

Emerging Scope Of Forensic Nursing In Bangladesh: A Narrative Review

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Abstract

Background: stem to address trauma, violence, and medico-legal documentation. In Bangladesh, where gender-based violence and legal-medical complexities are widespread, this field remains significantly underdeveloped and unrecognized.

Materials and Methods: This narrative review aimed to explore the emerging scope, challenges, and potential for forensic nursing within the Bangladeshi context. Guided by the PRISMA framework, a systematic literature search was conducted across PubMed, Scopus, and Google Scholar using relevant keywords. Seven studies met the inclusion criteria based on the Population, Concept, and Context (PCC) framework.

Results: The findings indicate that nurses, who are often the first responders to incidents of violence, lack essential training in forensic practices such as evidence preservation, trauma-informed care, and medico-legal reporting. The review identifies a critical absence of structured educational programs and policy frameworks for forensic nursing. However, recent reforms in national healthcare and nursing education present a strategic opportunity for its integration.

Conclusion: The study concludes that formal recognition of forensic nursing as a specialty, coupled with the implementation of targeted faculty training and policy development, is imperative to strengthen victim support systems and enhance collaboration between the healthcare and justice sectors in Bangladesh.

Key Words: Forensic Nursing, Bangladesh, Violence, Nursing Education, Medico-Legal Care, Gender-Based Violence.

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I. Introduction

Forensic nursing is a specialized field that combines clinical healthcare with the legal and criminal justice systems to provide comprehensive support to victims and perpetrators of trauma and violence [1]. It has emerged as an essential discipline globally, particularly in emergency and trauma care settings. In Bangladesh, a country grappling with widespread violence and human rights abuses, the development of forensic nursing is a nascent concept that remains largely unexplored and under-institutionalized [2], [3].

In high-income nations such as the United States and Canada, forensic nursing is a well-established specialty with advanced roles including Sexual Assault Nurse Examiner (SANE), elder abuse consultation, death investigation, and expert legal testimony [4]. Within the South Asian region, neighboring India has initiated forensic nursing programs and has begun integrating medico-legal education into its core nursing curricula [5]. In contrast, Bangladesh lags significantly in formally establishing this critical role, despite a clear and pressing demand driven by high rates of domestic violence, sexual abuse, and acid attacks. A recent national survey reported that 72.6% of women in Bangladesh have experienced some form of intimate partner violence [6]. Nevertheless, the healthcare system's response is often hampered by a severe shortage of professionals trained in forensic assessment, evidence collection, and proper documentation [3].

Nurses working in emergency departments, obstetrics, and primary care settings are frequently the first points of contact for medico-legal cases. However, most lack formal training in essential forensic techniques, leaving a critical gap in the continuum of care and justice for victims [2]. Although forensic nursing is included in Bangladesh's national Bachelor of Science (BSc) in Nursing curriculum, it is conspicuously absent from the Master of Science in Nursing (MSN) program [7]. Compounding this issue, nursing instructors themselves report a limited understanding of medico-legal topics, indicating a need for faculty development [8]. This narrative review seeks to explore the current status, identify existing challenges, and elucidate the emerging scope of forensic nursing in Bangladesh.

II. Methodology

Review Design: This study employed a narrative review design to explore and synthesize the current status, challenges, and emerging scope of forensic nursing in Bangladesh. The review was conducted within the context of the country's healthcare delivery system, legal requirements, and nursing professional development. The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines were utilized to ensure a structured and transparent literature identification process.

Search Strategy: The search strategy was formulated using the PCC (Population, Concept, Context) mnemonic to define eligibility criteria:

- Population (P): Nurses, nursing educators, healthcare providers, and recipients of forensic services.
- Concept (C): The scope, role, education, and practice of forensic nursing.
- Context (C): Bangladesh's healthcare and legal systems.

Electronic databases searched included PubMed, Scopus, and Google Scholar. Keywords and Boolean operators used were: ("forensic nursing" OR "medico-legal care") AND ("Bangladesh" OR "South Asia") AND ("education" OR "violence" OR "policy"). Additional grey literature was sourced from reports published by the Bangladesh Ministry of Health, the Bangladesh Bureau of Statistics (BBS), and United Nations agencies.

