

## **Violence is a Public Health and Healthcare Issue**

### *International Association of Forensic Nurses*

**Statement of Problem:** Violence is an international public health issue that destroys the quality of life in communities and societies worldwide (United Nations, n.d.). The World Health Organization (WHO) defines violence as 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, mal-development or deprivation (WHO, 2002). Violence includes intentional and unintentional injury found in individuals who seek health care following acts of family violence, intimate partner violence (IPV), child abuse, elder abuse, rapes or sexual assaults, trafficking, youth-on-youth violence, gang warfare, terror, war, disaster, violence in schools, workplaces and prisons (American Nurses Association, 2017) and law enforcement violence (APHA, 2018). In 2018, approximately 596,000 people around the world lost their lives due to intentional violence, including 93,700 women and girls (Hideg & del Frate, 2021). The nature of violence is evolving. Death as a result of crime victimization now exceeds that of armed conflict. In 2017, almost half a million people around the world were killed by homicide, compared to 89,000 killed in armed conflicts and 19,000 killed in terrorist attacks (UN, n.d.). Additionally, violence and its sequelae result in physical and emotional consequences for victims in a dose-related gradient (Felitti, et al. 1998).

#### **Association Position:**

- Forensic nurses recognize violence as a global health crisis.
- Forensic nurses have a professional and ethical responsibility to serve, advocate for and empower patients, families, and communities affected by violence (ANA & IAFN, 2017; ANA, 2015; IAFN, 2008).
- Forensic nurses facilitate the development of policies and procedures that foster the implementation of prevention and intervention programs in response to violence (ANA & IAFN, 2017).
- Forensic nurses are uniquely positioned to improve the health outcomes that result from violence through collaborative work with intersecting systems such as healthcare, advocacy and criminal justice, including early identification of patients at risk of victimization or perpetration (ANA & IAFN, 2017).
- There is widespread need for education of all healthcare providers on the acute and long-term physical and psychological consequences of violence.
- Forensic nurses are able to establish and promote identification, intervention and prevention programs, with the recognition that sustained societal change requires action that includes support of research, development of public policy and passage of legislation to effectively reduce and eliminate the causes, consequences and costs of violence (ANA, 2017).
- Public and private institutions that regulate or provide accreditation for healthcare facilities must promote the development of a coordinated and culturally sensitive response in the care of patients who have experienced violence or abuse to include forensic nursing response and intervention.

- Forensic nurses believe that health care providers should:
  - understand the global impact and outcomes of violence,
  - recognize the dynamics of violence at the individual, family, community and systems levels,
  - recognize that compassionate and effective early intervention minimizes the short-term and alleviates the long-term effects of violence (Palmieri & Valentine, 2021).
  - develop community strategies for prevention, intervention, and referral to appropriate support systems, and
  - use culturally competent strategies for teaching effective coping mechanisms (ANA, 2017).

**Rationale:** The aftermath of violence creates complex health issues requiring the dedicated efforts of professional groups. Nursing professionals are ethically bound to promote the health, welfare, and safety of all people (ANA, 2017). Utilizing the evidence base of nursing, forensic science and public health, forensic nurses are uniquely qualified to assess, diagnose, intervene, treat, monitor, educate and evaluate the effects of prevention and intervention efforts on persons of all ages affected by violence, thus minimizing the short and long-term consequences. Healthy People 2030 focuses on reducing different types of violence, specifically: self-harm, child maltreatment, intimate partner violence, exposure to adverse childhood experiences, sexual violence, and homicide (U.S. Department of Health & Human Services, 2021).

A primary goal of forensic nursing is to raise awareness that violence is a public health issue that impacts healthcare systems and communities worldwide. To that end, forensic nurses promote interventions that prevent or confront the causes of violence and strengthen the health care response to those affected by violence (ANA, 2017).

In summary, forensic nurses incorporate primary, secondary and tertiary prevention strategies into the care they provide individuals, families or communities. Forensic nurses support the development of policy, procedure and curriculum that educates health care providers and community members. Forensic nurses also contribute to policy and systems change that targets inequity in health care delivery for those affected by violence. Finally, through their culturally competent, trauma-informed, holistic and equitable approach to health care delivery and their commitment to the public's health, forensic nurses actively contribute to and support the universal goal of a world without violence.

## References

- American Nurses Association and International Association of Forensic Nurses. (2017). *Forensic nursing: Scope and standards*. (2<sup>nd</sup> ed.). Washington D.C.: American Nurses Association.
- American Nurses Association. (2015). *Code of ethics for nurses with interpretative statements*. (2<sup>nd</sup> ed.). Washington D.C.: American Nurses Association.

- American Public Health Association. (2018, November 13). *Addressing law enforcement violence as a public health issue*. American Public Health Association.  
<https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/29/law-enforcement-violence>
- Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., Koss, M., & Marks, J. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *Journal of Preventative Medicine*, 14(4), 245-258.
- Hideg, H. & del Fate, A. (2021). Still not there: Global violent deaths scenarios, 2019-30. Retrieved from <https://www.smallarmssurvey.org/sites/default/files/resources/SAS-SANA-BP-GVD-scenarios.pdf>
- International Association of Forensic Nurses. (2008). *IAFN vision of ethical practice*. Arnold, N.J.: International Association of Forensic Nurses.
- Palmieri, J. & Valentine, J. (2021). Using trauma-informed care to address sexual assault and intimate partner violence in primary care. *The Journal for Nurse Practitioners*, 17, 44-48.
- United Nations (n.d.). A new era of conflict & violence. Retrieved from <https://www.un.org/en/un75/new-era-conflict-and-violence>
- U.S. Department of Health and Human Services. (2021). Healthy people 2030. Retrieved from <https://health.gov/healthypeople/objectives-and-data/browse-objectives>
- World Health Organization. (2002). *World report on violence and health*. Geneva, Switzerland: World Health Organization.