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Application of forensic practices: social representations of forensic nurses

Aplicação de Práticas Forenses: representações sociais de enfermeiros forenses

Aplicación de prácticas forenses: representaciones sociales de enfermeras forenses

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ABSTRACT

Objective: to understand the social representations of forensic nurses regarding the feelings involved in their professional practice.

Method: a qualitative, exploratory-descriptive study, supported by the Social Representation Theory analytical framework, conducted through online semi-structured interviews between April and May 2023 with 22 nurses specializing in forensic nursing from across Brazil. The interviews were subjected to content analysis, as proposed by Bardin, with the support of the Qualitative Data Analysis Miner® software.

Results: five categories emerged from the data analysis: Fulfillment of professional ethical duty; Sensitivity to perceive what is not said; Enabling citizens to take protagonism in their own lives; Happiness in contributing to justice and society; and Personal and professional development.
Final considerations: the social representations of forensic nurses reveal a practice anchored in ethical, humanitarian, and social justice values, strengthening professional identity and a sense of mission. Sensitivity is highlighted as a core competency, guiding humanized care and the interpretation of nonverbal signs of suffering. Forensic practice is perceived as an instrument for the reconstruction of autonomy and social transformation, integrating technical, emotional, and social dimensions, and legitimizing forensic nursing as an autonomous and socially relevant field.
Descriptors: Forensic Nursing; Social Representation; Science and Development; Forensic Sciences; Practical Nursing.

RESUMO
Objetivo: compreender as representações sociais de enfermeiros forenses acerca dos sentimentos envolvidos na prática laboral.
Método: estudo qualitativo, exploratório-descritivo, sob suporte analítico da Teoria das Representações Sociais, realizado por entrevista semiestruturada *online*, entre abril e maio de 2023, com 22 enfermeiros especialistas em enfermagem forense do território brasileiro. As entrevistas foram submetidas à análise de conteúdo, proposta por Bardin, com apoio do *software Qualitative Data Analysis Miner*®.
Resultados: da análise dos dados, emergiram cinco categorias: Cumprimento do dever ético profissional; Sensibilidade para enxergar o que não é dito; Oportunizar aos cidadãos o protagonismo de suas vidas; Felicidade por contribuir com a justiça e a sociedade; e Desenvolvimento pessoal e profissional.
Considerações finais: as representações sociais dos enfermeiros forenses revelam uma prática ancorada em valores éticos, humanitários e de justiça social, fortalecendo a identidade profissional e o sentido de missão. A sensibilidade é destacada como competência central, orientando o cuidado humanizado e a interpretação de sinais não verbais de sofrimento. A atuação forense é percebida como instrumento de reconstrução da autonomia e transformação social, integrando dimensões técnicas, emocionais e sociais, e legitimando a enfermagem forense como campo autônomo e socialmente relevante.
Descritores: Enfermagem Forense; Teoria das Representações Sociais; Ciência e Desenvolvimento; Ciências Forenses; Enfermagem Prática.

RESUMEN
Objetivo: comprender las representaciones sociales de las enfermeras forenses respecto a los sentimientos relacionados con su práctica laboral.
Método: estudio cualitativo, exploratorio-descriptivo, basado en el marco analítico de la Teoría de las Representaciones Sociales, realizado mediante entrevistas semiestructuradas en línea entre abril y mayo de 2023 con 22 enfermeras especializadas en enfermería forense de todo Brasil. Las entrevistas se sometieron a análisis de contenido, según la metodología propuesta por Bardin, con el apoyo del software *Qualitative Data Analysis Miner*®.
Resultados: del análisis de datos surgieron cinco categorías: Cumplimiento del deber ético profesional; Sensibilidad para ver lo que no se dice; Dar a los ciudadanos la oportunidad de tomar las riendas de sus vidas; Felicidad por contribuir a la justicia y a la sociedad; y Desarrollo personal y profesional.
Consideraciones finales: Las representaciones sociales de las enfermeras forenses revelan una práctica arraigada en valores éticos, humanitarios y de justicia social, que fortalece la

identidad profesional y el sentido de misión. La sensibilidad se destaca como una competencia fundamental que guía la atención humanizada y la interpretación de las señales no verbales de sufrimiento. La práctica forense se percibe como un instrumento para la reconstrucción de la autonomía y la transformación social, integrando dimensiones técnicas, emocionales y sociales, y legitimando la enfermería forense como un campo autónomo y socialmente relevante.
Descriptores: Enfermería Forense; Representación Social; Ciencia y Desarrollo; Ciencias Forenses; Enfermería Práctica.

