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Trauma-Informed Approaches to Medicolegal Death Investigation: A Forensic Nursing Perspective

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ABSTRACT

Forensic nurses engaged in medicolegal death investigations experience trauma-induced responses in responding to, investigating, and documenting sudden unexpected deaths. The trauma of these repeated experiences often results in diminished performance, job dissatisfaction, and burnout. The principles of trauma-informed care are not new but have not been incorporated into death investigation practices. When coupled with medicolegal death investigation procedures, application of these principles can help to alleviate distress for forensic nurses, colleagues, and decedents of concerned families. This case series illustrates how the principles of trauma-informed care can be implemented to enhance communication, deescalate emotional or threatening situations, and prevent retraumatization in the context of medicolegal death investigations.

KEY WORDS:

Forensic nursing; medicolegal death investigator; sudden unexpected death; trauma; trauma-informed care

The need for trauma-informed approaches to health and health-related concerns has become increasingly evident in the context of recent social and political challenges in both the United States and worldwide. Trauma-informed care (TIC) is not a new concept but has not yet been applied in all fields (Jones & Branco, 2020; Reeves, 2015). One potential beneficiary of such application is medicolegal death investigation, a growing occupational subspecialty within forensic nursing (Drake et al., 2020). The introduction of TIC into death investigation to reduce trauma and retraumatization is a viable strategy applicable to medicolegal death investigators (MDIs) as well as clinicians, patients, and families faced with sudden and unexpected death. Measures to ensure the mental and physical

well-being of forensic nurse death investigators promote safety, reduce secondary stress, and decrease job dissatisfaction (Levin et al., 2021).

Medicolegal Death Investigation

Medicolegal death investigation is carried out under state statutes by personnel of varying educational and experiential backgrounds (Drake et al., 2020). The role of the MDI is diverse and often includes responding to the location of death and obtaining details or circumstances leading up to a death as well as collecting a decedent's medical, psychological, and social history. Typically, the MDI gathers information through direct interviews with family, friends, witnesses, and/or healthcare providers. In addition, MDIs may collect forensic evidence from the body or biohazardous specimens on scene. The scene findings and interview data are critically evaluated in relation to findings from law enforcement, healthcare providers, forensic pathology, and autopsy as well as from toxicological, microscopic, and other ancillary testing and/or specialty consultations, such as with forensic anthropologists, to determine cause and manner of death (Spitz et al., 2006; U.S. Department of Justice National Institute of Justice, 2011).

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Forensic nurses are particularly qualified to serve as MDIs because of their experience collaborating with law and medical personnel and their specific training in evidence collection and interviewing. Many forensic nurses, in fact, perform investigative procedures pro forma when criminal intent is suspected. It is therefore easily appreciable that these skills are as undeniably applicable to medicolegal death investigations as to events where victims survive, such as sexual assault and attempted suicide. We recognize that forensic pathologists and other medical professionals conduct preliminary death investigations; however, this article focuses on forensic nurses in the MDI role.

Sudden unexpected deaths and the circumstances surrounding them of the type typically investigated by MDIs often involve physical and emotional trauma. In this article, we summarize the types and conditions of trauma inherent in investigating and documenting death events. TIC approaches within the context of case studies are provided to illustrate principles of care. The purpose of this article is to show application of TIC within MDI responses to unexpected deaths, as in sudden death from illness, contagion, accident, homicide, and/or suicide, as these differ from expected deaths, such as from terminal illness.

TIC: Background and Significance

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) refers to trauma as events that individuals experience as intensely physically or emotionally harmful or even life-threatening (SAMHSA, 2014). Traumatic experiences have lasting and adverse effects on well-being and functioning across multiple domains. According to SAMHSA, the “three Es” of trauma are event, experience, and effect. Trauma survivors experience persistent physical and emotional symptoms, including pain and ongoing stress, well beyond the inciting event (Burton et al., 2013; Burton, Williams, & Anderson, 2019).

