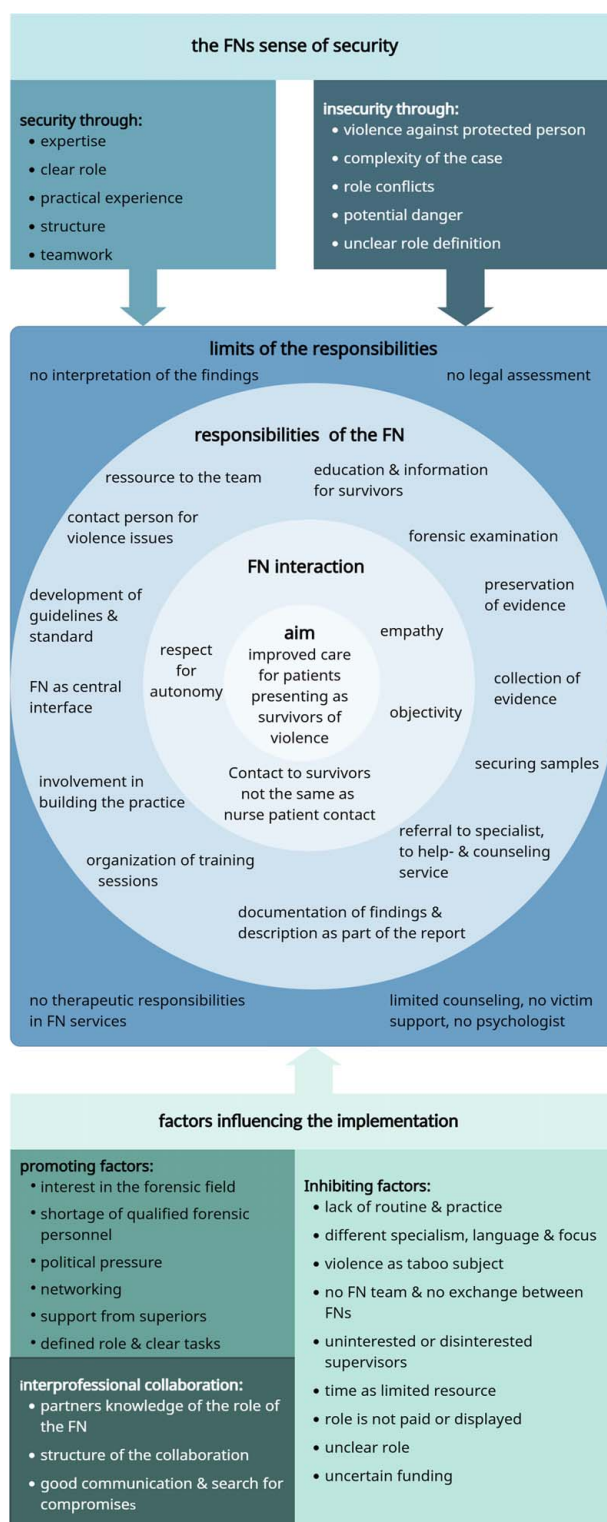


FIGURE 1. The FN role in German-speaking Switzerland and supporting factors for its implementation.

We're setting ourselves up for problems if we make very detailed documentaries in a three-person set-up. We only have three bunks, or a max of five, and it's not manageable with two people or when you're on your own. So, it's better to take two good photos than none. But don't make wannabe documentaries. (FN D, ll. 30–35)

They use their limited time to conduct a simplified examination, which often includes taking a history and photographing injuries. While FNs in an FN service *collect evidence*, FNs serving in additional roles usually lack the resources and logistics to do so. They concentrate on *preserving evidence* in cases where other professionals will later conduct a forensic examination. FNs are also responsible for *securing samples* of blood, urine, and hair.

After the examination, FNs organize the aftercare, or follow-up care. All FNs try to refer patients *to support and counseling services*. FNs working for a service also *refer patients to medical specialists when necessary*. All FNs *document the findings* in different ways in the event of or as part of a police report.

In addition to working with patients, FNs see themselves as a *resource for the interprofessional team*. Some of them act as a *central interface* in the coordination of patient care. In particular, FNs serving in an additional role act as a *point of contact* for other health professionals on issues related to violence. All FNs *organize training sessions* for other health professionals.