INTRODUCTION

Forensic nursing (FN) emerges as a specialty that integrates nursing knowledge with the principles of forensic sciences, aiming to address health demands arising from violent events and to contribute to the justice system. Although the literature describes its participation in processes of identification, documentation, and clinical management of victims, understanding remains limited regarding how nurses themselves emotionally understand this practice and what feelings emerge from the daily exercise of the specialty, especially in countries where FN is still being consolidated, such as Brazil[1].

In Brazil, FN was officially recognized by the Federal Nursing Council through Resolution No. 556/2017, which regulates the practice of FN, establishing its technical competencies and areas of practice. This regulation reflects the growing need for professionals trained to deal with the complexities of cases of violence and trauma, integrating knowledge of health and justice. However, regulation and the description of activities do not explain how these professionals construct meanings about their practice, which constitutes a relevant scientific gap[2].

Forensic practices in nursing involve activities such as the collection and preservation of evidence, conducting physical examinations of victims of violence, detailed documentation of injuries, and participation in judicial processes as experts or specialized witnesses. These competencies, however, are influenced by meanings constructed through interactions among professionals, victims, institutions, and the sociocultural context, which reinforces the need to deepen the representational dimension of this practice[1,3].

The application of forensic practices in nursing has proven crucial in the early identification of cases of violence, allowing for more effective interventions and contributing to breaking the cycle of aggression[4]. In addition, the role of the forensic nurse is fundamental in evidence collection, which may be decisive for holding perpetrators accountable and ensuring justice for victims[1].

The effective integration of FN into health and justice systems requires public policies that recognize and value this specialty, promoting continuous professional education and the creation of adequate structures for practice. Interinstitutional collaboration is essential for strengthening FN and improving the response to victims of violence[5].

Studies point out that many forensic nurses feel valued when they contribute to justice and the well-being of victims, recognizing the importance of their role at the interface between health and law[6,7]. However, they also report feelings of helplessness in the face of a lack of technological resources, such as equipment for the proper storage of collected materials, and insufficient institutional recognition for the care provided, which aims to minimize the revictimization of those assisted[7,8].

Considering this perspective, social representations (SR) constitute an important theoretical framework for understanding how nurses construct meanings about the feelings involved in FN practice, since SR integrate cognitive, affective, and symbolic elements that guide professional conduct and ways of perceiving their own work[9]. However, searches in national and international databases for studies that directly articulate SR and feelings related to FN practice in the Brazilian context revealed a gap, which justifies the relevance of this investigation.

Given the identified gaps and considering the still emerging nature of FN in the country, the object of this study is defined as the social representations of forensic nurses regarding the feelings that permeate their professional practice. This is a fundamental aspect for understanding the subjective and affective dimension of this specialty, situating it within the interdisciplinary field of care, justice, and professional subjectivity. This delimitation allows the phenomenon under investigation to be articulated with the adopted theoretical framework, ensuring coherence among object, method, and analysis. Thus, the objective of this study is to understand the social representations of forensic nurses regarding the feelings involved in professional practice, contributing to the scientific advancement of the specialty and to the strengthening of sensitive and ethically oriented approaches in the care of people in situations of violence.

METHOD

This is a qualitative, exploratory-descriptive study, based on the Social Representations Theory (SRT). The choice of SRT as the theoretical–methodological framework is justified by its ability to unveil common-sense knowledge and the beliefs shared by a specific social group, in this case, forensic nurses, regarding the object of their

professional practice and the feelings associated with it. This theory makes it possible to reveal conflicts, disagreements and agreements of the phenomena that permeate the daily lives of social classes, revealing nuclei that justify resistance and/or transformations in the way of learning from reality[9]. The analysis of the perceptions of forensic nurses in the light of SRT allows us to understand how these professionals construct and share meanings about their practical performance with the application of forensic knowledge. This theory maintains that SR are forms of socially constructed and shared knowledge that guide practices and behaviors[9]. The presentation followed the recommendations of the COnsolidated criteria for REporting Qualitative research[10].

