Original Article

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Advancing Health Equity and Social Justice in Forensic Nursing Research, Education, Practice, and Policy: Introducing Structural Violence and Trauma- and Violence-Informed Care

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ABSTRACT

Initial conceptualizations of violence and trauma in forensic nursing have remained relatively narrowly defined since the specialty's inception. The advent of trauma-informed care has been important but has limitations that obfuscate social and structural determinants of health, equity, and social justice. As forensic nursing practice becomes more complex, narrow definitions of violence and trauma limit the effectiveness of trauma-informed care in its current incarnation. In keeping with the nursing model of holistic care, we need ways to teach, practice, and conduct research that can accommodate these increasing levels of complexity, including expanding our conceptualizations of violence and trauma to advance health equity and social justice. The objective of this article is to introduce the concepts of structural violence and trauma- and violence-informed care as equity-oriented critical paradigms to embrace the increasing complexity and health inequities facing forensic nursing practice.

KEY WORDS:

Health equity; social justice; structural violence; trauma- and violence-informed care; trauma-informed care

The forensic nursing specialty, as initially described by Virginia Lynch in 1990, was developed to care for people experiencing violence and subsequent trauma across the lifespan and is inherently interdisciplinary; practitioners regularly engage with a variety of systems, environments, and people at the intersections of healthcare, forensic science, criminal justice, and nursing science. "Trends in violence necessitate that forensic nursing be a dynamic field, adapting as needed to address the effects of violence in society" (Valentine, 2014, ¶ 116). The Institute of Medicine's report on the "Future of Nursing" appealed to all nurses to participate fully in the redesign of healthcare to improve the health and well-being of all people (Institute of Medicine Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, 2011). The historical roots of nursing in public and community health uniquely position forensic nurses to lead responses to violence and trauma across systems and between levels of care (Valentine, 2014).

In contrast to the diversity of practice environments and skillsets in forensic nursing, the conceptualizations of violence and trauma informing forensic nursing have remained relatively narrowly—if incompletely—defined since the specialty's inception, posing a challenge when strategizing around prevention and response (Lawson & Rowe, 2009).

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According to the World Health Organization's (2019) Violence Prevention Alliance, violence is "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation" (¶ 2). Similarly, the International Association of Forensic Nurses (2009) defined violence as "an international public health issue that destroys the quality of life in communities and societies worldwide" (¶ 1). Although communities are mentioned as the potential recipients of violence, the perpetrator in both definitions is undefined, but tacitly singular and human. Violence is commonly conceptualized at the individual level: between perpetrators and victims.

Trauma definitions and treatments are often more explicitly centered on the individual: "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (Substance Abuse and Mental Health Services Administration, 2019, ¶ 2). Trauma is usually situated within the contexts of medical and/or legal systems and identified by the severity of individual symptoms. However, beyond the individual level, communities experiencing marginalizing conditions are at a disproportionate risk for interpersonal violence and other traumatizing events that adversely affect mental, physical, emotional, and community health (Hunt, Tran, & Whitman, 2015). Furthermore, the same populations who are at a higher risk for experiencing violence are often disproportionately targeted for punishment for violence (Spohn, 2015).

Despite continued documentation, health and social disparities persist (Marmot & Allen, 2014). These disparities are examples of health inequities, that is, "avoidable" health disparities. Equity, as distinct from equality, is explicitly oriented toward justice and fairness (Krieger, 2001). Equity and disparity are discussed at the population level. Focusing only on individual experiences of violence and trauma obscures the effects of ongoing violence at the population level, in the form of policies and practices that systematically marginalize and stigmatize entire groups of people. Individual-level research and interventions—although important—are inadequate to address systems-level violence. To reduce the incidence and prevalence of all violence, but especially that which is experienced inequitably, there must be a shift away from treating violence strictly as a criminal issue and a move toward expanding and unpacking the intersecting identities, policies, histories, and structures that drive the disproportionate burdens of violence borne by communities experiencing marginalization. To adequately engage these complex problems, forensic nursing needs an updated critical paradigm that can capacitate the multilevel complexities the specialty was founded to address and begin to emphasize violence prevention. The objectives of this article are to introduce readers to the concepts of structural violence and trauma- and violence-informed care (TVIC) as important paradigm shifts for forensic nursing and to discuss implications for education, practice, and research.