The aim of the training sessions is often to raise awareness among health professionals, especially regarding the red flags of violence. FNs also *develop guidelines and standards* for the care of patients affected by violence in their institutions and are *involved in the development of FN practices* in their institutions.

To ensure the quality of the care they provide, FNs also consider it important to know the limits of their responsibilities. FN A stated the following:

Where I felt they were overstepping their boundaries. Where I think it's not our job, for example, to do the work of victim counselling. Our job is to know that these counselling services exist. (FN A, ll. 352–354)

Forensic pathologists are responsible for the *legal assessment and interpretation of the findings*. Therefore, FNs work closely with forensic pathologists, and FN practice is always interprofessional. FNs also have a *limited role in counseling; victim support and psychological support* are the responsibilities of other

professionals. Furthermore, FNs in a service do not have *therapeutic functions*.

FNs' Sense of Security

FNs reported feeling a sense of security in their role, which is supported by *the expertise* gained through their training as FNs, as well as a *clear definition of their role* and the *practical experience* gained through their work. FNs' sense of security is also related to the *structure of the forensic examination* and *working in a team* with other FNs and health professionals. As FN H explained, cooperation with the forensic doctors helps her feel secure: "I feel very safe, which is thanks in part to the incredible support of our forensic doctors. Even if things don't go perfectly, you don't feel attacked; you simply discuss other options" (FN H, ll. 243–246).

Moreover, the FNs reported feelings of insecurity due to *the complexity of cases; violence against children, elders, or other protected persons; and potential danger* from patients and relatives. In particular, FNs serving in an additional role often have an *unclear role definition* and experience *role conflicts* between their role as a nurse and their role as a forensic nurse, which leaves them feeling insecure. FN A explained this feeling: If you ask me where I sometimes feel unsure, there are certainly grey areas that have not yet been clearly defined as to whether this is really the job of a forensic nurse or whether it should be looked at by a doctor. (FN A, ll. 76–78)

Factors Influencing FN Implementation

Interprofessional Collaboration (IPC)

According to FNs, *good communication and compromise* are important for implementing the FN role because these actions support IPC. IPC is an important influencing factor.

The basis for collaboration is the *IPC partner's knowledge of the FN role*. IPC partners with FNs working for a service who are aware of the FN role, whereas FNs serving in an additional role often work with professionals who lack that knowledge. *The collaborative structure* varies among FNs. FNs working for a service usually have well-structured collaborations with pathologists and police, supporting implementation. In contrast, FNs serving in an additional role find less-structured forms of cooperation, which are relatively more challenging.

Promoting Factors

Socially, *political pressure* based on the Istanbul Convention and a *shortage of qualified forensic personnel* have contributed to FN implementation. FN I noted

the following: “If the pressure’s coming from the top, it’s because it’s not lucrative. Is the hospital not interested? Yes, that’s how I see it. So the pressure has to come from the top” (FN I, 258–260).

Institutionally, FNs consider *the support of superiors* to be very important. This support determines how much space is allocated to FN practice and how visible FNs are in the institution. Furthermore, FNs’ *interest in the forensic field* and a *clear definition of their role and tasks* are central to implementation.

FNs believe that *networking* with other FNs and health professionals supports implementation. In this way, FNs can learn from and support each other when addressing difficult situations.

Inhibiting Factors

According to the FNs, the implementation of FN practices is hindered by *the taboo associated with violence* as well as *uninterested or disinterested supervisors*. The forensic field also *differs from the nursing specialty field: each has its own language and focus*, which makes it difficult for FNs to adapt their role. In addition, *funding for FN practice is often uncertain*. As FN A explained: “There are discussions, the Istanbul Convention, do we need a contact centre for people affected by violence? Yes, in a way. But it must also be profitable” (FN A, ll. 210–211).

Compared with FNs working for a service, FNs serving in an additional role experienced more inhibiting factors. In many cases, their *role is not clearly defined, paid, or advertised*. Therefore, they are often not visible in their institutions. Many FNs serving in an additional role do not have a *team of FNs in their institution* and have *little interaction* with other FNs. In addition, they have *limited time* to devote to their FN role, so they *lack routine and practice*, which makes their FN work more difficult.