The study was conducted online with nationwide coverage. Participant recruitment occurred in two stages. In the first stage, a preliminary questionnaire was administered via the Google Form®, platform, and completed by 55 participants[5]. This first stage aimed to map the profile of forensic nurses in Brazil and to identify those with greater experience and interest in deepening the discussion on professional practice. Based on this survey, the 55 participants were considered the population eligible for the second stage of the study, as they met the basic criteria of being nurses with some involvement or interest in the forensic field. From this group, participants who expressed interest in taking part in the interview stage and who, through curriculum analysis and their participation in events, committees, and professional bodies within the specialty and category, demonstrated greater engagement in promoting forensic nursing nationwide were invited.

In addition to expressing interest in participating in the interviews, the inclusion criteria were being a nurse with a lato sensu specialization in FN, with practical clinical experience or teaching experience in the within the national territory. Exclusion criteria consisted of those who had less than five years of nursing education, no experience in assisting people in situations of violence, and those who did not respond or had incompatibility for conducting online interviews. Thus, 30 potential participants were selected, who were gradually invited as the interviews were conducted. In this process, three did not respond to scheduling, ending the stage without inviting five potential participants due to the closure of the data collection stage motivated by theoretical saturation, resulting in 22 interviewees.

The semi-structured interviews were conducted via the Google Meet® digital platform between April and May 2023, conducted by the first author, who has expertise in qualitative research and training in FN, guided by the following guiding question: “What is your feeling when practicing FN?". The interviews were concluded based on the criterion of theoretical

data saturation, characterized by theoretical densification due to repetition of content, with no emergence of new information or relevant analytical categories, ensuring consistency and depth of analysis and avoiding redundancy[11], without changing the understanding of the phenomenon under study. The content was audio-recorded with participants' consent and subsequently transcribed.

The data were analyzed using content analysis technique with the support of the Qualitative Data Analysis (QDA) Miner® software[12]. Content analysis followed its respective phases (pre-analysis; material exploration; and treatment of results, inference, and interpretation)[13]. The data analysis framework used was Bardin's Content Analysis, which aligns with the qualitative approach of SRT by allowing the identification of core meanings and the interpretation of social representations manifested in the discourses. The integration between Content Analysis and SRT occurred during the interpretation phase, in which the results were discussed considering the theory's concepts of objectification and anchoring. In this case, the analysis was conducted based on SRT[9].

Initially, a floating reading of the interviews was performed to recognize recurring aspects in the participants' discourse and to facilitate the identification of similarities and differences between the narratives. Subsequently, analytical and systematic readings were performed, guided by the research objective, to capture relevant elements pertinent to the phenomenon under investigation[13].

To support the process of organizing, coding, and categorizing the corpus, the QDA Miner® software[12], was used, enabling file management, visualization of coded excerpts, and monitoring of the progressive formation of units of meaning. This procedure favored continuous and integrated reading of the content, contributing to the consolidation of analytical categories.

The data were then ordered and grouped, identifying recording units, understood as significant segments of discourse, which were grouped into thematic categories and interpreted in the light of SRT and the objective of the study. The presentation of the results includes representative excerpts that illustrate the constructed categories. During the coding process, 12 recording units were identified, understood as significant segments of discourse. The grouping of these recording units by semantic and thematic similarity, followed by the abstraction of the core meanings, resulted in the development of Chart 1 (presented in the Results section). This procedure sought to ensure the clarity and reproducibility of the data organization by synthesizing the thematic categories, the core meanings, and the elements of the SR.