Embracing Complexity and Equity

An equity-oriented approach emphasizing fairness and justice compels an exploration of how social and structural factors shape the experiences of violence and trauma. Traditionally, both violence and trauma are understood at individual levels: Violence is meted out by a perpetrator and experienced by a victim, who then experiences symptoms and effects of trauma, which are addressed with specific therapeutic interventions to minimize symptoms and sequelae. Although not inaccurate, these conceptualizations are incomplete. Acts of direct violence are situated within the more insidious, but equally destructive, force of structural violence.

Structural Violence

Criminalizing violence as both preventive through deterrence and curative through punishment is a reactionary approach that prevails despite the lack of evidence showing actual crime reduction or deterrence (Prothrow-Stith & Davis, 2010; Williams & Donnelly, 2014). This approach portrays violence as a collection of singular incidents, preventing a more comprehensive primary prevention approach. Violent behavior is cast as individual inadequacy while largely ignoring its social determinants (Ackermann, Goodman, Gilbert, Arroyo-Johnson, & Pagano, 2015; Prothrow-Stith & Davis, 2010; Williams & Donnelly, 2014).

The concept of "structural violence" situates violence in the context of social determinants, thereby repositioning violence as a public health issue in which systems and institutions are held accountable. Structural violence describes social structures (e.g., political, economic, legal, medical) that prevent individuals and groups from achieving their best outcomes; the "social machinery of oppression" (Farmer, Nizeye, Stulac, & Keshavjee, 2006; Galtung, 1969). Structural violence is often ongoing and historical and can co-occur with interpersonal forms of violence, compounding the effects of trauma and further impacting individuals and groups who are already experiencing marginalization and discrimination (Browne, Varcoe, Ford-Gilboe, Wathen, & EQUIP Research Team, 2015). The prevailing emphases on individual interactions and clinical environments in trauma research and practice can fail to recognize and address the more upstream influences on health, such as social determinants and political, economic, and historical contexts that undergird this "unequal structuring of trauma" because of structural violence across groups and communities (Bowen & Murshid, 2016, ¶ 224). Expanding our definition of violence to include harms enacted by

structures and institutions increases explanatory power for health inequities and can equip forensic nursing clinicians, researchers, and educators to better serve the people and communities in their care.

Trauma-Informed Care: Important but Incomplete

In a study assessing the current state of the science in forensic nursing, Drake and colleagues found that, although forensic nurses care for diverse populations, there were widespread concerns about how to best serve the unique needs of various clients, especially vulnerable populations, including how to incorporate principles of trauma-informed care (TIC; Drake et al., 2018). TIC recognizes the prevalence of trauma and its ability to dramatically affect functional abilities, health, and behaviors. A trauma-informed approach emphasizes the need for organizations to adopt policies and practices that create and maintain environments that promote healing from past trauma and prevent retraumatization in people who have experienced trauma (Wolf, Green, Nochajski, Mendel, & Kusmaul, 2014). TIC is guided by six core principles that must be adopted and implemented throughout the organization: safety; trustworthiness and transparency; peer support and mutual self-help; collaboration and mutuality; empowerment, voice, and choice; and cultural, historic, and gender issues (Substance Abuse and Mental Health Services Administration, 2014).

Limitations of TIC

Critiques of TIC stem from (a) a relatively narrow definition of trauma that implicitly emphasizes violence between individuals, (b) the emphasis on medical environments at the exclusion of others (e.g., legal systems, social services, educational systems, economic structures), and (c) TIC's implicit assumption that trauma affects everyone in the same way (Browne et al., 2015). Some groups experience trauma disproportionately as a result of their social locations and as consequences of deeply entrenched structural inequalities (Browne et al., 2015). TIC has improved—and has the potential to continue to improve—individual care and interactions with clients. However, because of these identified limitations, it is inadequate to accommodate forensic nursing's position in a constellation of complex systems and structures.

In a perceptive editorial, Peternelj-Taylor (2018) explained that "given the pervasive nature of trauma, [that] all forensic nurses provide the patients and clients they encounter in their professional lives with trauma informed care" (¶ 185), before pointing out that trauma is cumulative, experienced differently depending on context and resources, and that some groups will be at a higher risk based on a host of social and historical factors. In that spirit, we advocate for a TIC approach with more capacity for complexity, which can empower forensic nurses to use their unique education, training, perspective, and position to not only interact one-on-one in a way that prevents the retraumatization of their clients while, at the same time, advances health equity and social justice for populations.