Discussion

Our study contributed to identifying the range of FN practices in German-speaking Switzerland. Findings indicate that the central aim of FN is to improve the care of patients who have survived violence. This aim aligns with the constructed theory of FN’s emphasis on informing, impacting, and improving patient health outcomes. It also supports the integrated practice model for FN’s view that FN practice is fundamentally beneficial to patients (Valentine, 2014; Valentine et al., 2020). Studies have shown that not only patients but also jurisdictions, societies, and health care institutions can benefit from FN (Bracewell & Greenwood, 2021; Campbell et al., 2013; Du Mont et al., 2009, 2014;

Fehler-Cabral et al., 2011; Heffron et al., 2014; Nielson et al., 2015; Romain-Glassey et al., 2011; Schmitt et al., 2017; Toon & Gurusamy, 2014). The results also suggest that German-speaking Swiss FNs consciously engage with their patients in behavior that resonates with humanistic nursing’s theory of meaningful nurse–patient interactions (Paterson & Zderad, 2008, as cited in Valentine, 2014) and that embraces cultural–transcultural nursing theory (Valentine, 2014). The Swiss FNs’ practices, rooted in respect for patients’ autonomy, reflect the integrated practice model for FN’s assumption of respecting inherent human rights and upholding individual rights equitably (Valentine, 2014).

The role of FNs in the U.S., described by Lynch as early as 1995, positions them as crucial intermediaries between health care and legal systems. FNs are tasked with preserving and collecting evidence, documenting wound characteristics, and maintaining the chain of custody for evidence (Lynch, 1995). Similar roles are described by Romain-Glassey et al. (2014) for FNs in French-speaking Switzerland, Hand-Oades (2021) for the Sexual Assault Referral Centre in England, and Littel (2001) for Sexual Assault Nurse Examiner programs in the United States. These descriptions highlight a consistent international framework of FN responsibilities. FNs educate and inform patients before an examination. FNs collect evidence, document injuries and assault history, and organize aftercare. As described by FNs serving in an additional role in German-speaking Switzerland, time for examination in an emergency ward is limited in other countries. Owing to the limited time, the examinations are also limited (Chandramani et al., 2020). Chandramani et al. (2020) also described the need for A&E staff to have forensic training and for someone on the team to ask for advice. These needs are met not only by German-speaking Swiss FNs but also by FNs in French-speaking Switzerland (Romain-Glassey et al., 2014) and the Netherlands (de Vries et al., 2019). As is the case in German-speaking Switzerland, FNs in the United States have limited counseling and victim support functions (Littel, 2001). The findings indicate a significant overlap between the functions and activities of the Swiss and foreign FNs. Furthermore, the security that German-speaking Swiss FNs feel in their role mirrors the sentiments expressed by their Dutch counterparts, suggesting a broader international sense of professional confidence among FNs (de Vries et al., 2019).

However, Swiss and foreign FNs appear to have one notable difference. At present, FNs in German-speaking Switzerland are not responsible for the management of postmortem examinations; this situation differs in other countries (Hand-Oades, 2021; Lynch, 1995). Furthermore, in the interviews

conducted as part of this study, many of the FNs noted that they are not interested in conducting postmortem examinations.

The results reflect another divergence in German-speaking Swiss FN practice: FNs predominantly interact with patients presenting as survivors rather than suspects, which highlights a departure from the integrated practice model's incorporation of deviant behavior (Valentine, 2014).

Influencing Factors

The integration of FNs in Swiss health care seems to be influenced by factors identified in the integrated practice model for FN, such as the crucial role of IPC. The integrated practice model identifies the importance of IPC based on the theory of symbolic interaction and the concept of legal dimensions (Valentine, 2014).

IPC has a significant effect on FN practice, but building IPC is complex because of various influencing factors (Cole, 2018; Patterson, 2014; Tien et al., 2017; Zijlstra et al., 2018). Through the integrated model, Valentine (2014) shows that a clear understanding and definition of roles is important. This importance is underlined by Zijlstra et al. (2018) and Greeson and Campbell (2013). The findings suggest that in Switzerland, other professions are not fully aware of the FN role, which has a negative impact on practice. Furthermore, the integrated model highlights that effective communication is crucial (Valentine, 2014). Different professions in the IPC have various ways of communicating, which can lead to misunderstandings (Patterson, 2014; Zijlstra et al., 2018). Patterson (2014) showed that communication has a significant effect on IPC. Furthermore, Zijlstra et al. (2018) showed that direct communication in IPC is important for performance.