Trauma can be direct or immediate, as when an individual experiences abuse or violence, but also indirect, as in the case of historical, structural, or vicarious trauma (Burton, Lee, et al., 2019). Historical trauma results from ongoing or multigenerational damages to a population, whereas structural trauma derives from social structures that disempower those with certain characteristics (Burton et al., 2020; Mohatt et al., 2014). Vicarious trauma occurs when an individual is traumatically affected by witnessing or learning of someone else's experience (Burton et al., 2019; Horvath et al., 2020). In the context of the COVID pandemic, trauma has become nearly ubiquitous among healthcare providers as well as others (Brown et al., 2020). With U.S. death tolls passing 877,000, MDIs face a significant traumatic burden. Those interacting with family, media, and other witnesses could experience vicarious trauma, whereas those who attend crime scenes may be directly traumatized by what they observe.

Over time, these experiences may overwhelm the individual to the extent of diminished decision making, which contributes to poor outcomes, and may ultimately impact the MDI's personal life and those in their social and family circles.

Sources and Types of Trauma Among MDIs

Potential sources of trauma are inherent within medicolegal death investigations that, over time, impact MDIs and members of the public, decedent's families, and communities (Coleman et al., 2016). Medicolegal death investigators encounter direct trauma depending on the nature of the decedent's condition. The decedent's bodily trauma may have resulted in destruction or maiming, such as from a motor vehicle crash, firearm, fire, or other violent mechanism. In addition, death may be multicausal, as from pandemic, natural, or manmade disasters that are stress inducing. Whether or not the MDI is aware of the death condition, simply being present at such scenes can have a lasting impact (Raunick et al., 2015).

Furthermore, although MDIs are routinely notified of a death, the ensuing process is not always well managed, which often causes conflict in carrying out their responsibilities. For example, emergency department (ED) personnel say they informed the family of the death, but “they are grieving and unable to talk to you now.” Consequently, the family leaves the hospital without talking to the MDI and with limited information about what to expect next. From an MDI's perspective, families often want to know about the death, although other healthcare personnel may be uncomfortable with the situation. Such disconnects further traumatize the family as well as the MDI, if the MDI feels undermined or dismissed by colleagues. MDIs are often more skilled at connecting with the family than hospital staff and, as such, may better help manage survivor trauma.

At the same time, however, in conducting necessary interviews with family or associates of the deceased, MDIs must work to collect accurate information without causing additional trauma to the grieving. This is challenging for both parties, and although forensic nurses in the role of an MDI typically have strong and effective interview skills, the interaction may provoke a range of emotions. The MDI may thus encounter trauma both directly and indirectly through this process (Raunick et al., 2015). Although interviewing is crucial for obtaining medical and social information as well as understanding events leading to the death, MDIs may feel overwhelmed or unsure of how to navigate these interactions while managing their own responses (Miner et al., 2020).

Finally, MDIs may experience psychological trauma of moral distress throughout their investigation. Moral distress occurs when there appears to be competing “right” actions (Morley, 2018). For example, a family's religious beliefs, such as refusing an autopsy or insisting on immediate burial, may disrupt expected investigative routine or protocols.

Family members may want to see or touch the body, which can compromise possible evidentiary findings. Infant deaths are particularly sensitive, especially if a parent will not relinquish the child's body. In death of a law enforcement officer, firefighter, or others in the line of duty, colleagues may "close ranks" or expect to take part in the death rituals, which may require round-the-clock presence or "guarding" of the decedent remains by representative coworkers. The MDI may experience moral distress if conflicted between maintaining working relationships with all parties while adhering to professional and legal standards. In addition, it may not be widely recognized that medicolegal death investigation is a public-facing occupation. The MDI's work itself serves the public, and as such, the public may raise concerns about procedures and outcomes. This can bring negative attention from media, community, families, and even peers or colleagues. Few other public health or healthcare settings draw such focused and frequent negative media attention. In other words, there is often no allowance for error in a death investigation (Almazrouei et al., 2020; Jeanguenat & Dror, 2018). This can also contribute to psychological and/or emotional trauma for the MDI.

Trauma-Informed Approaches

Implementation of trauma-informed approaches can address the impact on both MDIs and those with whom they work. These approaches can help to mediate an environment wherein trauma is induced, either directly or indirectly, depending on the event (Machtinger et al., 2019). Principles of TIC include the following: (a) safety, trustworthiness and transparency, peer support, collaboration, and mutuality; (b) empowerment, voice, and choice; and (c) cultural, historical, and gender influences (SAMHSA, 2014).