The study complied with the guidelines and legal requirements of Resolutions No. 466/2012 and No. 510/2016 of the National Health Council and their complementary resolutions. It was approved by the Research Ethics Committee of the *Universidade Federal de Santa Catarina*, with the Certificate of Presentation for Ethical Review No. 65269422.6.0000.0121 and Substantiated Opinion No. 5,808,287. To ensure anonymity, participants were identified with the abbreviation FN for "forensic nurses," followed by an increasing cardinal number.

RESULTS

The study had the participation of 22 forensic nurses, predominantly female (77.3%). The mean age was 42 years (SD = 9.78), ranging from 29 to 62 years. The most frequent self-declared race was white (45.5%), with the majority being in a stable marital situation, such as married or in a stable union (45.5%). Regarding religiosity, the Catholic faith predominated (68.2%). As for professional education, 63.6% of the participants had between seven and 20 years of experience in the field, with most having, besides specialization in Forensic Nursing, stricto sensu postgraduate degrees (59.1%).

From the analysis of the interviews, from the perspective of SR, five thematic categories emerged: Fulfillment of professional ethical duty; Sensitivity to perceive what is not said; Enabling citizens to take protagonism in their own lives; Happiness in contributing to justice and society; and Personal and professional development, summarized in Chart 1.

Chart 1 - Matrix of thematic categories emerging from the analysis of the interviews. Brazil, 2025

THEMATIC CATEGORY	**CORE OF MEANING**	**UNITS OF RECORDING (SYNTHESIZED STATEMENTS)**	**ELEMENTS OF SOCIAL REPRESENTATIONS**
Fulfillment of professional ethical duty	Forensic nursing practice is perceived as an extension of ethical duty and the defense of human dignity.	"*I feel that I am fulfilling my obligation as a professional, ensuring human dignity*." (FN02)	- Guarantee of fundamental rights - Reception without judgment - Moral responsibility in the face of violence - Humanized care
		"*Seeing the human being beyond what is apparent*." (FN03)	

Sensitivity to perceive what is not said	Sensitive competence to identify subjective signs of pain, suffering, and violence.	"*Looking beyond physical violence, perceiving emotional suffering*." (FN03) "*Listening to the silent cry*." (FN13)	- Qualified listening - Interpretation of nonverbal signs - Expanded attention to psychological suffering - Recognition of the "silent cry"
Enabling citizens to take protagonism in their own lives	Forensic practice promotes autonomy, access to rights, and reconstruction of life trajectories.	"*Providing opportunities for people to be protagonists of their own lives*." (FN01) "*Seeing that we are able to help someone rebuild their life*." (FN17)	- Promotion of citizenship - Access to information and services - Strengthening the individual - Care as a political and social act
Happiness in contributing to justice and society	Practice is experienced with a sense of fulfillment by producing social and legal impact.	"*It is a contribution to society, a job that delivers justice*." (FN05) "*Forensic nursing spreads good; that makes me happy*." (FN10)	- Sense of mission accomplished - Valuing social justice - Ethical application of scientific knowledge - Hope and purpose
Personal and professional development	Forensic nursing enables emotional maturation, recognition, and expansion of professional identity.	"*I learned to welcome others and myself*." (FN16) "*It is where I feel most useful as a nurse*." (FN13)	- Self-knowledge - Emotional growth - Integration of knowledge - Sense of belonging and social usefulness

Fulfillment of professional ethical duty

The results show that forensic nurses understand their practice as a direct extension of fulfilling their professional ethical duty, as advocated by the Code of Ethics for Nursing Professionals. This perception is strongly associated with the social role of nursing as a guarantor of fundamental rights, such as human dignity, especially in contexts marked by violence, vulnerability, and inequality.

The statements reveal that, when applying their forensic knowledge, these professionals not only recognize their technical role but also assume a posture of ethical commitment to equity, non-discrimination, and humanized care. This stance is manifested in a non-judgmental approach, in recognizing the complexity of violent situations, and in providing attention to both the victim and the perpetrator, reinforcing the centrality of empathy, respect for human rights, and moral responsibility in professional practice. These

findings demonstrate a practice grounded in ethics and justice, transversal to the various areas of forensic nursing practice, ranging from hospital care to the interface with the judicial system.

