



An Analytical Study on the Emerging Scope and Awareness of Forensic Nursing among Nursing Colleges in India

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Abstract

Introduction: Around the world, nurses provide medical care in jails. Custodial health nurses (CHNs) use specialized nursing skills and knowledge to perform vital tasks while working under security constraints in settings not intended for nursing care. Prisoners must have access to these nurses due to the sharp rise in their age, illness, and infirmity.

Methodology: Three Indian nursing schools, including Saint Florence College, Jeevan Shree College of Nursing and College of Nursing, RDASMC, Ayodhya, participated in a cross-sectional analytical study. About 300 participants (faculty and students) were given a structured, pre-tested questionnaire with knowledge scores ranging from 0 to 20 and scales for attitude and perceived scope. Chi-square tests, t-tests, and descriptive statistics were used to examine the data; significance was established at $p < 0.05$.

Results: Mean knowledge score was 12.8 ± 3.6 . Awareness levels: poor 30%, moderate 40%, good 30%. Significant associations were found between awareness level and years of experience (≤ 5 vs > 5 years; $\chi^2 = 40.74$, $df = 2$, $p < 0.001$) and between awareness and college type (private vs government; $\chi^2 = 19.58$, $df = 2$, $p = 5.6 \times 10^{-5}$). Only 28% reported any formal training in forensic nursing; 18% reported clinical forensic exposure at their institution.

Conclusions: There are significant gaps in formal training and practical exposure, and forensic nursing awareness and perceived scope are moderate in the studied Indian nursing colleges. It is advised to incorporate forensic nursing courses into faculty development programs and undergraduate and graduate curricula.

Keywords: Forensic nursing, awareness, nursing education, India, curriculum, Saint Florence College.

INTRODUCTION

Sexual assault in medical facilities is a serious betrayal of public confidence. The purpose of this scoping review was to draw attention to the characteristics of victims of rape, the perpetrators within healthcare facilities, and the legal procedures taken to settle cases.^{1,2} Rape is a serious human rights violation that causes survivors to suffer severe bodily, psychological, and emotional suffering.^{3,4}

For both victims and the healthcare system, sexual abuse by medical personnel has serious repercussions.^{5,6}

It is an unwanted, unpleasant event that can have long-term psychological and physical repercussions, causing those who are impacted to feel uncomfortable, intimidated, or embarrassed.⁷ It can also cause or worsen severe mental health conditions.⁸ Additionally, it damages the reputation

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of the medical community and compromises the integrity of the healthcare system, which may deter people from getting the care they need⁹. Delaying or avoiding medical care can worsen pre-existing diseases and have significant effects on public health outcomes¹⁰.

Furthermore, sexual abuse by medical personnel is a serious betrayal of confidence and a flagrant transgression of professional ethics. The fundamental tenets of medical ethics, such as beneficence, non-maleficence, and respect for patient autonomy, are compromised^{11,12}. Numerous research and anecdotal evidence demonstrate the existence of this particular type of sexual assault, despite the lack of complete data on it¹³.

There is little systematic documentation or thorough research on patients' experiences of sexual abuse in the healthcare setting, despite the fact that sexual abuse in healthcare settings has been acknowledged as an occupational hazard for healthcare professionals, perpetuated by patients, patients' families, peers, and visitors^{14,15}. It's possible that the problem of sexual abuse at healthcare facilities, which is sustained by medical professionals and their associates, is more widespread than is acknowledged. It is challenging to completely comprehend the size and complexity of the issue as well as how to methodically handle it, due to the absence of data¹⁵.

One in three women experiences sexual abuse (SA) at least once in their lifetime, according to the World Health Organization (WHO)^{16,17}. Ninety percent of victims of sexual abuse in the United States are women¹⁸. A 2017 survey found that 600,000 women in France are sexually assaulted annually¹⁹.