Safety is of paramount concern in any situation where people or groups are exposed to trauma. Ensuring safety entails attending to both physical and psychological dimensions of safety, and studies suggest that psychological trauma can have more severe and longer-term effects than other types (DeVylder et al., 2017; Reeves, 2015). Safety must therefore be considered both broadly and in the context of those affected. For MDIs, trustworthiness and transparency are often intimately related to perceptions of safety. Because medicolegal death investigation processes and documentation are public, the investigator must engender as well as experience trust with others involved in the investigation (Almazrouei et al., 2020). Preserving and practicing transparency through maintaining open communication, providing updated information promptly, and otherwise ensuring that activities are ethically and conscientiously performed promotes confidence in and provides psychological assurance for both the MDI and the family of the deceased.

Similarly, because social support is especially critical for psychological well-being in the context of trauma, peer

support promotes processing of trauma in a timely manner as well as confidence in the investigative processes for all involved (Giurgescu et al., 2015). Both the MDI and those grieving a loss can benefit from social support. Collaboration and mutuality with colleagues and others promote self-efficacy for the MDI in coping with challenges that arise during the medicolegal death investigation (Sørensen et al., 2018). In creating respectful professional relationships, MDIs and their colleagues reduce the potential for retraumatization throughout the course of the investigation.

Empowerment, voice, and choice, along with cultural, historical, and gender influences, represent critical supports for both the investigator and those affected by the death under investigation. Entrenched misinformed notions of gender, race, and culture both disempower and lead to false presumptions about decedents (Burton, 2020; FitzGerald & Hurst, 2017). Ensuring that such influences neither devalue nor undermine the MDI's work and that other parties to the investigation are treated respectfully and with attention to cultural congruence contributes to a trauma-informed approach.

Case Studies: Trauma-Informed Death Investigation Practice

The following representative case studies are presented to show application of potential trauma-informed approaches within medicolegal death investigations. The cases are based on actual events and were deidentified to protect confidentiality and privacy.

Case 1: Death of a Child

A father was cosleeping with a Hispanic female infant, 4 months old. The father was not feeling well and had taken an over-the-counter cold medication and Benadryl. He awoke and found his daughter faceup and unresponsive, with his arm and left chest atop her body. The family contacted 911. Death was pronounced on scene. When the MDI interviewed the father, he was tearful, distraught, and transparent in recounting events leading to the child's death.

The TIC principles of trustworthiness and transparency apply in this case. Although, in this case, the father was quite transparent and truthful regarding the events leading to death, this is not always so. Likewise, for the MDI, care must be taken to ensure clear communication about the steps and procedures in the investigation. Without understanding what these are, the father may believe the MDI is blaming him for the death and anticipate additional investigation by legal authorities. Family structures and gender roles are also considerations, particularly if the MDI is also a parent. In such a case, the MDI may experience empathetic distress over the accidental death of an infant, whereas the father

may experience guilt and shame if he feels the MDI is judging him for the death. Furthermore, often in infant/child deaths, the turnaround time for final cause and manner of death is lengthy, and the process is stressful for all. Because the MDI must ask multiple questions of family members, two-way interactions are typically limited. However, the MDI must share information to ensure that information regarding process, contact data, and anticipated next steps are provided. The MDI also is tasked with disclosing the possibility of autopsy, laboratory analysis, and other procedures that may be performed. In addition, the MDI may offer the family peer support and grief or bereavement counseling options. This can be critical to assuaging trauma for both the investigator and the family, especially if the MDI feels guilt over leaving a family without immediate answers or with difficult interactions.

Case 2: Trauma-Related ED Death

After a report of a hospital-based death, the MDI contacted the ED charge desk. The charge nurse stated the deceased was a 56-year-old Black woman who presented via emergency medical services and was pronounced dead 20 minutes after arrival. When the MDI requested additional information and circumstances leading up to the 911 call, the nurse responded, "I don't know. I don't have time for this. Why are you asking so many questions? We have living patients to take care of! I will call you back when I have time."