> *I feel I am fulfilling my duty as a professional. II am not doing anything beyond what is established in my code of ethics. I guarantee the fundamental right to human dignity. I am a guarantor of this right in three ways: through health care, through public security, and, when I teach, through education. Therefore, I am a guarantor of the right* [...] *of human dignity, being against torture, the dehumanization of processes, in pediatrics, in urgent and emergency care, in geriatrics/gerontology, in nephrology, and in the morgue, so, it goes without saying.* (FN02)

> *The process, when you welcome this person, is about how you guide the care without judgment. Identifying who is right or who is wrong is not our role. The responsibility for judging lies with the judicial system, which will either absorb or condemn the situation. We try to understand the facts because we are there to provide care to the person. You see the human being beyond what is apparent there, that's where we can make a difference for that person. And when I say person, I'm not just talking about the victim, but also the aggressor. We have to work with them, which isn't easy because you'll be working with beliefs and values. From the very beginning of the process of building a professional identity, we must not impose what we personally think.* (FN03)

Sensitivity to perceive what is not said

The findings also reveal the importance of sensitivity as a fundamental competence in the practice of forensic nursing, especially in recognizing nonverbal signs and subjective manifestations of suffering. The interviewed professionals point out that their training and experience in the forensic field enable them to develop an expanded clinical perspective, capable of identifying subtle indicators of violence, emotional pain, and psychological suffering that often go unnoticed in conventional care.

This ability to "perceive what is not said" goes beyond the observation of physical injuries, encompassing behavioral aspects, emotional expressions, and silent signs of guilt, fear, oppression, and social invisibility. In this context, the forensic nurse positions themself as an agent of qualified listening and empathic intervention, capable of recognizing the "silent cry" of those who often have silence as their only form of expression. Such sensitivity broadens the scope of care, promoting comprehensive, ethical, and humanized assistance aligned with the commitment to human rights and the dignity of people in situations of vulnerability.

> *Our sensitivity is a differentiating factor. It means having a perspective, a much greater sensitivity than that of a nurse who is on the front line and does not have this preparation. We are able to look beyond the obvious signs, sometimes of physical violence, but also at behavioral issues. Sometimes the person tells you something, but you notice that there is something deeply rooted there, or when they arrive with a certain level of stress, a certain anxiety. In short, we see all of this difference.* (FN03)

> *There are some who live, which is the majority, with guilt, which is something that consumes everything, and that guilt makes them pay for everything they are entitled to, and even for what they are not. And we, forensic nurses, we are that breath of fresh air. I like to use the term that we forensic nurses are the cry. We have the ability to hear the silent cry of the prisons, because those people scream in silence, they scream everything. They scream the lack of love, neglect, depression, injustices. They scream everything in silence, because silence is all that is left to them.* (FN13)

Enabling citizens to take protagonism in their own lives

The statements show that the practice of FN goes beyond direct care, also constituting an instrument of social transformation by enabling individuals in situations of vulnerability to reclaim protagonism over their own lives. By recognizing the impact of violence, institutional neglect, and inequalities on processes of physical and emotional illness, forensic nurses point out that their work is directly connected to the promotion of citizenship and the strengthening of the individuals served.

This action, by integrating clinical care, guidance, and articulation with support networks, helps individuals gain access to accurate information, appropriate services, and possible pathways for personal and social restructuring. In this sense, FN is experienced by professionals not only as a technical practice, but as a social and ethical mission, marked by a sense of justice, empathy, and the construction of autonomy. By promoting relief, listening, and guidance, these professionals become facilitators of healing and rehabilitation processes, reinforcing care as a political and humanitarian act.