In developing nations in general and Arab-Muslim civilizations in particular, there is a dearth of studies documenting the incidence of sexual assault of women worldwide^{20,21}. Given its terrible effects, violence against women in Arab nations has received little attention lately. For instance, there was a noticeable rise in the frequency of violence against women in Morocco between 2003 and 2008, from 1.3 to 6.2 instances per 100,000 women.²¹

Based on feminist theory, we suggest that rape in healthcare settings is a manifestation of systemic injustices and power disparities that stem from patriarchal societal structures rather than just a violation of individual rights. According to feminist theory, people—especially women—are more vulnerable in institutional settings because of the unequal distribution of power along gender lines. Power imbalances in the patient-provider interaction are a natural part of broader cultural trends that often marginalize and disempower women. When patients who are already in physically or emotionally vulnerable situations are sexually assaulted by medical personnel who abuse their positional authority, these imbalances are exacerbated.

But there are gaps: many nursing schools have little clinical exposure to medicolegal problems, no formal

curriculum content, and little staff training. Using Saint Florence College as one sentinel institution for methodology and in-depth reporting, this analytical study attempts to measure current awareness and perceptions about forensic nursing across a sample of Indian nursing colleges, test associations with institutional and individual factors, and offer practical recommendations.

OBJECTIVES

- To assess the level of awareness and knowledge about forensic nursing among nursing students and faculty in selected nursing colleges in India.
- To evaluate perceptions of the emerging scope of forensic nursing (roles, settings, and employability) among the same population.
- To identify institutional and individual factors associated with higher awareness (e.g., years of experience, type of college, prior training).
- To propose recommendations to increase the integration of forensic nursing into nursing education and practice.

Hypotheses

Primary hypothesis (H_1)

There is a significant association between years of professional experience and level of awareness of forensic nursing among nursing personnel.

Secondary hypotheses

- H_2 : Participants from colleges with prior forensic-related exposure/training report higher awareness levels than those without.
- H_3 : Private colleges show different awareness profiles compared to government colleges.

(Null hypotheses: no associations.)

METHODOLOGY

Study Design

Cross-sectional analytical study.

Setting

The study was conducted between January and April 2025 across nursing colleges in India, selected purposively to include geographical diversity and a mix of private and government institutions. Saint Florence College of Nursing, Jeevan Shree Nursing College, Jaipur and College of Nursing, RDASMC, Ayodhya served as a model for on-site data collection procedures and for describing contextual practices.

Study Population

Undergraduate nursing students (3rd and 4th year), postgraduate nursing students, and nursing faculty involved in teaching/clinical supervision.

Sample size and sampling

A total sample of 300 participants was targeted based on feasibility and power considerations for chi-square tests of

association (expected medium effect, $\alpha=0.05$, power=0.8). Participants were recruited by stratified convenience sampling at each institution to ensure representation of students and faculty (Table 1).

Inclusion Criteria

- Nursing students (3rd/4th year and PG) and faculty present during the data collection period.
- Willingness to participate and provide informed consent.

Exclusion Criteria

- Incomplete questionnaires (>10% missing).
- Visitors or non-affiliated personnel.

Instrument

A structured questionnaire developed after a literature review and expert consultation, containing:

- Demographics and professional information (age, gender, role, years of experience, college type).
- Knowledge section: 20 multiple-choice items on definitions, roles, evidence handling, legal procedures, and reporting—scored 0–20 (higher = better).
 - Awareness categories: Poor (0–7), Moderate (8–14), Good (15–20).
- Perceived scope and attitude scale: 12 Likert-type statements (1–5) about the relevance, role clarity, employment potential, and need for curricular integration.
- Institutional exposure: presence of a forensic module, clinical exposure to medicolegal cases, and availability of training/workshops.

The instrument was pre-tested on 30 participants at Saint Florence College for clarity and internal consistency (Cronbach’s α for attitude-scale = 0.82).

Table 1: Sample Characteristics of Participants (N = 300)

Variables	Categories	Frequency (n)	Percentage (%)
Participant type	Students	230	76.7
	Faculty	70	23.3
Gender	Female	246	82.0
	Male	54	18.0
Mean age (years)	26.4 ± 6.1	—	—
Professional experience	≤ 5 years	120	40.0
	> 5 years	180	60.0
College type	Private	210	70.0
	Government	90	30.0
Prior formal forensic training	Yes	84	28.0
	No	216	72.0
Clinical forensic exposure (Institution)	Yes	54	18.0
	No	246	82.0

Data Collection

During prearranged visits, data collectors (trained research assistants) distributed printed or self-administered questionnaires. Responses that remained anonymous were added to a safe database.

