

From Pain to Forensic Well-Being: Trauma-Informed Victimology, Meaning Reconstruction and Art-Based Learning in Forensic Science

Dr. Ignacio Bonasa Alzuria*

Liderarte, Madrid, Spain.

*Correspondence:

Dr. Ignacio Bonasa Alzuria, Liderarte, Madrid, Spain, ORCID: 0009-0001-3940-4278.

Received: 17 Apr 2026; Accepted: 20 May 2026; Published: 31 May 2026

Citation: Ignacio Bonasa Alzuria. From Pain to Forensic Well-Being: Trauma-Informed Victimology, Meaning Reconstruction and Art-Based Learning in Forensic Science. Int J Forens Sci Res. 2026; 3(2): 1-11.

ABSTRACT

Background: Forensic science has traditionally been defined by the reconstruction of facts, the preservation of evidence and the production of expert knowledge for legal decision-making. Yet forensic encounters also occur in the human aftermath of crime, violence, sudden death, abuse, coercion and loss. Victims, witnesses, families, professionals and communities may experience forensic procedures as protective and dignifying, or as confusing, intrusive and retraumatizing.

Objective: This article proposes Forensic Well-Being as an integrative, trauma-informed and victimological framework that preserves evidentiary integrity while reducing preventable institutional harm.

Methods: An integrative conceptual review was conducted across trauma studies, victimology, forensic interviewing, legal medicine, forensic education, meaning-making research, art therapy and expressive arts, restorative justice and organizational ethics.

Results: The article develops the FWB-ART framework, which connects trauma-informed practice, relational safety, narrative and symbolic meaning reconstruction, art-based learning, professional resilience and institutional accountability. The framework is not a substitute for forensic neutrality, clinical treatment or judicial procedure. Rather, it is an ethical and educational layer designed to improve how forensic systems meet people affected by harm.

Conclusion: Forensic science can remain rigorous while becoming more human. A trauma-informed, meaning-sensitive and art-based approach can help victims be heard without being reduced to evidence, can prepare professionals for the emotional realities of forensic work, and can support justice systems that seek truth without abandoning dignity.

Keywords

Forensic well-being, Trauma-informed victimology, Secondary victimization, Meaning reconstruction, Art-based learning, Forensic education, Victim-centered practice, Forensic interviewing, Restorative justice, institutional dignity.

Introduction

Forensic science is often imagined as a domain of laboratories, traces, autopsies, protocols, chain of custody and expert reports. This image is correct but incomplete. Every forensic act also belongs to a human ecology of pain: a body has been injured or has died, a victim has been violated, a family waits for an explanation, a professional must describe the intolerable in technical language,

and an institution must decide how to transform suffering into evidence without converting the person into an object. The central argument of this article is that contemporary forensic science requires an explicit framework of Forensic Well-Being: a set of principles, practices and educational tools that protect dignity, reduce avoidable trauma and support meaning reconstruction while preserving evidentiary rigor.

The proposal is not to transform forensic science into psychotherapy, advocacy or moral consolation. The forensic function must remain independent, transparent and methodologically disciplined. Nevertheless, neutrality does not require emotional blindness. Objectivity does not require coldness. A professional can preserve

evidence and, at the same time, avoid humiliating language, unnecessary repetition of testimony, confusing procedures, preventable exposure and institutional behaviors that intensify trauma. Victimological and trauma-informed perspectives have repeatedly shown that the response of systems after harm can either protect or deepen the wound [1-3].

The need for this bridge is increasingly visible. Trauma-informed pedagogy has recently entered forensic science education because students and future professionals are exposed to sensitive content involving violence, death, victimization and human vulnerability. Venson and Korb [4] found that the evidence base for trauma-informed pedagogy in forensic science education remains very limited but urgent. Mullen et al. [5] advanced the discussion by proposing a toolkit for teaching sensitive topics in victimology and forensic science, emphasizing psychological safety, autonomy and resilience. These contributions show that the forensic field is beginning to recognize what clinical, educational and victimological disciplines have long argued: trauma is not an accidental context but a structural reality of work with violence and loss.

This article expands that discussion from education toward a broader forensic ecology. It asks how forensic science, victimology and legal medicine might incorporate trauma-informed practice, meaning reconstruction and art-based learning without compromising scientific credibility. It proposes that a forensic system is fully rigorous only when it is accurate about evidence and careful about persons. In this sense, Forensic Well-Being is not a soft accessory; it is an ethical quality criterion. A system that produces technically valid results while generating avoidable secondary victimization remains incomplete.

The article also connects this discussion with art-based learning. Art does not enter the forensic process as decoration or as proof. It enters as a disciplined educational and meaning-making methodology. Artistic, symbolic and narrative practices may help professionals learn difficult material, develop ethical imagination, process occupational exposure and communicate with greater humanity. For victims and communities, art-based approaches may support post-evidence reconstruction of meaning, provided that boundaries, consent, cultural sensitivity and forensic neutrality are respected [6-9].