Inclusion and Exclusion Criteria: Inclusion criteria comprised: (i) full-text articles published in English; (ii) articles employing qualitative, quantitative, or mixed-methods designs; (iii) grey literature and policy documents; and (iv) publications from January 2010 to March 2024. Articles were excluded if they were not accessible, not published in English, or irrelevant to the PCC framework.

Search Outcomes: The initial database search yielded 33 records. After removing duplicates, 28 unique records were screened based on their titles and abstracts. Following this screening, 21 records were excluded for not meeting the inclusion criteria. The full texts of the remaining 7 articles were assessed for eligibility. A final total of 7 sources were included in the narrative synthesis. The PRISMA flow diagram details the study selection process (Figure 1).

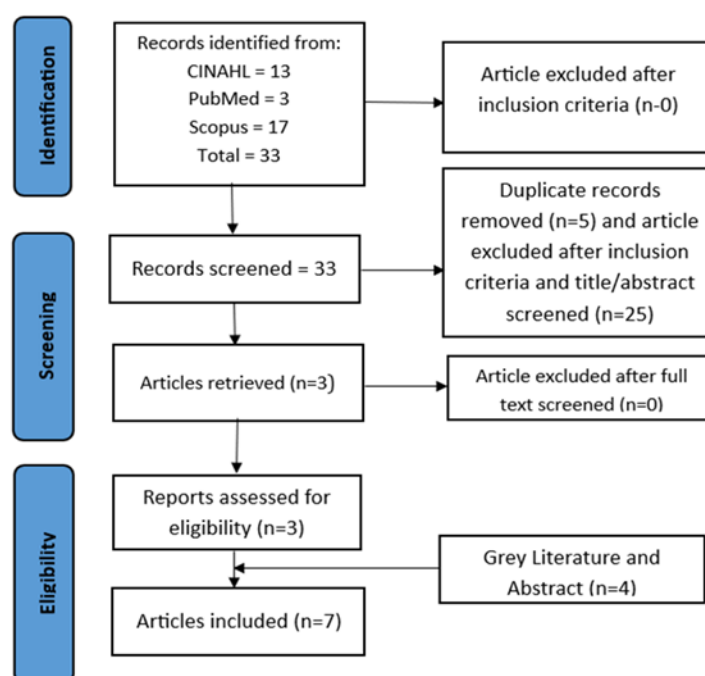


Figure 1: PRISMA Flow Diagram illustrating the study selection process.

Data Extraction: Data were extracted into a standardized table by the first author to ensure accuracy and consistency. The extracted data included: author(s), publication year, study title, country of focus, study design, and key findings relevant to forensic nursing in Bangladesh. The compiled data were then reviewed and verified by the research team to minimize bias and error [9]. The data extraction table is presented below (Table 1).

Table 1: Data extraction of included studies

Author(s)	Year	Study Title	Country	Study Design	Key Findings
Akter & Begum	2020	Nurses' awareness of medico-legal documentation in Bangladesh: A pilot study	Bangladesh	Descriptive cross-sectional	Low awareness of medico-legal documentation among nurses. Emphasized need for forensic training.
BBS	2022	Violence Against Women Survey 2021	Bangladesh	National survey	High prevalence (72.6%) of partner violence. Highlights need for forensic intervention.
UN Women	2022	Bangladesh Country Gender Equality Profile	Bangladesh	Country report	Outlined gaps in violence response systems. Advocated for healthcare-based support.
Kaur et al.	2019	Forensic nursing education needs in India	India	Review article	Highlighted integration of forensic nursing in Indian curricula. A regional example for Bangladesh.
Rahman et al.	2021	Educational preparedness of nursing instructors in forensic healthcare	Bangladesh	Mixed-methods	Revealed gaps in faculty knowledge on legal/ethical nursing. Recommended development programs.
IAFN	2023	Scope and Standards of Practice for Forensic Nursing	Global	Guideline	Established global standards for practice. Can inform curriculum and policy in Bangladesh.
Lynch & Duval	2011	Forensic Nursing Science	Global	Textbook	Foundational text defining roles, competencies, and training. Relevant for education and practice.