This case reflects a disconnect in collaboration and mutuality between the MDI and the charge nurse, specifically the mutuality of collaboration and understanding of roles and responsibilities of different agencies that serve the same patient and family. The MDI must consider that, because of time constraints, ED nurses may have little rapport with the patient and/or family and cannot obtain necessary information for the determination of jurisdiction. In addition, the focus of ED providers is on immediate lifesaving interventions, and when a patient has died, such attention is diverted to others. For the MDI, however, the sole focus is on the decedent. Because of the difference in priorities for the ED provider and the MDI, tension can arise unless there is clarity about the roles and responsibilities for each. According to the American Board of Medicolegal Death Investigators, a fundamental role of MDIs is to ask questions to document events leading up to a death. Drake and Ayers (2013) pointed out the need for incorporating interprofessional collaboration and mutual respect among nurses and MDIs early in nursing education. Such collaboration ultimately aids families of persons dying suddenly, and mutuality decreases community and public impact. This need was illustrated in the report of a simulation exercise requiring student nurses to report a death to an actual MDI: The students made inappropriate comments similar to those in the case study (Drake & Ayers, 2013).

The TIC principles of empowerment, voice, and choice also apply to this case. Specifically, if MDIs' responsibilities are not understood by those with whom they interact, they may feel devalued and even silenced as public servants, healthcare providers, and members of the forensic nursing community. By invoking professional respect through learning about the roles of MDIs, other personnel can empower and support MDIs when events are trauma inducing. Peer support and options within and/or outside their agencies (where it is safe to voice frustrations and stressors associated with the event) aid in reducing stress and retraumatization. Because of issues of privacy and confidentiality, usually only direct or affiliated colleagues or other types of providers can serve in such roles. Institutional endorsement of support could be shown through allowing time for peer review of cases, team debriefing, or accessing external support services.

Case 3: Religious Objection to Autopsy

A 26-year-old White man died on scene after being shot multiple times. The homicide detective informed the MDI that the family had not been notified of the death. Upon returning to the agency, the MDI was met by several emotionally upset family members and friends inquiring about the decedent and asking to view the body. All were informed that the agency did not permit viewing of the body and that accurate identification would occur via fingerprint comparison. In response, some persons in the group initiated a verbal attack and threatened physical assault. After deescalating the situation, the MDI was told the deceased was Jewish and that an autopsy was not permitted on religious grounds. The MDI informed the family of legal requirements for an autopsy and its potential value and assured them that their objections would be communicated to the forensic pathologist.

Several principles of TIC are applicable in this scenario. The first, safety, is vital in medicolegal death investigations. In this situation, the physical safety of the MDI is jeopardized, and emotional safety concerns exist for both the MDI and others present. Second, in consideration of cultural, historical, and gender influences, the potential for violation of religious or other cultural tenets can be extremely stressful. In such cases, individuals may experience a psychological, and even physiological, response to actual or perceived cultural conflict in which they feel unable to control the care environment and ensure cultural congruency (DeWilde & Burton, 2017). For the MDI, moral distress may also result from being unable to alleviate cultural distress in others because of legal and professional requirements. Involved parties may be helped by precise and transparent open and continuous communication—another principle of TIC. Enacting all of these can alleviate distress for the MDI as well as for those who are emotionally affected by the death.

Discussion

Forensic nurses, whether involved with medicolegal death investigations or not, practice in the context of significant trauma for both themselves and those affected by the situation. Results of a study of vicarious trauma among sexual assault nurse examiners showed that working with sexual assault survivors resulted in personal histories of trauma among these nurses (Raunick et al., 2015). Given that MDIs face similar traumatic situations, it is likely they also experience vicarious trauma. Results of a recent study showed forensic service professionals, including crime investigators or MDIs, report greater experiences of secondary traumatization than do other types of first responders, including law enforcement, emergency medical services, and victim support personnel (Miner et al., 2020). The authors noted that latent psychological processes resulting from trauma exposure influence MDIs' descriptive reports of their findings. MDIs clearly encounter situations that demand management of the nurse's own experiences of trauma as well as those of others. Application of the principles of TIC not only alleviates distress in an immediate situation but also aids in preventing retraumatization. Without such relief, continual exposures to traumatic events often result in job dissatisfaction, depression, and burnout among MDIs (Brondolo et al., 2018; Levin et al., 2021).