> *In fact, my real feeling, as a citizen, is to try to give a response and contribute to society regarding these ills that we experience, of crime, of public policy issues, and so on. As a victim myself, we need to give answers to people and provide access. Because today we say we have the internet, we have WhatsApp, but how does this information actually reach people? To give concise information and not fake news. To bring opportunities for people, so that they can be the protagonists of their own lives*. (FN01)

> *I like it. When I worked in mental health, I saw that I was able to help in cases involving justice and health. It was that feeling that I did a little something for that person. A little bit of justice for that citizen who fights for their rights. But also, a little bit from my side, which relates to health. It's like a mission accomplished. I feel that my mission in forensic nursing is stronger than in general nursing. It's different, it's stronger in forensic nursing. I notice that*. (FN15)

> *Look, when I finish a consultation and the mother or child leaves feeling more relieved, referred to a psychologist, after a few months, we actively follow up to see how things are going. We even have contact with the psychologist we referred to, from the NGO. We always ask how the person is doing, how the child is doing, and then, after a while, we see that they are more open, they play. That's rewarding, knowing that you managed to fulfill, even a little bit of your mission, that it worked*. (FN17)

Happiness in contributing to justice and society

The statements show that FN practice is experienced with a deep sense of personal and professional fulfillment, especially due to the perception of contributing concretely to justice and society. The happiness expressed by forensic nurses is directly related to the recognition of the positive impact of their practice on people's lives, particularly in contexts marked by violence, suffering, and vulnerability.

This satisfaction is translated into the awareness that the technical and scientific knowledge acquired throughout training and professional experience is applied in an ethical and transformative manner, functioning as a bridge between health care and the realization of human and legal rights. Participants report a feeling of "mission accomplished" when they perceive that their work not only provides care but also promotes justice, contributing to judicial processes and strengthening citizenship. The passion for the profession, evident in the narratives, reinforces the potential of forensic nursing as a field of practice that adds social, emotional, and ethical value, consolidating itself as a space of care committed to transforming reality.

> *A feeling of happiness, of contributing to society in another way, with the knowledge that we acquire. When we work with forensic nursing, it's a kind of giving back to society, of a technical job, of quality work, and that will, indeed, do justice.* (FN05)

> *I never stop to think much about the feeling, but it's like this: "Wow, I managed to help." I managed to help with this legal aspect, with the judicial issues. My profession helps because it's on the front lines. So, I managed not to get in the way, I managed to help, I managed to move things forward. That's the feeling, at least initially*. (FN07)

> *A wonderful feeling. Unfortunately, the field of violence is very broad. We see human pain; we see human suffering, and considering that, we see the need for the specialty. And just as I say that I am passionate about being a military police officer, I am passionate about being a nurse. In fact, I think all of this comes down to the fact that I am passionate about doing good. So, knowing that forensic nursing spreads good makes me even happier. I am grateful for the opportunities life has given me, and this truly encourages and drives me to continue along the path of Brazilian forensic nursing, because I genuinely believe in it.* (FN10)

Personal and professional development

The statements show that FN practice has become a powerful space for personal and professional development for the nurses who work in this field. The specialty, by requiring skills such as active listening, empathy, welcoming attitudes, and investigative ability, contributes not only to professionals' technical qualification but also to emotional maturity and self-knowledge.

Participants describe feelings of fulfillment, recognition, and inner growth, highlighting that the practice of FN goes beyond the limits of clinical care, positively impacting their personal lives and how they relate to themselves and others. In addition, the possibility of integrating knowledge from different areas, such as public health, obstetrics, and mental health, strengthens professional identity and expands the sense of social usefulness, even in stigmatized settings such as prisons. This unique experience reinforces the transformative role of FN not only in society but also in the life trajectories of the professionals who build it on a daily basis.

> *Satisfaction in applying what I studied. Forensic nursing helps me a lot. Even in parallel with forensic nursing. I learned how to conduct interviews, how to be empathetic. And that has helped me not only in my work, but as a person. Empathy, welcoming, when you learn to accept a victim, you learn to accept yourself first, you learn to listen to yourself, so that was much better for me than for others. It's a possibility for individual growth, an inner growth that I did not envision in other areas. This personal recognition is really great.* (FN16)

> *My feeling is one of fulfillment and gratitude, because it's the place where I feel most useful as a nurse. There are so many experiences I could tell you about. In these 20 years, I've heard a lot, I've seen a lot, I've cried a lot. And I've regretted almost nothing. But I'm passionate about forensic nursing. I don't know how to do anything else, even though I'm an obstetric and public health nurse, forensic nursing allows me to combine these two areas. It allows me to be a public health specialist and obstetrician within the environment where I feel most useful. Many times, I have been and am asked, but why prison? Why do you want to do nursing in prison? There are so many people in need, and then you're going to work with those who are no good* [...] *everyone has the right to make mistakes, I start from that principle. And regret in prison is the greatest punishment a person like that can have.* (FN13)