The article has five aims. First, it defines Forensic Well-Being as a concept grounded in victimology, trauma studies and institutional ethics. Second, it reviews how primary, secondary and institutional forms of victimization shape forensic encounters. Third, it synthesizes evidence and theory on trauma-informed practice, meaning-making and art-based learning. Fourth, it proposes the FWB-ART framework for research, education and practice. Fifth, it identifies safeguards, limitations and indicators for future empirical validation.

Methodological Orientation Integrative Conceptual Review

This manuscript is an integrative conceptual review rather than an empirical trial. It does not claim to test an intervention or establish causal effectiveness. Its purpose is to synthesize mature and emerging bodies of knowledge in order to generate a coherent forensic framework. Integrative conceptual reviews are appropriate when a field contains relevant evidence across separate disciplines but lacks a unifying model. In this case, the relevant domains include trauma-informed systems, victimology, forensic interviewing, forensic education, psychological trauma, meaning reconstruction, art therapy, expressive arts, restorative justice and organizational ethics.

The conceptual strategy followed four steps. First, the article identified a core forensic problem: the risk that systems designed to investigate harm may unintentionally generate additional harm. Second, it selected interdisciplinary constructs that address this problem: trauma-informed care, secondary victimization, institutional betrayal, victim-centered communication, narrative reconstruction, expressive and art-based learning, professional resilience and procedural dignity. Third, it translated these constructs into forensic language, avoiding therapeutic overreach and emphasizing evidentiary integrity. Fourth, it organized the resulting synthesis into a practical framework capable of guiding curriculum design, professional training, institutional policy and future research.

The literature base is deliberately broad. Foundational trauma theory is represented by Herman [10], Janoff-Bulman [11], van der Kolk et al. [12], van der Kolk [13], American Psychiatric Association [14], Felitti et al. [15], Norris et al. [16], Litz et al. [17] and Maercker and Hecker [18]. Trauma-informed systems are represented by Harris and Fallot [19], Elliott et al. [2], Hopper et al. [20], SAMHSA [21], Sweeney et al. [22], Bath [23] and Muskett [24]. Victimology and justice are represented by Campbell and Raja [1], Campbell et al. [25], Finkelhor [26], Freyd [27], Smith and Freyd [28], Ullman [29], United Nations [30], UNODC [3], European Union [31], Council of Europe [32] and World Health Organization [33,34].

The forensic interviewing and education literature includes Fisher and Geiselman [35], Milne and Bull [36], Lamb et al. [37], London et al. [38], Risan et al. [39], Nathan et al. [40], Campbell [41], Venson and Korb [4], Mullen et al. [5], Office for Victims of Crime [42], Office of Community Oriented Policing Services [43] and the Office of the United Nations High Commissioner for Human Rights [44]. Meaning reconstruction and posttraumatic growth are represented by Park [45], Neimeyer [7], Neimeyer et al. [46], Pennebaker and Seagal [47], Calhoun and Tedeschi [48], Tedeschi and Calhoun [49] and Bonanno [50]. Art-based and expressive approaches are represented by Malchiodi [6], McNiff [51], Pifalo [52], Schouten et al. [9], Schnitzer et al. [8], Maddox et al. [53], Shapiro [54] and Bonasa [55]. Restorative and procedural justice are represented by Zehr [56], Braithwaite [57], Daly [58], Umbreit and Armour [59], Tyler [60] and Tyler and Huo [61].

Additional clinical, developmental and policy sources inform the model's attention to risk, coping, child protection and system design. The adverse childhood experiences literature demonstrates that early victimization has durable health consequences [15,62], while stress and coping theory clarifies how people appraise and respond to overwhelming events [63]. Child and adolescent trauma treatment literature reinforces the need for developmentally sensitive responses [64]. Humanitarian and cross-cultural trauma perspectives highlight that recovery depends on restoring social trust and meaning, not only reducing symptoms [65]. Policy instruments and clinical guidelines underline dignity, protection, access to support and gender-sensitive responses [3,30-34]. The resulting framework should be understood as a hypothesis-generating model. It offers definitions, principles, educational tools and indicators that can later be assessed through mixed-methods studies, pilot implementation, qualitative interviews, curriculum evaluation, professional well-being measures and victim experience surveys. Its value is not that it closes the debate, but that it gives the debate a coherent architecture.

Why Forensic Science Needs a Well-Being Lens

The forensic field occupies a paradoxical position. It serves justice by producing knowledge about harm, but it also operates inside the emotional landscape created by that harm. The crime scene, the forensic medical examination, the interview room, the autopsy suite, the laboratory report and the courtroom are not neutral spaces for the people affected by them. They may become places of recognition, protection and truth; or they may become places where the person feels exposed, doubted, reduced, ignored or forced to repeat the wound.

Victimology has long distinguished between primary victimization, the direct harm caused by the offense, and secondary victimization, the additional harm caused by social and institutional responses. In forensic contexts, secondary victimization may occur when victims are required to repeat testimony unnecessarily, when they receive unclear information, when professionals use skeptical or blaming language, when bodily examinations are conducted

without adequate explanation, when evidence procedures are experienced as invasive without relational care, or when families receive technical conclusions without empathy [1,3,29].