Trauma- and Violence-Informed Care

TVIC builds on TIC by foregrounding violence, explicitly structural violence, in the understandings of, and responses to, trauma. It emphasizes the intersections of interpersonal and structural forms of violence (e.g., racism, poverty) and acknowledges that structural forms of violence are often ongoing and historical, with exacerbating negative effects (Browne et al., 2015). TVIC acknowledges the complexity of trauma, accounting for the fact that trauma can result from various forms of structural violence as well as individual interactions and that some populations are disproportionately affected by multiple forms of violence (Browne et al., 2015). TVIC expands the focus of TIC such that "trauma" is not solely located in an individual to be treated but includes social architecture and systems that perpetuate structural violence (Ponic, Varcoe, & Smutylo, 2016). Calling attention to this improves nurses' abilities to be receptive to such factors and meet client needs (Bungay, Johnson, Varcoe, & Boyd, 2010).

Forensic nurses play multiple roles in diverse systems and services, and TVIC's expanded conceptualizations of violence and trauma are more encompassing for the multilevel, cross-sector challenges faced in practice. Narrow definitions of trauma may be inadequate to best understand and address the needs of diverse clients whose vulnerabilities to and experiences with violence and trauma are different but who all require advocacy and care. Trauma exposure is not limited to people who have experienced adverse events in childhood or seek evidence collection after a sexual assault; those who have experienced homelessness, persistent racism and discrimination, deep poverty, and/or abusive relationships have also experienced trauma but may need very different numbers and types of medical, legal, psychological, and social supports. In reality, because institutional policies and social structures tend to repeatedly and systematically disadvantage (and privilege) the same groups, placing them at an increased risk for interpersonal violence, forensic nurses are very likely to serve a clientele that has experienced both interpersonal and structural violence (Bungay et al., 2010; Trujillo, Delapp, & Hendrix, 2014). By identifying individuals' and communities' experiences of past and ongoing violence as the multifaceted causes of trauma, TVIC emphasizes the importance of making policies and practices safe (Ponic et al., 2016).

Implications for Forensic Nursing

Nurses are uniquely positioned to address violence and its sequelae. As noted by Finn and Coast (2017), "At the heart of service in a helping profession is social justice" (¶ 197).

Nurses care for patients along the continuum of violence-related injuries and perpetration. It is important to identify the health effects of direct violence as well as structural and invisible violence such as colonization and racism (Ponic et al., 2016). Forensic nurses have additional unique opportunities to advance health equity and social justice through adopting a TVIC paradigm in nursing education, research, and policy.

The nursing model of care is holistic and accounts for the influences of history and environment on behavior, health, opportunity, and outcomes. The forensic nursing specialty is poised to lead social justice and health equity promotion. TVIC can be adopted by forensic nurses working in all practice areas, from direct patient care to research, policy, and outreach.

Practice

In a survey of forensic nurses, by Drake et al. (2018), respondents expressed a desire for tools and skills to engage with populations experiencing social inequities in more supportive and effective ways. For many forensic nurses, responses to violence and trauma need not be limited to an examination room. Forensic nurses practicing to their full scope will provide care that spans disciplinary boundaries (Mertens, 2017). In considering how individual forensic nurses can incorporate principles of TVIC and foreground the concept of structural violence, it can be helpful to explore how explicitly identifying structural forms of violence may influence practice and organizational policies and procedures. For example, how might the implementation of TIC principles be adopted to include an imperative to also address structural violence in one's specific practice area or organization?

Regardless of one's practice setting, all forensic nurses need to evaluate their own biases, cultural and racial stereotypes, and beliefs about others' intersecting, mutually constitutive cultural, historical, and gender identities. All individuals who present to forensic nurses for care bring both unique stories and collective identities that need to be honored. It is best practice to assume that a person's life difficulties before this encounter will impact his or her current experience (Machtinger et al., 2019). Individuals and organizations need to continuously deepen their capacity to address the historical trauma and structural violence experienced by the clients they serve through continuing education programs, quality assurance processes, evolving policies, and budgetary responsiveness to meet their service populations' needs. When the structural violence experienced by both clients and staff is addressed by ongoing processes, TIC truly becomes TVIC.