DISCUSSION

FN represents a critical intersection between healthcare and the justice system, requiring professionals not only to have technical competence but also a profound ethical commitment. The results of this study show that forensic nurses perceive their work as a direct extension of fulfilling their ethical-professional duty, as outlined by the Code of Ethics of the International Council of Nurses, which emphasizes the responsibility of nurses to respect the human rights and dignity of all people, regardless of their legal or social condition[14].

This ethical perspective is particularly relevant in contexts of vulnerability and violence, in which forensic nurses act as guarantors of fundamental rights. Clinical practice in these settings requires an approach that goes beyond physical care, incorporating principles of justice, equity, and respect for patient autonomy. Internationally, the importance of practice

informed by solid ethical principles is emphasized, especially in situations involving complex moral dilemmas[15].

The sensitivity to "perceive what is not said" emerges as an essential competence in FN. Professionals must be able to identify subtle signs of suffering, fear, or oppression that are not verbally expressed by victims. This skill is aligned with the practice of trauma-informed care, which recognizes the profound impact of traumatic experiences on the mental and physical health of individuals[7]. Active listening and empathy are fundamental tools that enable forensic nurses to provide care that acknowledges and validates victims' experiences. This approach not only improves the quality of care but also contributes to the collection of more accurate and relevant information for judicial processes[16].

The work of forensic nurses also plays a crucial role in promoting the autonomy of victims, enabling them to become protagonists of their own lives. By providing clear information, emotional support, and appropriate referrals, professionals help victims rebuild their self-esteem and regain control over their life trajectories[17,18]. This victim-centered approach is consistent with international guidelines that emphasize the importance of empowering individuals affected by violence, ensuring their access to the resources and support necessary for recovery[19].

Personal and professional satisfaction is closely linked to the perception that one's work contributes to justice and social well-being. This sense of fulfillment is reinforced by the awareness that professional actions have a direct impact on people's lives and on the promotion of a more just and equitable society. Forensic nursing practice can be a significant source of professional satisfaction, especially when professionals perceive that they are making a difference in victims' lives and contributing to the effective functioning of the justice system[20].

FN has offered unique opportunities for personal and professional development. The need to deal with complex and emotionally challenging situations requires professionals to develop skills such as resilience, critical reflection, and deepened empathy[21]. Reflective practice, recognized as an important strategy for the continuous development of health professionals, allows forensic nurses to better understand their own motivations, perceptions, and values, enhancing their ability to provide ethical and compassionate care.

Working in environments such as prisons and mental health institutions challenges forensic nurses to confront their own biases and develop a deeper understanding of human complexities[22]. This experience can lead to significant personal growth and greater awareness of the social and structural issues that influence human health and behavior.

The integration of knowledge from different fields, such as public health, obstetrics, and mental health, into FN practice strengthens the professional identity of nurses, expanding their sense of social usefulness[7,22]. This interdisciplinary approach is essential for addressing the complexity of cases faced in forensic practice.

The presence of forensic nurses within the health system contributes to improving the quality of care provided to victims of violence and to the realization of human rights. Their specialized practice enables a more sensitive and effective approach to caring for these vulnerable populations[3,4]. It is noteworthy that FN play a vital role at the interface between health and justice, promoting accountability for perpetrators and support for victims[23,24].

The continuous training of forensic nurses is fundamental to ensuring the quality and effectiveness of their work. Specific education and training programs, such as those offered by international organizations, are essential for the development of the required skills in this area[25]. Interdisciplinary collaboration is another crucial aspect in the practice of forensic nurses. Working together with professionals from different areas, such as law, psychology and social work, allows for a more comprehensive and effective approach in the care of victims and in the conduct of judicial processes[26].