Forensic institutions may unintentionally communicate that the person matters only as a source of evidence. This risk is especially acute in cases of sexual violence, child abuse, domestic violence, human trafficking, sudden death, elder abuse, hate crime and coercive control. In such cases, the forensic process does not merely collect information; it interacts with memory, shame, fear, dissociation, grief, social stigma and the victim's future willingness to remain engaged with justice. A victim-centered approach is therefore not contrary to forensic aims. It can improve cooperation, reduce withdrawal and support more complete narratives, provided that interviewers avoid suggestion and preserve methodological neutrality [35,36,39].

The same well-being lens applies to professionals. Forensic practitioners repeatedly encounter violence, decomposed bodies, graphic material, child abuse images, bereaved families, moral dilemmas and institutional pressure. Repeated exposure can contribute to secondary traumatic stress, burnout, compassion fatigue and moral injury. A system that asks professionals to hold society's darkest evidence without emotional support risks damaging the very people responsible for accuracy and care [17,22,24]. Forensic well-being therefore includes victims, witnesses, families, students, practitioners and institutions.

Forensic Well-Being can be defined as the capacity of forensic systems to pursue truth, evidence and justice while minimizing preventable harm, preserving human dignity, supporting trauma-sensitive communication, protecting professional resilience and enabling meaning reconstruction after violence or loss. This definition has three boundaries. It does not replace legal rights, clinical therapy or forensic standards. It does not ask professionals to sacrifice impartiality. It does not assume that art or meaning-making are appropriate during every procedure. Instead, it adds a quality layer: how truth is sought matters. The procedure itself can

Table 1: Interdisciplinary domains supporting the FWB-ART framework.

Domain	Contribution to forensic well-being	Representative sources
Trauma studies	Explains how threat, dissociation, memory, bodily regulation and shattered assumptions affect testimony, engagement and recovery.	American Psychiatric Association [14]; Herman [10]; Janoff-Bulman [11]; van der Kolk [13]
Victimology	Clarifies primary and secondary victimization, victim rights, institutional response and the human consequences of justice pathways.	Campbell & Raja [1]; UNODC [3]; Ullman [29]; European Union [31]
Forensic interviewing	Provides non-suggestive, open-ended and evidence-preserving methods that can be combined with trauma-informed communication.	Fisher & Geiselman [35]; Milne & Bull [36]; Lamb et al. [37]; Risan et al. [39]
Meaning reconstruction	Addresses how people rebuild coherence after loss, crime or trauma without forcing positivity or premature growth.	Park [45]; Neimeyer [7]; Neimeyer et al. [46]; Tedeschi & Calhoun [49]
Art-based learning	Supports symbolic reflection, emotional literacy, ethical imagination and professional training in sensitive content.	Malchiodi [6]; McNiff [51]; Schnitzer et al. [8]; Schouten et al. [9]
Restorative and procedural justice	Frames justice as repair, voice, respect, accountability and legitimacy, complementing evidence-based legal procedure.	Braithwaite [57]; Daly [58]; Tyler [60]; Zehr [56]

wound or protect.

Trauma, Memory and the Forensic Encounter

Trauma is not merely an emotional reaction to a difficult event. It can affect attention, memory, bodily regulation, trust, identity, relational expectations and meaning. Contemporary diagnostic and clinical frameworks describe trauma-related symptoms that may include intrusive memories, avoidance, negative alterations in cognition and mood, hyperarousal, dissociation, shame and persistent threat perception [10,13,14]. Forensic professionals do not need to become clinicians, but they do need enough trauma literacy to avoid misreading trauma responses as deception, hostility, inconsistency or lack of cooperation.

The forensic encounter often asks a person to describe what the nervous system may have encoded under conditions of fear, shock, fragmentation or dissociation. The expectation of a complete, linear and emotionally consistent narrative may be unrealistic. Trauma narratives may emerge in sensory fragments, non-linear sequences, delayed disclosures or apparently contradictory details. This does not mean that all inconsistencies are trauma-based or that every account is reliable. It means that investigative and forensic procedures must distinguish between inconsistency as evidentiary issue and inconsistency as possible trauma expression [39].

Memory-enhancing interviewing techniques have long emphasized open-ended prompts, rapport, context reinstatement, active listening and avoidance of leading questions [35,36]. Trauma-informed interviewing adds further attention to safety, predictability, choice, pacing, consent, non-blaming language and emotional regulation. The goal is not to contaminate testimony with sympathy, but to create conditions under which the person can recall and communicate more accurately. A frightened, ashamed or overwhelmed witness is not necessarily a better evidentiary source because the environment is colder.