For both the MDI and others affiliated with a medicolegal death investigation—often family members or friends of the deceased—a sudden unexpected death is the central impetus for interaction, and these interactions may thus be emotionally and psychosocially fraught. The concept of death is a complex cultural phenomenon and, when unexpected, leaves no opportunity for considering its meaning beforehand (DeWilde & Burton, 2017; Rossi et al., 2021). This case series illustrates how experiencing and investigating sudden unexpected deaths induces trauma and affects all persons involved. Awareness of such traumatic potentials necessitates application of TIC in the work of MDIs, whether for self, team members, or families. The three Es of trauma—event, experience, and effect—can help to explain both physical and psychological reactions among both MDIs and those with whom they must work in the course of an investigation. Application of TIC principles permits MDIs to support their team members, deescalate emotional or threatening confrontations, communicate with families, and better carry out their responsibilities.

Implementation of TIC requires a broad view of the impact of actions carried out in a medicolegal death investigation. The application of a trauma-informed framework in interacting with persons affiliated with the deceased and managing potential trauma throughout the investigation offers pathways for easing and simplifying the processes of a medicolegal death investigation. For example, anticipating how media coverage may jeopardize trustworthiness and transparency allows MDIs to consider and prepare responses

ahead of time (Clements & O'Neal, 2020). Applying TIC principles also reduces opportunities for exploitation of the investigation, in large part because such application can reduce the overall traumatic sequelae for those involved (Kelly, 1998). The TIC framework is thus applicable to MDIs' work as it both affects both associates of the deceased and the MDI and is therefore a promising strategy for reducing trauma within the profession. For forensic nurses serving as MDIs, the link between trauma and burnout highlights the importance of dealing with trauma using the principles of TIC (Brown et al., 2020; Jones & Branco, 2020; Marsac et al., 2016).

Conclusion

Medicolegal death investigation is necessary and legally required, and combining the principles of TIC with investigative procedures is both viable and beneficial for MDIs. Forensic nurses who serve as MDIs practice in a demanding occupation that exposes them to multiple avenues of traumatic exposure. This case series illustrates how forensic nurse MDIs can integrate TIC concepts into medicolegal death investigations. Because MDIs are responsible to the public, they must ensure investigations are conducted both sensitively and effectively. The implementation of trauma-informed frameworks supports such efficacy. Applying TIC principles in MDI practice ensures both that the public is served and that the medicolegal death investigation workforce is preserved.

References

- Almazrouei, M. A., Dror, I. E., & Morgan, R. M. (2020). Organizational and human factors affecting forensic decision-making: Workplace stress and feedback. *Journal of Forensic Sciences*, 65(6), 1968–1977. <https://doi.org/10.1111/1556-4029.14542>
- Brondolo, E., Eftekharzadeh, P., Clifton, C., Schwartz, J. E., & Delahanty, D. (2018). Work-related trauma, alienation, and posttraumatic and depressive symptoms in medical examiner employees. *Psychological Trauma: Theory, Research, Practice and Policy*, 10(6), 689–697. [10.1037/tra0000323](https://doi.org/10.1037/tra0000323)
- Brown, C., Peck, S., Humphreys, J., Schoenherr, L., Saks, N. T., Sumser, B., & Elia, G. (2020). COVID-19 lessons: The alignment of palliative medicine and trauma-informed care. *Journal of Pain and Symptom Management*, 60(2), e26–e30. <https://doi.org/10.1016/j.jpainsymman.2020.05.014>
- Burton, C. W. (2020). Paying the caring tax: The detrimental influences of gender expectations on the development of nursing education and science. *Advances in Nursing Science*, 43(3), 266–277. [10.1097/ans.0000000000000319](https://doi.org/10.1097/ans.0000000000000319)
- Burton, C. W., Gilpin, C. E., & Draughon Moret, J. (2020). Structural violence: A concept analysis to inform nursing science and practice. *Nursing Forum*, 56, 382–388. <https://doi.org/10.1111/nuf.12535>
- Burton, C. W., Halpern-Felsher, B., Rehm, R. S., Rankin, S., & Humphreys, J. C. (2013). "It was pretty scary": The theme of fear in young adult women's descriptions of a history of adolescent dating abuse. *Issues in Mental Health Nursing*, 34(11), 803–813. [10.3109/01612840.2013.827286](https://doi.org/10.3109/01612840.2013.827286)

