



D65 The Good, the Bad and the Ugly: Challenges Faced by the Forensic Clinical Nurse Specialist During the Evidence Collection Process

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This presentation will impact the forensic community and/or humanity by identifying deficiencies that often occur in the process of evidence collection. Such deficiencies could be resolved through education and effective communication between professional disciplines. Improved evidence collection practices could contribute to successful outcomes in forensic investigations.

After attending this presentation, the audience will understand the challenges of the forensic clinical nurse specialist during the evidence collection process. Evidence collection referred to herein will not focus on evidence collected following sexual assault but rather evidence gathered from sources of physical injury, accident, or altercation.

Saving a life is, unquestionably, the highest priority when treating victims who have sustained serious physical injury. However, once the victim is stabilized it is important that forensic nurse specialists extend the course of patient care, holistically, to include evidence collection and documentation as a standard of practice.

The role of the forensic clinical nurse specialist includes the recognition, collection, and preservation of forensic evidence. This responsibility, however, does not come without challenges and sometimes, conflict. The evidence collection process may be barred by unforeseeable circumstances, lack of education or training, and breakdown of communication between professional disciplines.

Training received by a forensic nurse specialist in basic evidence collection should include how to recognize, document, and package evidence as well as how to maintain the chain of custody of evidence until it is turned over to law enforcement officers involved in the investigation. Without such training and without open communication between law enforcement agencies and clinical professionals, evidence collection policies and procedures can become clouded and confusing. Keeping in mind that the purpose of evidence collection is to help to support the facts or to dispel a theory in the course of a forensic investigation, those involved in the evidence collection process must remain neutral in opinion and allow the evidence to stand on its own in a court of law.

Situations that surround the evidence collection process may be considered by the forensic nurse specialist to be good, bad, or ugly. "Good" situations that enhance the evidence collection process would include treating the victim within a short period of time from the incident, eliciting an accurate account of information from the victim, using appropriate collection techniques, initiating and maintaining chain of custody, and recording clinical findings into the patient record. Having a forensic nurse specialist on staff in hospital emergency departments and trauma centers would positively result in desirable outcomes in the evidence collection process.

Evidence located within a reasonable period of time following an assault that is properly collected and preserved, would likely be in better condition for laboratory testing than evidence that was hastily collected or haphazardly stored. Further, laboratory examination and scientific interpretation of the properly secured evidence would provide useful findings for the investigation.

Situations considered as "bad" result in less desirable outcomes. Sometimes evidence may be cross contaminated or saturated by blood, bodily fluids, or other sources, making the evidence collection process more difficult. Environmental factors such as extreme heat, cold, humidity, rain, light, or darkness may also interfere with evidence preservation.

"Ugly" situations are the unfortunate circumstances that occur when evidence is present but not identified, preserved, or properly collected because of lack of training and resources. Untrained medical staff could unknowingly destroy, dispose of, or fail to collect evidence because they simply do not know how. Communication barriers between professional disciplines could add further "ugliness" to a case. Clinicians and law enforcement investigators need to work together and communicate about the desired evidence collection process. Understandably, law enforcement personnel are cautious about providing information about the crime scene while the investigation is ongoing. However, to work together effectively, it is necessary to agree upon evidence collection methods that are acceptable for each discipline and also for the laboratory that will be testing the items submitted.

In some jurisdictions, hospital staff may expect law enforcement officers to gather the evidence from the patient. In other jurisdictions, law enforcement may expect that the hospital staff will collect evidence ranging from victim's clothing to samples of blood, glass fragments, or debris. In other venues, a technician from a forensic laboratory may be called upon to gather the evidence. The forensic nurse specialist's role and



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qualifications, if not clearly defined and delineated, may be challenged by certain authorities rather than perceived as a resource.

The evidence collection process in the clinical setting will vary from one investigation to the next ...from the good to the bad to the ugly. This presentation will identify ways to avoid ugly situations and discuss how to address the challenges faced by the Forensic Clinical Nurse Specialist. Case studies will be highlighted as examples.

Forensic Nursing, Evidence Collection, Law Enforcement