Child forensic interviewing makes this issue even more visible. Children may lack vocabulary, may disclose gradually, may be influenced by developmental factors and may be harmed by repeated or poorly coordinated interviews. Evidence-informed protocols therefore emphasize legally sound, developmentally appropriate, neutral and non-duplicative approaches [37,38]. A trauma-informed lens strengthens these principles by asking whether the child is being protected from unnecessary procedural burden while preserving the integrity of fact-finding.

Trauma literacy must also guard against overcorrection. It would be scientifically and ethically wrong to treat trauma as automatic proof of the alleged event, or to immunize narratives from critical evaluation. Forensic rigor requires careful assessment, corroboration where possible, documentation of uncertainty and respect for due process. The trauma-informed position is more precise: trauma can shape presentation, memory and engagement, and professionals should know this before drawing simplistic conclusions.

Secondary Victimization and Institutional Betrayal

Secondary victimization occurs when institutions, professionals or social systems intensify the harm caused by an initial offense. It may occur through disbelief, blame, indifference, humiliation, delay, lack of information, intrusive questioning, avoidable repetition, insensitive examination or exposure to the accused without safeguards. The concept is central to victimology because many victims evaluate justice not only by outcomes, but by how they are treated during the process [1,3,12].

Institutional betrayal deepens this analysis. Betrayal trauma theory argues that harm is especially damaging when perpetrated or concealed by trusted relationships or institutions [27]. Smith and Freyd [28] describe institutional betrayal as wrongdoing by an institution that people depend on, including failure to prevent harm, respond adequately or protect those who report. In forensic and legal contexts, institutional betrayal may be experienced when victims feel that the system invited them to trust the process but then treated them as suspect, burden, file or object.

This does not mean that institutions must believe every statement uncritically. Justice requires impartiality. However, impartiality and humiliation are not the same. A professional can ask difficult questions without blame. A forensic examiner can document injuries without dehumanizing the body. A laboratory can preserve chain of custody while ensuring that a survivor understands what will happen to evidence. A court can test credibility while minimizing avoidable degradation. The ethical challenge is to design procedures that are firm enough for justice and humane enough for dignity.

The risk of secondary victimization is amplified by fragmentation. A victim may interact with police, emergency medicine, forensic nursing, laboratory systems, prosecutors, social services and courts. Each institution may think only of its own task, while the victim experiences the cumulative burden. Forensic Well-Being therefore requires coordination. It asks not only what each professional does, but what the whole pathway feels like from the victim's perspective. Repetition, delay and contradiction can become systemic forms of harm even when no individual professional intends to cause damage.

Dignity is the opposite of institutional reduction. In forensic science, dignity means that the person is not collapsed into injury, sample, statement, corpse, diagnosis, file or exhibit. Dignity requires explanation, consent where possible, privacy, cultural respect, accessible language, procedural predictability, and recognition that legal relevance is not the whole of human reality. This is why victim-centered and trauma-informed approaches are increasingly promoted in law enforcement and justice settings [42-44].

Meaning Reconstruction After Crime, Violence and Loss

Crime and violence do not only break bodies or laws; they can break assumptions. Janoff-Bulman [11] described trauma as the shattering of basic assumptions about safety, trust, control and

meaning. Park [45] showed that meaning-making is a central process by which people attempt to reconcile global beliefs with appraised meanings of stressful events. Neimeyer [7] developed meaning reconstruction as a core perspective in grief and trauma, emphasizing how people rebuild narrative coherence after loss. These approaches are relevant to forensic science because forensic procedures often become part of the survivor's story of what happened and what it means.

The forensic report may be more than a technical document for the person affected. It may become the first official recognition that harm occurred. The autopsy conclusion may become part of a family's attempt to understand death. The forensic interview may be the first time a victim's experience is heard in an institutional setting. The language of a medical-legal certificate may shape whether a person feels recognized or erased. Forensic science cannot control the whole meaning-making process, but it contributes to it.

Meaning reconstruction should not be confused with forced positivity. The purpose is not to tell victims that everything happens for a reason or that trauma must become growth. Such messages can be invalidating. Posttraumatic growth research suggests that some people develop new perspectives, relationships, strengths or priorities after trauma, but growth is neither guaranteed nor morally required [48,49]. A trauma-informed forensic system respects pain before discussing transformation.

Narrative practices can help individuals organize overwhelming experience into communicable form. Pennebaker and Seagal [47] argued that forming a story may support health by giving structure to emotional experience. Yet in forensic settings, narrative work must be carefully bounded. During evidence collection or testimony, the priority is accurate, non-suggestive reporting. Meaning reconstruction should therefore be located mainly before and after formal forensic procedures, in preparation, support, education, debriefing and community recovery, rather than as an intrusive intervention inside testimony.

A useful distinction is between evidentiary narrative and existential narrative. The evidentiary narrative asks what happened, when, where, how and with what corroboration. The existential narrative asks what the event did to the person's life, body, relationships and future. Forensic science primarily serves the first narrative, but it should not damage the second. Forensic Well-Being asks professionals to maintain the evidentiary task while recognizing that human beings live inside existential narratives.