- Burton, C. W., Lee, J. A., Waalen, A., & Gibbs, L. M. (2019). "Things are different now but": Older LGBT adults' experiences and unmet needs in health care. *Journal of Transcultural Nursing, 31*, 492–501. <https://doi.org/10.1177/1043659619895099>
- Burton, C. W., Williams, J. R., & Anderson, J. (2019). Trauma-informed care education in baccalaureate nursing curricula in the United States: Applying the American Association of Colleges of Nursing Essentials. *Journal of Forensic Nursing, 15*(4), 214–221. [10.1097/JFN.0000000000000263](https://doi.org/10.1097/JFN.0000000000000263)
- Clements, P. T., & O'Neal, B. J. (2020). When a child is found dead: The role of the forensic nurse death investigator and psychosocial impact for parents. *Journal of Forensic Nursing, 16*(4), 240–243. [10.1097/jfn.0000000000000306](https://doi.org/10.1097/jfn.0000000000000306)
- Coleman, J. A., Delahanty, D. L., Schwartz, J., Murani, K., & Brondolo, E. (2016). The moderating impact of interacting with distressed families of decedents on trauma exposure in medical examiner personnel. *Psychological Trauma: Theory, Research, Practice and Policy, 8*(6), 668–675. [10.1037/tra0000097](https://doi.org/10.1037/tra0000097)
- DeVylder, J. E., Frey, J. J., Cogburn, C. D., Wilcox, H. C., Sharpe, T. L., Oh, H. Y., Nam, B., & Link, B. G. (2017). Elevated prevalence of suicide attempts among victims of police violence in the USA. *Journal of Urban Health, 94*(5), 629–636. [10.1007/s11524-017-0160-3](https://doi.org/10.1007/s11524-017-0160-3)
- DeWilde, C., & Burton, C. W. (2017). Cultural distress: An emerging paradigm. *Journal of Transcultural Nursing, 28*(4), 334–341. <https://doi.org/10.1177/1043659616682594>
- Drake, S. A., & Ayers, C. J. (2013). Introducing forensic nursing concepts within an interprofessional unexpected and nonnatural end-of life simulation. *Clinical Simulation in Nursing, 12*(9), e1–e5. https://www.academia.edu/28051136/Introducing_Forensic_Nursing_Concepts_within_an_Interprofessional_Unexpected_and_Nonnatural_End-of-Life_Simulation
- Drake, S. A., Tabor, P., Hamilton, H., & Cannon, A. (2020). Nurses and medicolegal death investigation. *Journal of Forensic Nursing, 16*(4), 207–214. [10.1097/JFN.0000000000000310](https://doi.org/10.1097/JFN.0000000000000310)
- FitzGerald, C., & Hurst, S. (2017). Implicit bias in healthcare professionals: A systematic review. *BMC Medical Ethics, 18*(1), 19. <https://doi.org/10.1186/s12910-017-0179-8>
- Giurgescu, C., Zenk, S. N., Templin, T. N., Engeland, C. G., Dancy, B. L., Park, C. G., Kavanaugh, K., Dieber, W., & Misra, D. P. (2015). The impact of neighborhood environment, social support, and avoidance coping on depressive symptoms of pregnant African-American women. *Women's Health Issues, 25*(3), 294–302. [10.1016/j.whi.2015.02.001](https://doi.org/10.1016/j.whi.2015.02.001)
- Horvath, M. A. H., Massey, K., Essafi, S., & Majeed-Ariss, R. (2020). Minimising trauma in staff at a sexual assault referral centre: What and who is needed? *Journal of Forensic and Legal Medicine, 74*, 102029. <https://doi.org/10.1016/j.jflm.2020.102029>
- Jeanguenat, A. M., & Dror, I. E. (2018). Human factors affecting forensic decision making: Workplace stress and well-being. *Journal of Forensic Sciences, 63*(1), 258–261. [10.1111/1556-4029.13533](https://doi.org/10.1111/1556-4029.13533)
- Jones, C. T., & Branco, S. F. (2020). Trauma-informed supervision: Clinical supervision of substance use disorder counselors. *Journal of Addictions & Offender Counseling, 41*(1), 2–17. [10.1002/jaoc.12072](https://doi.org/10.1002/jaoc.12072)