III. Findings

The seven included sources comprised three national studies/reports from Bangladesh, two international reference documents, and two regional/global comparative studies. The literature consistently highlighted a significant absence of structured forensic nursing education and a limited awareness among both clinical and academic nurses regarding their medico-legal roles and responsibilities [2], [8].

National data, such as the Violence Against Women Survey by the BBS (2022), provided critical epidemiological background, reinforcing the urgent need for a trained forensic nursing workforce to address the high burden of violence [6]. International resources, including the standards from the International Association of Forensic Nurses (IAFN, 2023) and the foundational textbook by Lynch and Duval (2011), helped define the expected scope, roles, and core competencies of forensic nurses, providing a benchmark for development [1], [4].

A regional study from India (Kaur et al., 2019) demonstrated a proactive approach to integrating forensic nursing modules into nursing education, serving as a valuable comparative model for Bangladesh to emulate [5]. Collectively, the findings reveal a pronounced disconnect between the high population-level need for forensic nursing services in Bangladesh and the current state of professional training, policy support, and formal recognition within the healthcare system.

IV. Discussion

The findings of this review underscore the emerging relevance and significant untapped potential of forensic nursing in Bangladesh. The high prevalence of gender-based violence, as established by the BBS [6] and UN Women [3], creates a pressing medico-legal demand that the current healthcare workforce is not equipped to meet. Nurses, as first responders, are critically positioned to provide trauma-informed care and ensure the integrity of forensic evidence, yet studies by Akter & Begum [2] and Rahman et al. [8] confirm a systemic deficit in their forensic knowledge and skills.

This gap is rooted in educational and policy shortcomings. The minimal and non-standardized inclusion of forensic content in nursing curricula, coupled with a lack of faculty expertise, creates a cycle of under-

preparedness [7], [8]. In contrast, the progressive steps taken in India, as documented by Kaur et al. [5], offer a replicable model for curriculum integration and role definition. Furthermore, the established global standards from the IAFN [4] provide a ready-made framework that Bangladesh can adapt to its local context to define core competencies, establish specialized roles like SANE, and develop continuing education programs.

The integration of foundational knowledge from global texts [1] with local socio-legal data [3], [6] is crucial for developing a localized and effective forensic nursing framework. This synergy can guide the creation of culturally appropriate curriculum content, clinical training modules, and standardized protocols for medico-legal documentation and evidence handling in Bangladeshi healthcare settings.

V. Implications

The findings of this review carry significant implications for multiple sectors:

- **Education:** There is an urgent need to revise national nursing curricula (both BSc and MSN) to incorporate comprehensive, standardized forensic nursing modules. Crucially, faculty development programs must be prioritized to build a cadre of educators capable of delivering this content effectively.
- **Policy:** The Bangladesh Nursing and Midwifery Council (BNMC) and the Ministry of Health and Family Welfare should formally recognize forensic nursing as a distinct specialty. National practice standards and guidelines, adapted from international models like the IAFN's, need to be established.
- **Practice:** Pilot programs, such as establishing SANE units in major urban tertiary hospitals, can demonstrate the practical value of forensic nurses, improve victim outcomes, and build evidence for wider policy adoption. Fostering interdisciplinary partnerships between health, police, and judiciary is essential for a cohesive response system.

VI. Conclusion

The development of forensic nursing in Bangladesh is both a necessity and a promising opportunity to address a critical gap in the nation's response to violence and trauma. The high burden of gender-based violence necessitates a healthcare workforce skilled in both healing and justice. Formal recognition of forensic nursing as a specialty, strategic investment in education and faculty training, and the development of supportive policies are imperative first steps. By embracing this specialty, Bangladesh can pave the way for a new era of nursing that effectively bridges health and justice, ensuring comprehensive care for victims and strengthening the entire medico-legal ecosystem.

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