Art-Based Learning: From Expression to Ethical Forensic Education

Art-based learning can be misunderstood if it is reduced to aesthetics, entertainment or therapeutic improvisation. In the present framework, art-based learning is a structured method for developing perception, symbolic thinking, emotional literacy, ethical reflection and embodied understanding. It uses images, metaphor, movement, music, theatre, writing or other expressive

forms to help learners encounter complex human realities that cannot be fully grasped through technical description alone. In forensic science, this does not mean replacing laboratory skills; it means complementing them with human skills.

The evidence base for art therapy and trauma is promising but still methodologically uneven. Schouten et al. [9] reviewed art therapy for traumatized adults and found evidence of symptom reduction in controlled studies, while noting limitations. Schnitzer et al. [8] reviewed visual art therapy for adults with posttraumatic stress and concluded that the field shows promise but needs stronger designs. Maddox et al. [53] similarly emphasized the need for more rigorous evaluation of visual arts therapies for traumatic experiences. These cautions are important: the present article does not claim that art-based learning is a proven forensic treatment. It proposes it as an educational and meaning-supportive methodology requiring evaluation.

Art is particularly relevant to trauma because trauma may be stored and communicated in sensory, bodily and symbolic forms before it becomes narrative language. Malchiodi [6] has argued that expressive arts can support regulation, externalization and integration by engaging body and imagination. McNiff [51] described art as a way of knowing, not merely a product. Pifalo [52] explored trauma-focused art therapy with sexually abused children as a way to support processing and cognitive-behavioral work. These contributions suggest that symbolic methods can help people approach difficult experience indirectly, safely and with agency.

In forensic education, art-based learning can be used to prepare students and professionals for the emotional complexity of the field. For example, visual analysis of a painting about grief can open discussion on the difference between observation and interpretation. Theatre-based role-play can train respectful communication during evidence collection. Reflective writing can help students examine their reactions to graphic content without making victims responsible for educating them. Music or movement can be used in debriefing to reconnect with bodily regulation after exposure to difficult material. These tools should be facilitated by trained educators and never imposed.

Art-based learning also supports ethical imagination. Forensic professionals need to know not only what to do, but how their actions may be experienced by people in pain. A protocol can state that consent must be obtained; art-based simulation can help a trainee feel the difference between rushed consent and dignified consent. A manual can require neutral language; theatre-based practice can reveal how tone, posture and timing change the emotional meaning of a question. This is the educational value of art: it makes invisible relational dynamics visible.

For victims and communities, art-based meaning reconstruction should be post-forensic, voluntary and clearly separated from evidentiary procedures. Community memorials, narrative workshops, symbolic rituals, trauma-informed creative groups and

restorative arts projects may help transform isolated suffering into shared recognition. Such practices should never pressure victims to forgive, reconcile, disclose or produce inspiring narratives. Their purpose is to support agency, voice and meaning where appropriate.

The FWB-ART Framework

The proposed FWB-ART framework stands for Forensic Well-Being through Art-based Reconstruction and Trauma-informed practice. It is organized around seven principles: safety, dignity, voice, evidence integrity, meaning, professional resilience and institutional accountability. These principles are not sequential steps but interdependent quality criteria. A forensic procedure is stronger when it is evidentially reliable, psychologically safer, ethically clear and institutionally coordinated.

Safety refers to physical, psychological, informational and relational safety. It requires predictable procedures, clear explanations, privacy, appropriate pacing and attention to triggers. Dignity refers to the refusal to reduce the person to evidence. Voice refers to the person's right to be heard within appropriate procedural limits. Evidence integrity requires that trauma-informed practice never becomes suggestion, contamination or advocacy disguised as science. Meaning refers to the system's awareness that its reports, words and actions enter the person's life story. Professional resilience refers to the duty to support those who work with traumatic material. Institutional accountability refers to governance, training, monitoring and correction of practices that cause avoidable harm.

The framework is aligned with SAMHSA's trauma-informed principles of safety, trustworthiness, peer support, collaboration, empowerment and cultural responsiveness [21]. It also resonates with victim rights instruments, including the United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power [30], the UNODC Handbook on Justice for Victims [3], the EU Victims' Rights Directive [31] and the Istanbul Convention [32]. Its distinct contribution is to translate these principles into forensic, educational and meaning-reconstructive

language.

The ART component has three functions. First, Awareness: art-based methods can help professionals become aware of the emotional and ethical dimensions of forensic work. Second, Reconstruction: symbolic and narrative practices can support meaning-making after formal evidence procedures. Third, Training: simulation, reflective practice and creative exercises can strengthen communication, self-regulation and ethical decision-making. The ART component must always be voluntary, professionally facilitated, culturally sensitive and separated from evidentiary fact-finding when used with victims.

FWB-ART can be implemented at four levels. At the micro level, it shapes interactions: how professionals greet, explain, ask, examine, pause and close. At the meso level, it shapes protocols: coordination, privacy, referral pathways, debriefing, informed consent and documentation. At the macro level, it shapes institutions: training requirements, quality indicators, supervision and accountability. At the cultural level, it shapes the meaning of justice: truth is pursued without abandoning care.