- Kelly, C. C. (1998). Dealing with the news media: Effective communication strategies for medical examiners. *The American Journal of Forensic Medicine and Pathology, 19*(2), 181–185. [10.1097/00000433-199806000-00017](https://doi.org/10.1097/00000433-199806000-00017)
- Levin, A. P., Putney, H., Crimmins, D., & McGrath, J. G. (2021). Secondary traumatic stress, burnout, compassion satisfaction, and perceived organizational trauma readiness in forensic science professionals. *Journal of Forensic Sciences, 66*(5), 1758–1769. <https://doi.org/10.1111/1556-4029.14747>
- Machtinger, E. L., Davis, K. B., Kimberg, L. S., Khanna, N., Cuca, Y. P., Dawson-Rose, C., Shumway, M., Campbell, J., Lewis-O'Connor, A., Blake, M., Blanch, A., & McCaw, B. (2019). From treatment to healing: Inquiry and response to recent and past trauma in adult health care. *Women's Health Issues, 29*(2), 97–102. [10.1016/j.whi.2018.11.003](https://doi.org/10.1016/j.whi.2018.11.003)
- Marsac, M. L., Kassam-Adams, N., Hildenbrand, A. K., Nicholls, E., Winston, F. K., Leff, S. S., & Fein, J. (2016). Implementing a trauma-informed approach in pediatric health care networks. *JAMA Pediatrics, 170*(1), 70–77. [10.1001/jamapediatrics.2015.2206](https://doi.org/10.1001/jamapediatrics.2015.2206)
- Miner, A. S., Markowitz, D. M., Peterson, B. L., & Weston, B. W. (2020). Examining the examiners: How medical death investigators describe suicidal, homicidal, and accidental death. *Health Communication, 1–9*. <https://doi.org/10.1080/10410236.2020.1851862>
- Mohatt, N. V., Thompson, A. B., Thai, N. D., & Tebes, J. K. (2014). Historical trauma as public narrative: A conceptual review of how history impacts present-day health. *Social Science and Medicine, 106*, 128–136. [10.1016/j.socscimed.2014.01.043](https://doi.org/10.1016/j.socscimed.2014.01.043)
- Morley, G. (2018). What is "moral distress" in nursing? How, can and should we respond to it? *Journal of Clinical Nursing, 27*(19–20), 3443–3445. [10.1111/jocn.14332](https://doi.org/10.1111/jocn.14332)
- Raunick, C. B., Lindell, D. F., Morris, D. L., & Backman, T. (2015). Vicarious trauma among sexual assault nurse examiners. *Journal of Forensic Nursing, 11*(3), 123–128. [10.1097/JFN](https://doi.org/10.1097/JFN)
- Reeves, E. (2015). A synthesis of the literature on trauma-informed care. *Issues in Mental Health Nursing, 36*(9), 698–709. [10.3109/01612840.2015.1025319](https://doi.org/10.3109/01612840.2015.1025319)
- Rossi, P., Crippa, M., & Scaccabarozzi, G. (2021). The relationship between practitioners and caregivers during a treatment of palliative care: A grounded theory of a challenging collaborative process. *International Journal of Environmental Research and Public Health, 18*(15), 8081. <https://doi.org/10.3390/ijerph18158081>
- Sørensen, T., Tingleff, E. B., & Gildberg, F. A. (2018). Feeling safe and taking on responsibilities: Newly graduated nurses' perceptions and evaluations of their transition into a forensic mental health inpatient setting. *Journal of Forensic Nursing, 14*(3), 126–134. [10.1097/jfn.0000000000000190](https://doi.org/10.1097/jfn.0000000000000190)
- Spitz, W. U., Spitz, D. J., & Fisher, R. S. (2006). *Spitz and Fisher's medicolegal investigation of death: Guidelines for the application of pathology to crime investigation*. Charles C. Thomas.
- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Author. <https://store.samhsa.gov/system/files/sma14-4884.pdf>
- U.S. Department of Justice, National Institute of Justice. (2011). *Death investigation: A guide for the scene investigator*. Author. <https://www.ojp.gov/pdffiles1/nij/234457.pdf>