Furthermore, a TVIC approach can advance health equity across disciplines and levels of engagement. For example, death review teams such as Maternal Mortality Review Teams (Zaharatos, St Pierre, Cornell, Pasalic, & Goodman, 2018), Child Death Review Teams (Durfee, Parra, & Alexander, 2009), and Domestic Violence Fatality Review Teams (Wilson & Websdale, 2006) are important tools utilized in forensic nursing practice. Death review teams examine contributing factors at multiple levels of the socioecological spectrum and, on the basis of their findings, make recommendations to professional societies and state and national legislators in an effort to inform and change systems and standards of care to decrease overall mortality from preventable causes. Although these reviews do uncover important gaps and limitations of healthcare, social service, and legal systems, these discoveries are too late for victims. A forensic nurse adopting a TVIC approach could develop a complimentary process enacted at the community level that convenes diverse stakeholders to review violence-related morbidity in their own environments with an aim toward stakeholder-led prevention. Assembling community-engaged review teams that operate from a social or structural justice framework utilizing principles of TVIC provides avenues for forensic nurses to capitalize on their unique position as patient advocates at the nexus of multiple systems that are often opaque (at best) or dangerous (at worst) to the very communities experiencing high levels of direct and structural violence. In addition to bringing relevant, cross-sector stakeholders together to support safer and more equitable communities, the act of capacity building as a communal undertaking is an intervention that, in itself, can break down structural barriers.

Education

Nursing education in general needs to incorporate specific forensic content into curricula; this entails providing the opportunity for students to learn how TVIC can be implemented through levels and sectors that they may encounter in practice. Furthermore, to fully embed TVIC into nursing education, nursing curricula need to become a proactive mechanism for being responsive to and eradicating trauma, violence, and inequities that have been perpetrated by the nature of traditional nursing curricula. There are two kinds of curricular changes that would address previous equity and TVIC issues. First, nursing education programs need to discuss the nuances of and provide evidence-based strategies for screening, assessing, and intervening in the care of vulnerable people who are different from the nurse. TVIC should be taught as a universal precaution, not as a care plan to be implemented after someone has a diagnosis on their problem list in particular environments (Machtinger et al., 2019). Some evidence-based programs suggest that incorporating TVIC on an institutional or community level may improve individual and family encounters with the healthcare system (Becker & Roblin, 2008).

Second, curricular changes are needed that will present information in a more equitable manner. This change would include removing structures and content from the curriculum that are presented entirely from the perspective of the dominant colonial culture and instead frame nursing education using the social and structural determinants of health

and equity. Nursing schools should address admission policies that perpetuate a nursing demographic that does not reflect the demographics of the community at large. This can be done by asking, "What promotes the admission of dominant culture nurses (often White and female) in larger proportion than any other ethnic group? What biases or structural barriers have been erected that prevent admission of academically qualified students with a disability to nursing schools?" These types of questions need to be answered on an institutional level if we are to create a workforce of TVIC nurses ready to meet the healthcare needs of all in the community.

Research

Conducting research through a TVIC lens begins with critical reflexivity among researchers vis-à-vis the relevance of research questions to the communities in question, levels of participation by multisector stakeholders, and explicit commitment to social justice, reciprocity, and shifting power away from traditional brokers in the research process (Israel et al., 2019). There are several research methods and methodologies that are well suited to incorporate TVIC. Community-engaged and participatory action research designs can democratize decision making and facilitate co-creation of knowledge that is more applicable to community partners by involving community stakeholders in every aspect of the research process, from design through knowledge translation and mobilization (Israel et al., 2019). Systems thinking approaches, such as group model building, were developed to explore complex problems, for example, community violence, in a participatory fashion through identifying and mapping interrelationships between multilevel factors that influence the evolution of a problem (Frerichs et al., 2016). Qualitative research is a critical part of any effort to understand and unpack the experiences of people experiencing multiple, intersecting inequities, and specific data collection methods, such as focus groups, have been effective in shifting power away from the researcher and toward participants (Pollack, 2003).

As an example, the EQUIP Primary Care intervention is a systems-level intervention implementing an equity-oriented approach into community health centers serving populations experiencing severe marginalization, such as people living in poverty and/or homelessness and people living with high levels of trauma, for example, Indigenous people, refugees, and recent immigrants in Ontario and British Columbia (Browne et al., 2018). EQUIP was developed by a multidisciplinary team, including community partners, and was guided by principles of TVIC, harm reduction, cultural safety, and tailoring to context. Composed primarily of staff education components, EQUIP included suggestions on creating physical spaces that are more trauma- and violence-informed, using de-stigmatizing language, and examining practices and policies that may be perpetuating inequities through retraumatization and structural violence, for example, expanding clinic and waiting room hours, shifting focus away from eliciting client disclosure of trauma, and toward creating a safe environment for everyone, including the most traumatized (Browne et al., 2015). The intervention proved incredibly effective in improving health outcomes, which is especially impressive given the high acuity of patients and lack of direct patient intervention. After 24 months, equity-oriented care predicted increased levels of patient confidence and comfort with the care they received, which led to greater feelings of confidence in their own abilities to manage complex health conditions, which improved health outcomes, including post-traumatic stress disorder (PTSD) symptoms, depressive symptoms, chronic pain, and quality of life (Ford-Gilboe et al., 2018).

