TITLE:

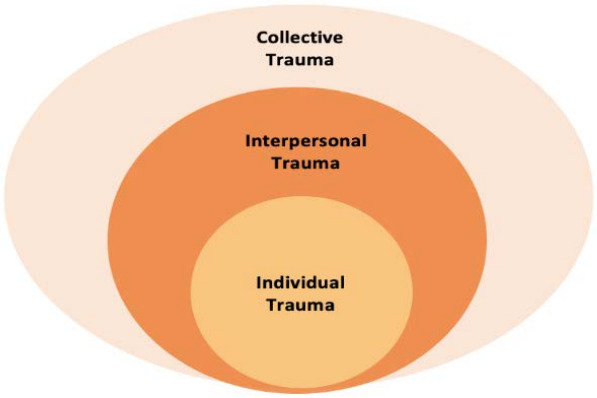
Trauma, Violence & Resilience Informed Care

DESCRIPTION:

Trauma is ubiquitous worldwide. According to World Mental Health Survey Consortium (2016) results from twenty-seven countries, found that lifetime trauma exposure was >70% for individuals and 30.5% of individuals reported 4 or more traumatic experiences.[1] Merrick and colleagues at the Centers for Disease Control (2019) collected Behavioral Risk Factor Surveillance System data from 25 states that included state-added adverse childhood experience (ACEs) items during 2015–2017. Nearly one in six adults in the study population (15.6%) reported four or more types of ACEs and were significantly associated with poorer health outcomes, health risk behaviors, and socioeconomic challenges.[2]

Healthcare providers that are not aware of the complex and lasting impact that traumatic experiences could have on one's health and well-being may unintentionally retraumatize their patients. Trauma-informed care approaches shifts the focus of care from 'What's wrong with you?' to 'What happened to you, and how has that impacted your health?' For the purpose of this position statement, we define trauma as an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful, life threatening and has lasting adverse effects on the individual's functioning as manifested through their mental, physical, social/ emotional, or spiritual well-being.[3]

BACKGROUND:



Lewis-O'Connor A, Levy-Carrick N, Grossman SJ, Rittenberg E.2015, updated 2020

We define trauma in its' broadest sense, recognizing that to comprehensively understand and address the needs of diverse people whose vulnerabilities and experiences with structural oppressions and racial inequity differ significantly. Traumatic experiences include individual exposures (ex. accident, death of a loved one, poor diagnosis); interpersonal exposures (ex. child maltreatment, domestic and sexual violence, elder abuse, labor, and sex trafficking); and collective trauma (ex. traumatic events or sets of circumstances that are shared by a group of people, such as racism, homophobia, and other historical and structural oppressions).[4] These types of traumas are not mutually exclusive, rather are often intersecting.

Burgess and Herman described how victims of violence when treated with skepticism and blame, often experienced a "secondary victimization." [5,6] Early psychologists hypothesized that if traumatic memories cannot be verbally or symbolically processed, then they are stored as physiological reactions to stimuli, situations, or states of arousal that recall the traumatic experience.[7] The evidence on adverse childhood experiences (ACEs) and associated health consequences, such as substance abuse, mental health issues, COPD, lung cancer and cardiac disease, and interpersonal violence indicate that such exposures to ACEs are highly prevalent in the US . [8,9,10] These findings suggest the importance of universal awareness that many seeking health care and treatment may benefit best if treated with trauma-informed approaches.

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In 1994, Substance Abuse and Mental Health Services (SAMHSA) convened the Dare to Vision Conference, this event was intentionally designed to bring trauma to the foreground and was the first national conference in which women trauma survivors talked about their experiences and ways in which standard practices in hospitals re-traumatized and often, triggered memories of previous abuse. The narrative of survivors informed the guiding principles of trauma-informed care: *safety (physical and psychological), trustworthiness & transparency, peer support, collaboration & mutuality, empowerment voice & choice, and cultural, historical & gender acknowledgment.* SAMHSA outlines four assumptions in implementing the trauma-informed care, referred to as the four "Rs": Realize, Recognize, Respond and Resist re-traumatization.[3] Healthcare professionals need education focused on the intersection of traumatic life experiences and the impact on health and healing. While not all individuals are negatively impacted by traumatic exposures, a comprehensive understanding of the short and long-term effects of exposure to trauma may be mitigated with trauma-informed approaches. [3,11, 12] Inherent in trauma-informed approaches is having an awareness of the impact trauma can have across settings, services, and populations while anticipating and avoiding institutional processes and individual practices that are likely to retraumatize patients who already have histories of trauma. Similarly, colleagues in Canada, defined Trauma & Violence Informed Care (TVIC) as a tool for health & social service organizations & providers. Aligning with SAMHSA's TIC model, TVIC emphasized the intersecting impact of systemic, historical, interpersonal violence and structural inequities.[13,14,15]

To proactively meet the needs of patients impacted by trauma, violence and abuse, trauma-informed care should be promoted in all services that provide care to victims and survivors. Survivors of traumatic experiences have reported they are more likely to follow up on medical appointments and engage in preventative care when clinicians are empathic and sensitive [11] and apply the principles of TIC. Some examples of TIC approaches include: empowering patients by including their voice and choices proactively in their plan of care; building relationship through transparency and trustworthiness (stating clearly what you can do and what is outside your scope); asking the patient what they need to feel safe during their visit/examination; understanding what might trigger them and how they cope; and acknowledgment that their cultural and historical experiences are relevant to their care and treatment.[4]

Asking patients about the impact an experience has had on their health and well-being rather than focusing on the details (non-acute patients) of the event provides an opportunity to promote healing and mitigate health consequences. Providing trauma-informed approaches requires us to rethink how care is provided and model and adopt these principles into all aspects of service delivery. All health care providers including forensic nurses should consider integrating the six guiding principles of trauma-informed care into their daily practice.

Trauma-informed education and training should focus on specific content about the potential for health consequences of trauma, its impact on the body and brain and approaches that can avoid re-traumatization and promote healing.

AFN Position: Forensic nurses should be cognizant of the neurobiological impact and health consequences of traumatic experiences, how to recognize the manifestations of trauma, and most importantly- how to intervene and prevent secondary victimization. Implementing evidence-based forensic nursing education, applying the 6 trauma-informed care principles, and the 4 "R's" of trauma-informed care will allow the forensic nurse to provide optimal care to all patients impacted by trauma, violence and abuse and model TIC amongst self and staff.

Forensic nurses have a unique opportunity to advance health equity and social justice through adopting a trauma-informed framework into nursing practice, education, research, and policy. It is the position of the AFN that trauma-informed approaches be used with a triple aim: organizationally, with all patients, and amongst staff.

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