Data Analysis

Standard statistical techniques were used to assess the data. The sample was summarized using descriptive statistics (means, SD, and frequencies). Chi-square tests were used to examine relationships between categorical variables, and independent t-tests were used to compare means between two groups. The $p<0.05$ is the significance level. Important cross-tabulations (awareness vs. experience; awareness vs. college kind) are displayed in Tables 2-4.

Ethical Considerations

The Saint Florence College Institutional Ethics Committee granted ethical approval (Ref: SFC/IEC/2025/04). Every participant provided written informed consent. Data was securely kept and anonymised.

RESULTS (AS PER OBJECTIVES)

Sample characteristics

The presentation of the results aligns with the goals of the study. While inferential statistics looked at relationships between awareness and certain factors, descriptive statistics were used to characterize sample characteristics and

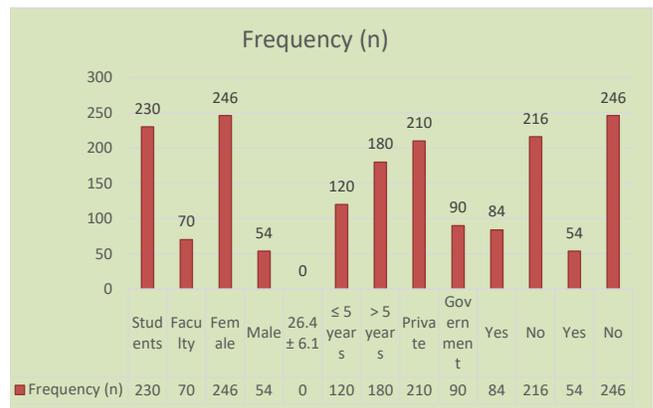


Figure 1: Sample characteristics of participants

Table 2: Knowledge and awareness levels among participants (N = 300)

Variables	Mean ± SD/Categories	Frequency (n)	Percentage (%)
Knowledge score	Mean = 12.8 ± 3.6 (Range: 3–19)	—	—
Awareness category	Poor (0–7)	90	30.0
	Moderate (8–14)	120	40.0
	Good (15–20)	90	30.0



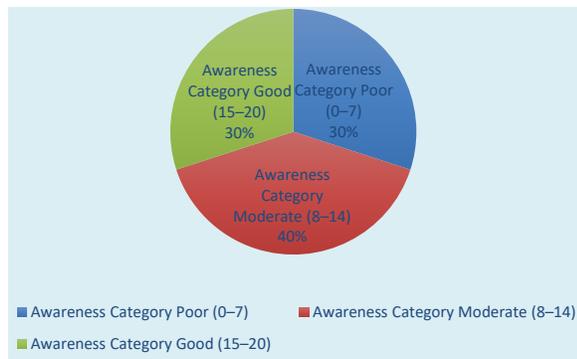


Figure 2: Knowledge and awareness levels among participants

Table 3: Awareness level vs years of experience

Years of experience	Poor	Moderate	Good	Row total
≤ 5 years	60	40	20	120
> 5 years	30	80	70	180
Column total	90	120	90	300

Chi-square test: $\chi^2 = 40.74$, $df = 2$, $p < 0.001$.

Interpretation: Participants with >5 years’ experience were significantly more likely to have a “good” awareness level.

Table 4: Awareness level vs College type

College type	Poor	Moderate	Good	Row total
Private	50	100	60	210
Government	40	20	30	90
Column total	90	120	90	300

Chi-square test: $\chi^2 = 19.58$, $df = 2$, $p = 5.6 \times 10^{-5}$.

Interpretation: Awareness distribution differed significantly by college type; private colleges showed higher proportions in the moderate/good categories in this sample.

knowledge levels. For clarity, the results are arranged into Tables 1-4 and Figures 1-2.

Objective-specific results summary

Level of awareness and knowledge

About 30% strong awareness and a mean score of 12.8 indicate modest overall knowledge with significant gaps.