Policy

Forensic nursing is at the forefront of caring and advocating for people who have experienced violence, and forensic nurses understand the burdens of direct violence on healthcare. However, they are underrepresented in policymaking spheres where prevention is possible, although they are well positioned to influence policies to include a public health primary prevention model.

Firearm-related (FAR) violence in the United States provides a useful paradigmatic case. Current research confirms American children have the highest global firearm trauma rate (Lee, Moriarty, Tashjian, & Patterson, 2013). The United States has the highest firearm injury and death rates of 23 high-income countries (Riley et al., 2015). FAR violence claims the lives of approximately 32,000 people and results in injuries to over 67,000 people yearly in the United States (Fowler, Dahlberg, Haileyesus, & Annest, 2015). For every death, there are five survivors who will need exhaustive inpatient and outpatient medical treatment (Lee et al., 2013; Wiebe et al., 2016). Whereas death is a tragic loss, survival from FAR injuries is financially devastating. Homicides and violence-related injuries cost over $70 billion per year in actual healthcare costs and lost productivity (Centers for Disease Control and Prevention, 2014).

Trujillo et al. (2014) developed a guide for interpersonal violence prevention for forensic nursing that suggests opportunities for engagement and advocacy on primary, secondary, and tertiary levels. Many of their suggestions map well onto the FAR violence, for example:

- participating in the development and evaluation of prevention programs;
- consulting and collaborating with community agencies;
- educating community service agencies, community members, legislators, funders, and policy makers;
- promoting and conducting interpersonal violence research;
- developing and promoting policy and legislation;
- promoting evidence-based practice;

- advocating for community level change;
- lobbying for funding and services for victims; and
- facilitating access to care (Trujillo et al., 2014).

Forensic nurses can build on these suggestions by applying a TVIC lens that expands prevention's reach to include structural factors. For example, legacies of institutionalized racism—for example, enslavement, eugenics, and racial profiling—have contributed to a myriad of health and social inequities in many Black and African American communities that are impossible to disentangle from community violence. Individual acts of FAR and other forms of interpersonal violence are both part and symptomatic of these ongoing, often invisible, larger social and structural determinants. Locating violence and trauma at systems and community contexts can offer unique, intersectional, pragmatic perspectives in policymaking spaces.

Conclusion

TIC represents an important move toward safer, more relevant care. However, TIC has historically emphasized one-on-one interactions and practice environments and located "trauma" within individuals. This is an important starting place but can fail to recognize and address more upstream influences on health, such as social determinants and political, economic, and historical contexts that shape both opportunities and risks for populations. Adopting a TVIC paradigm expands the definitions of trauma and violence to provide more equity-oriented, holistic care that incorporates principles of social justice.

Forensic nursing has been charged with changing and adapting not only as violence evolves but also as multiple systems (e.g., legal, medical, criminal justice) change in accordance with the discovery of new evidence, legal precedent, resource allocation, and political will (Peternelj-Taylor, 2018; Valentine, 2014). Understanding and addressing complex, multidimensional influences on individual outcomes requires paradigms and tools of commensurate complexity. Thus, it is important for forensic nurses to comprehend violence at the structural level to better cultivate empathy and mitigate structural inequities through conscious interactions in their diverse practice roles and effectively advocate for clients, families, and communities through policy changes.

By its nature, TVIC is a systems-level approach that situates individuals experiencing all types of violence within historical and sociocultural contexts that determine their levels of risk, available opportunities and resources, and degrees to which their lived experiences are valued within systems ostensibly designed to support them. TVIC emphasizes creating healthy, safe, sustainable communities in which people at all levels of health and access to resources can thrive. Forensic nurses are uniquely positioned to work across departments within organizations and build bridges between siloed community sectors. By adopting a TVIC paradigm, forensic nursing will more explicitly align itself with equity and social justice principles and be better prepared to show leadership in interprofessional and interservice efforts to care for people experiencing violence and improve education, research, and networks of support in communities.

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