Practical Applications Across Forensic Settings

In forensic interviewing, FWB-ART supports preparation, rapport, open-ended questioning, pacing, non-blaming language and closure. Interviewers should explain purpose, roles, limits of confidentiality and possible next steps. They should avoid assuming that fragmented recall equals deceit, while still documenting inconsistencies accurately. They should ask questions that help the person retrieve information without directing content. Trauma-informed interviewing does not lower evidentiary standards; it improves the conditions under which reliable information may emerge [39,41].

In forensic medical examinations, the framework emphasizes bodily dignity. The examined person should receive clear explanations of each step, options where possible, attention to privacy, permission to pause, and information about what evidence is being collected and why. Trauma-informed forensic nursing

Table 2: Seven principles of Forensic Well-Being.

Principle	Operational meaning	Example in forensic practice
Safety	Physical, psychological, informational and relational predictability.	Clear explanation of procedures; privacy; capacity to pause; safe closing after interviews.
Dignity	The person is never reduced to sample, injury, body, file or exhibit.	Respectful language; consent processes; cultural and bodily privacy; humane reporting.
Voice	The person can speak, ask and clarify within procedural limits.	Open-ended prompts; information about rights; accessible communication; no avoidable repetition.
Evidence integrity	Care must not contaminate evidence, suggest memories or compromise neutrality.	Role clarity; documentation; non-leading questions; separation of support from fact-finding.
Meaning	Forensic actions enter the life story of victims, families and communities.	Sensitive explanations; post-procedure referrals; voluntary narrative or creative supports after evidence collection.
Professional resilience	Professionals exposed to trauma require preparation, supervision and recovery practices.	Debriefing; workload monitoring; peer support; trauma-informed education.
Institutional accountability	Humanizing language must be translated into governance and measurable standards.	Victim experience indicators; training audits; complaint review; reduction of repeat interviews.

education increasingly uses simulation to train examiners in communication as well as technical procedure [40]. A technically perfect examination conducted in a humiliating manner is ethically deficient, even if the sample is usable.

In death investigation and legal medicine, Forensic Well-Being extends to families. The dead person is not merely a body; the body remains embedded in kinship, memory and ritual. Families may need clear communication, compassionate timing, cultural and religious sensitivity, and honest explanation of uncertainty. Art-based practices may be useful after formal processes, for memorialization, grief groups or community remembrance, but not as substitutes for legal communication.

In forensic laboratories, the direct contact with victims may be limited, but the ethical horizon remains. Laboratory professionals handle objects that carry human suffering: clothing, weapons, biological samples, digital files and traces. FWB-ART can support professional resilience through reflective debriefing, recognition of vicarious exposure and team cultures that allow emotional literacy without compromising discipline. A laboratory that treats trauma exposure as weakness may produce silence, burnout and errors.

In forensic education, curricula should include trauma literacy, victimology, secondary victimization, communication skills, cultural humility, professional self-care and reflective ethics. Venson and Korb [4] and Mullen et al. [5] show that forensic education has only begun to address trauma-informed pedagogy systematically. The present framework suggests that such pedagogy should not be an optional sensitivity module, but a core component of professional formation. Students must learn both how to analyze evidence and how to remain human in the presence of evidence.

In courts and expert testimony, FWB-ART does not alter the expert's duty to truth. It does, however, encourage experts to communicate clearly, avoid unnecessary jargon, distinguish data from inference, state limitations and refrain from language that pathologizes or blames. Procedural justice research shows that perceptions of fairness are shaped by voice, respect, neutrality and trustworthiness [60,61]. Expert communication contributes to

these perceptions.

Ethical Safeguards and Risks

Any humanizing framework in forensic science must confront risks. The first risk is role confusion. Forensic professionals are not therapists unless they are explicitly acting in a clinical role. A forensic interview is not a healing session. A medical-legal exam is not an expressive arts intervention. The safeguard is role clarity: professionals explain their task, boundaries and limits, and refer to clinical or victim-support services when needed.

The second risk is evidentiary contamination. Trauma-informed and art-based practices must never introduce content, suggest memories, shape testimony or reward particular narratives. Art-based meaning reconstruction with victims should occur outside the evidence-gathering phase and should not be used to generate forensic facts. When expressive methods are used in therapy or support, their products should not be confused with forensic proof unless assessed under appropriate legal and methodological standards.

The third risk is coercive positivity. Systems may be tempted to celebrate resilience while ignoring injustice. Forensic Well-Being must not pressure victims to transform pain into growth, forgive offenders, participate in restorative processes or produce socially acceptable narratives. Resilience research reminds us that people respond to trauma in diverse ways, and absence of visible growth is not failure [48,50].