The ethical practice of forensic nurses also involves the recognition and respect for the cultural and individual differences of victims. Cultural sensitivity is essential to provide care that is truly person-centered and respects their beliefs and values[7], which aligns with the new principle of the Unified Health System (*Sistema Único de Saúde*), which deals with Humanized Care[27]. FN practice also requires professionals to be attentive to issues of confidentiality and privacy of victims' information. The proper management of this information is fundamental to protecting victims' rights and ensuring the integrity of judicial processes[28].

The work of forensic nurses in situations of sexual violence, for example, requires specific skills for evidence collection and emotional support for victims. Programs such as the Sexual Assault Nurse Examiner program demonstrate the importance of specialized training to deal with these cases[25]. The practice of FN can also contribute to violence prevention, through the identification of patterns and risk factors, and through the promotion of public policies aimed at protecting vulnerable populations[5].

Research and knowledge production in the field of FN are essential for advancing practice and improving the care provided to victims. Studies that investigate the experiences of professionals and victims can provide valuable insights for improving interventions. The

implementation of evidence-based protocols and guidelines is fundamental to standardizing FN practice and ensuring quality of care.

Finally, it is important to study nurses' SR regarding the feelings involved in applying forensic practices in clinical care, since social representations encompass common-sense knowledge placing individuals as producers of meaning[24], and such meanings end up shaping their social reality during their care. Valuing and recognizing FN as an essential specialty in the health and justice system are important steps to strengthen the profession and to ensure the continuity and expansion of the services provided.

The discussion of the results, in light of SRT, reveals that FN practice is socially represented by nurses as an activity that transcends traditional clinical care, anchored in ethical, humanitarian, and social justice pillars. FN is perceived as a specialty that requires advanced technical, ethical, and emotional competencies. Its practice is fundamental to promoting justice, supporting victims of violence, and strengthening human rights in society[25,7,28].

As a limitation, it should be noted that the study was conducted with a specific group of forensic nurses who volunteered to participate, which may restrict the diversity of experiences accessed. In the context of qualitative designs, this does not imply a lack of statistical generalization, a characteristic inherent to the approach, but rather issues related to the transferability of the findings, as the results reflect the set of meanings produced by a specific group at a given historical and institutional moment. The use of online interviews may also have influenced relevant communicational nuances. The temporal scope of the interviews also represents a limitation, since feelings and perceptions may be influenced by specific social, political, and institutional contexts of the period under investigation.

Despite its limitations, this study contributes to FN practice by highlighting how nurses construct meaning about their professional practice, reinforcing ethical, humanitarian, and justice values. These findings support the need to strengthen continuing education, institutional recognition, and the expansion of public policies that acknowledge the relevance of the specialty. Furthermore, by highlighting the impact of sensitivity, active listening, and ethical commitment in healthcare, the study provides support for improving comprehensive care for victims of violence and consolidating forensic nursing as a strategic field of interface between health and justice.

FINAL CONSIDERATIONS

The SR of forensic nurses regarding the feelings associated with applying forensic knowledge in their professional practice reveal that these professionals collectively construct an image of their work strongly anchored in ethical, humanitarian, and social justice values, which guide their conduct and strengthen their professional identity, embodied in the notion of fulfilling a life mission.

Sensitivity is represented as a distinctive attribute of the forensic nurse, constituting a central competence of the profession and guiding the interpretation of nonverbal signs of suffering, which reinforces the humanized and intuitive dimension of care. Forensic practice is represented as an instrument for reconstructing the autonomy of individuals, highlighting the social function of nursing, beyond the clinical field, as a transforming agent of reality.

This representation integrates emotional, technical, and social dimensions of practice, reinforcing a sense of belonging to the field and valuing the role of the forensic nurse in building a more just society. Engagement with extreme situations and contexts of vulnerability appears as a catalyst for self-knowledge, professional recognition, and the redefinition of nursing's social role.

Thus, the SRs permeating the discourses of forensic nurses not only structure the collective understanding of the profession but also strengthen its identity, guide everyday practices, and contribute to the legitimization of FN as an autonomous, ethical, and socially relevant field. This collective symbolic construction enables these professionals to face complex challenges, attributing meaning to their actions and reinforcing their commitment to humanized care, justice, and human rights.

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