The study participants emphasized the need in Switzerland for adapted communication to find compromises and clarify role definitions, especially for FNs serving in an additional role. The impact of supervisor support as well as support from organizations and structures on FN practice was highlighted in our study and others (Alvarez et al., 2017; Cole, 2018; Greeson & Campbell, 2013; Tien et al., 2017).

The integrated model also assesses societal FN awareness in terms of assumptions about development (Valentine, 2014). Flood and Pease (2009) reported that several factors influence attitudes toward violence against women. These factors can be found at the individual, organizational, community, and societal levels. Attitudes influence individual, community, and institutional responses (Flood & Pease, 2009). Addressing attitudes is important for preventing violence and

developing structural requirements (Flood & Pease, 2009).

Swiss FNs perceive violence as a taboo subject in society based on the different attitudes they have experienced. This perception indicates a social barrier to full FN integration and acceptance. However, our results suggest that a change is underway in Switzerland, with growing social, political, and professional interest in the issue of violence against women and in FNs. Challenges such as a shortage of qualified personnel, evolving role definitions, and the need for stronger networking among FNs are highlighted as ongoing issues through the Swiss FN and are represented within the assumption of the constructed theory of FN care about the ongoing development of FN science (Valentine, 2014).

Limitations

This study has several limitations. Ten interviews are a limited sample size, and a larger sample might have offered a more comprehensive understanding of the FN role in Switzerland. Nevertheless, we believe this study provides valuable initial insights into the relatively new and evolving role of FNs in Switzerland. Importantly, this study is limited geographically to the German-speaking region of Switzerland. In addition, German-speaking Switzerland is small, and not all cantons were represented. Therefore, transferability to other countries may be limited. Nonetheless, the study provides important information on the current state of FN practice in Switzerland. Future research should also explore the FN role in other parts of the country to provide a more comprehensive understanding. This study had a potential sampling bias. FNs with difficult experiences may have chosen not to participate in the study. The analysis was conducted by only the first author, although discussions were held with the other authors. This limitation may have restricted the rigor of the study due to the lack of a team analysis.

Conclusions

The development of FN practices in Switzerland began only a few years ago. Nevertheless, overlap appears between the integrated practice model for FN, the constructed theory of FN, international FN practice, and FN practice in German-speaking Switzerland. This overlap suggests that the benefits of FN described in the literature could be adapted in Switzerland.

FN practice in Switzerland is currently survivor-based. This may be because FNs rarely encounter suspects and work instead with patients who present themselves as survivors. Furthermore, one of the most significant influences driving the development of the FN

role in Switzerland was the Istanbul Convention, which emphasizes supporting victims of sexual and domestic violence.

It will be interesting to observe whether FNs experience increased contact with suspects over time and how this might change the perception of their role. Hopefully, FNs will become established in Switzerland, creating opportunities for further professional development, shifts in focus, and an evolving understanding of the role. However, cultural and legal differences in Switzerland are likely to influence the FN role. It remains uncertain whether the FN role in Switzerland will ever align fully with that in other countries.

The long-term goal in Switzerland must be the recognition of FN as a nursing specialty, as is the case in the U.S. The results reveal the influencing factors that should be considered in the further development of FN practices. Therefore, an important step is IPC development. With the support of other professionals, communication should be established to support FN practices, reduce misunderstandings, ensure IPC quality, and ensure the quality of care for patients affected by violence.

There is also a need to establish an exchange among FNs in Switzerland, especially FNs serving in an additional role who could use such an exchange to develop practices, learn from other FNs, ensure quality, and promote mutual mental health. This exchange could be organized by the Swiss Association of Forensic Nursing. In German-speaking Switzerland, several pilot projects in FN will be implemented in the coming years. Further research on these projects is needed. For example, studies could assess the experiences of interprofessional staff and the potential benefits of FN practice for the law, health care system, society, and especially patients.

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