The fourth risk is cultural imposition. Meaning, art, body, shame, testimony, death and justice are culturally mediated. A symbol that heals one person may offend another. A group activity that empowers one survivor may expose another. The safeguard is cultural humility, informed consent and choice. Trauma-informed practice requires attention to cultural, historical and gender issues, not a universal script imposed on all people [21].

The fifth risk is institutional hypocrisy. It is possible for an organization to use trauma-informed language while maintaining harmful workloads, poor supervision, chaotic communication or punitive cultures. Forensic Well-Being therefore requires

Table 3: Art-based learning tools for forensic education and professional development.

Tool	Description	Forensic learning value
Visual observation exercise	Use artworks depicting grief, conflict or vulnerability to distinguish observation, inference and projection.	Improves observational humility and reduces premature interpretation.
Theatre-based simulation	Role-play forensic explanation, consent and interview openings with standardized scenarios.	Builds communication skill without using real victims as teaching material.
Reflective writing	Structured reflection after exposure to sensitive content, with boundaries and optional sharing.	Supports emotional literacy, professional identity and self-regulation.
Narrative mapping	Map the difference between evidentiary narrative and existential narrative.	Clarifies role boundaries while recognizing human meaning.
Team debriefing	Facilitated post-exposure debrief after difficult cases or simulations.	Reduces isolation and supports professional resilience.
Ethical image analysis	Discuss how photographs, diagrams or reports may objectify or dignify persons.	Strengthens ethical awareness in documentation and presentation.

measurable accountability. Institutions should monitor victim experience, professional well-being, procedural delays, repeat interviewing, complaint patterns, training quality and referral effectiveness. Humanism without governance becomes rhetoric.

Evaluation Indicators and Research Agenda

The FWB-ART framework should be evaluated empirically before being presented as a mature intervention. Future studies can begin with feasibility and acceptability research. Forensic students, practitioners, victims' advocates, forensic nurses, laboratory staff and legal professionals can be asked whether the principles are understandable, relevant and compatible with existing obligations. Qualitative interviews can explore perceived benefits and risks.

A second research line should examine educational outcomes. Trauma-informed and art-based modules can be compared with standard training in relation to knowledge, confidence, emotional preparedness, ethical reasoning, communication competence and distress tolerance. Simulated forensic interviews, standardized patients, reflective writing and observed structured clinical examinations may be used. Carello and Butler [66] warned that teaching trauma is not the same as trauma-informed teaching; future forensic curricula should test whether training design protects both learning and psychological safety.

A third research line should study victim and witness experience. Indicators may include perceived respect, clarity of information, ability to ask questions, sense of control, privacy, emotional safety, willingness to continue engagement with justice processes, and perceived avoidance of blame. These indicators should be used carefully and not as substitutes for case outcomes. A person may feel respected even when the legal outcome is disappointing, or harmed even when the case proceeds.

A fourth research line should address professional resilience. Measures of burnout, secondary traumatic stress, moral injury, job satisfaction, team climate, supervision quality and turnover intention may be used. The aim is not to individualize stress but to understand organizational conditions. If professionals are exposed to traumatic material without preparation, rest, supervision or recognition, the institution is part of the problem.

A fifth research line should examine implementation. Forensic systems are complex and resource-limited. A framework that works in a specialized urban center may be difficult in rural settings or under-resourced jurisdictions. Implementation research should therefore consider feasibility, cost, training time, cultural adaptation, leadership commitment and legal compatibility. A small number of high-quality practices may be more realistic than a large symbolic policy.

Finally, future work should develop a Forensic Well-Being Index. Such an index could include domains of procedural dignity, trauma-informed communication, coordination, victim information, professional support, cultural responsiveness, evidence integrity and institutional accountability. It should be validated across contexts and designed to improve practice rather than punish individuals.

Discussion

Toward a More Complete Forensic Rigor

The concept of Forensic Well-Being challenges a false opposition between rigor and care. In many professional cultures, care is treated as emotional surplus, while rigor is treated as technical discipline. The forensic field shows why this separation is inadequate. Poor communication can reduce cooperation. Humiliating procedures can produce withdrawal. Unprepared professionals can become desensitized or burned out. Institutions that ignore trauma may damage victims and weaken justice. Care, in this context, is not sentimentality; it is part of system quality.

The framework also reframes art. Art is not presented as evidence, nor as an all-purpose therapy, nor as a decorative innovation. It is presented as a methodology for learning, reflection and meaning reconstruction. Forensic professionals need to develop observational precision, ethical imagination, emotional regulation and narrative humility. Art-based learning can cultivate these capacities because it allows people to practice seeing, listening and interpreting without immediately reducing reality to categories. In a field where the smallest trace matters, the ability to see with rigor and humanity is not secondary.

The approach is especially relevant for leadership. Forensic organizations need leaders who protect both evidence and people.

Table 4: Candidate indicators for evaluating Forensic Well-Being.