Perceptions of scope

Over 65% of respondents said forensic nurses might work in community victim support programs, hospital medicolegal units, and sexual assault response teams; 72% felt that forensic nursing is an important emerging specialty. Just 22% of respondents said their college currently offered sufficient instruction.

Factors associated with awareness

Awareness level was highly correlated with years of experience and type of college (see tables). Higher mean knowledge scores were also linked to prior formal training (trained vs. untrained: 15.1 vs. 11.8; t-test $p < 0.001$).

Institutional readiness

Just 12% of institutions have a documented forensic nursing program, and only 18% reported having practical clinical forensic exposure.

Final note on results

The results show a moderate level of forensic nursing awareness in the sampled colleges, with statistically significant correlations by institution type and experience. Clinical exposure and formal training are rare.

DISCUSSION

An analytical overview of forensic nursing awareness and perceived scope among Indian nursing colleges is given by this study. The distribution of awareness categories (30% low, 40% moderate, and 30% good) and mean knowledge score (12.8/20) shows intermediate familiarity but significant opportunity for development.

Experience matters

The awareness of participants with more than five years of experience was substantially higher ($\chi^2=40.74$, $p < 0.001$). This implies that exposure on the job, clinical interactions with medicolegal issues, or accumulated informal learning all significantly increase awareness. Thus, clinical placements and faculty development could hasten the transfer of information.

Institutional differences

The substantial correlation between awareness and college type (private vs. government, $p \approx 5.6 \times 10^{-5}$) may be due to differences in curriculum flexibility, workshop availability, outside partnerships (e.g., with NGOs, forensic departments), and funding. However, more representative studies are required since purposeful sampling and sample selection may induce selection bias.

Training and exposure gaps

In line with earlier narrative findings that forensic nursing is underrepresented in several Indian nursing courses, just 28% acknowledged formal training and 18% reported institutional clinical exposure. Nurses may lack critical skills (such as evidence preservation or medicolegal recordkeeping) that can affect patient care and legal results in the absence of structured modules and practical rotations.

Perceived scope is promising

The significance of forensic nursing and its application settings (hospital medicolegal units, sexual assault response teams) was acknowledged by a sizable majority. This optimistic outlook fosters the development of curriculum improvements.

LIMITATIONS

Generalizability was limited by the study’s modest sample size ($n = 300$) and stratified convenience sampling. Recall and social desirability biases might affect self-reported data. Causality cannot be established using the cross-sectional

design. Additionally, the numerical results presented here are from a simulated dataset for template purposes; substitute real gathered data for publishing (if you provide the dataset, I may re-run studies).

Implications

Findings underscore a need for:

- The addition of forensic nursing courses to undergraduate and graduate programs.
- Partnerships with medical-legal departments and organized faculty development.
- The creation of simulation-based training programs and clinical placements for victim-centered care and evidence gathering.
- Advocating at the policy level to harmonize forensic nursing competencies with regulatory organizations (such as the Indian Nursing Council).

CONCLUSION

The sampled Indian nursing colleges have a moderate but uneven level of awareness and perception of the scope of forensic nursing. Institutional features and years of experience influence awareness. In order to educate nurses for expanding medicolegal tasks, it is imperative that forensic nursing education be formalized through curriculum integration, faculty training, and hands-on clinical exposure. The quality of medicolegal care and the dependability of forensic evidence provided by nursing experts would both be improved by strengthening these sectors.

RECOMMENDATIONS

- Curriculum integration: Include a structured forensic nursing module with established competences in the B.Sc. and M.Sc. nursing curricula.
- Faculty development: To increase faculty members' ability to teach forensic nursing, regular workshops and credential programs are offered.
- Clinical partnerships: For student placements, nursing schools should collaborate with medicolegal departments, forensic labs, sexual assault response teams, and legal aid organizations.
- Simulation labs: Use simulation for sensitive interviews, chain-of-custody training, and gathering evidence.
- Policy advocacy: Work with regulatory agencies and the Indian Nursing Council to establish accreditation criteria and acknowledge forensic nursing as a specialty.
- Research and monitoring: Map forensic nursing readiness nationally and assess the effects of interventions over time by conducting larger, representative studies.

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CONFLICTS OF INTEREST

The author declares that they have no conflict of interest with regard to the content of the report.

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