Domain	Possible indicators	Possible methods
Victim/witness experience	Perceived respect, clarity, privacy, ability to ask questions, sense of control, avoidance of blame.	Post-contact surveys; interviews; complaint analysis.
Interview quality	Use of open-ended prompts, rapport, minimal interruption, non-leading structure, accurate documentation.	Recorded interview coding; supervisor review; peer audit.
Professional well-being	Burnout, secondary traumatic stress, moral injury, team support and supervision quality.	Validated scales; debrief logs; turnover data.
Education	Trauma literacy, communication competence, ethical reasoning and emotional preparedness.	Pre-post assessment; simulation scoring; reflective portfolio.
Institutional pathway	Number of repeat interviews, delays, referrals, privacy breaches and coordination failures.	Administrative data; case pathway mapping; quality improvement cycles.
Evidence integrity	Absence of suggestive practice, clear chain of custody, documented boundaries between support and fact-finding.	Audit; legal review; documentation standards.

Leadership with soul, in this technical context, can be translated into ethical leadership that honors truth, dignity, accountability and care. Such leadership does not weaken institutions; it strengthens them by reducing fragmentation, silence and moral erosion. A leader in forensic science must ask not only whether protocols exist, but whether they are lived in ways that protect those who suffer and those who serve.

The article's proposal also has implications for justice philosophy. Punitive systems often focus on the offender and the state, leaving victims to be recognized mainly as witnesses. Restorative justice literature has argued that harm creates obligations and that justice should attend to needs, accountability and repair [56-59]. Forensic science cannot become restorative justice, but it can contribute to a justice culture in which truth is gathered with respect and harm is not intensified by procedure.

A final implication concerns public trust. When people believe that forensic institutions are competent and humane, they may be more willing to report, cooperate and accept outcomes. Procedural justice research suggests that legitimacy depends not only on decisions but on treatment, voice and neutrality [60,61]. Forensic Well-Being may therefore support not only individual dignity but institutional legitimacy.

Limitations

This article has limitations. First, it is conceptual and does not provide new empirical data. Its claims should therefore be treated as theoretically grounded proposals requiring testing. Second, the literature comes from multiple fields with different methods, populations and assumptions. Integrating them may create conceptual richness, but it also requires caution. Third, art-based learning and expressive approaches have promising but uneven evidence bases in trauma-related work; they should be implemented experimentally, ethically and with evaluation. Fourth, forensic systems vary across jurisdictions, legal traditions, resources and cultural expectations, so the model requires adaptation.

Fifth, the article emphasizes victims and professionals but does not fully develop implications for suspects, defendants or incarcerated populations, who may also have trauma histories and rights to dignity. A complete forensic well-being framework should apply human dignity consistently while preserving accountability and public safety. Sixth, the framework may be misunderstood as an invitation to soften forensic standards. The opposite is intended: the model seeks to strengthen forensic practice by removing avoidable institutional harm and improving conditions for accurate, ethical work.

Conclusion

Forensic science exists where truth meets harm. Its mission is indispensable: to reconstruct facts, preserve evidence, support justice and clarify what violence, abuse, death or neglect have left behind. Yet the field cannot be fully understood through evidence alone. It also works with wounded bodies, frightened memories, grieving families, exposed professionals and institutions that may

heal or harm by the way they act.

This article has proposed Forensic Well-Being as a trauma-informed, victimological and meaning-sensitive framework for forensic science. It has argued that forensic rigor and human dignity are not enemies. A forensic system can be scientifically exact and relationally careful; legally neutral and trauma-informed; evidence-centered and person-respecting. The FWB-ART framework offers seven principles--safety, dignity, voice, evidence integrity, meaning, professional resilience and institutional accountability--and connects them with art-based learning as a tool for ethical education, reflective practice and post-forensic meaning reconstruction.

The proposal is not a finished intervention but a call for research, training and institutional imagination. Future studies should test its feasibility, refine its indicators and adapt it across contexts. The ultimate aim is simple and demanding: that no person seeking truth after harm should be unnecessarily harmed by the very system designed to serve justice; and that no professional should have to abandon their humanity in order to be considered rigorous. Forensic science can help society know what happened. Forensic Well-Being asks that it also remember who was hurt.

References

1. Campbell R, Raja S. Secondary victimization of rape victims: Insights from mental health professionals who treat survivors of violence. *Violence and Victims*. 1999; 14: 261-275.
2. Elliott DE, Bjelajac P, FalLOT RD, et al. Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women. *Journal of Community Psychology*. 2025; 33: 461-477.
3. United Nations Office on Drugs and Crime. Handbook on justice for victims: On the use and application of the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power. United Nations. 1999.
4. Venson R, Korb AS. Trauma-informed pedagogy in forensic science education: Scoping review of and reflection on very limited available evidence. *Science & Justice*. 2025; 65: 21-26.
5. Mullen C, Hammond K, Gallacher-Graham S, et al. From awareness to action: Embedding a trauma informed toolkit for the teaching of sensitive topics in victimology and forensic science. *Science & Justice*. 2026; 66: 101402.
6. Malchiodi CA. Trauma and expressive arts therapy: Brain, body, and imagination in the healing process. Guilford Press. 2020.
7. Neimeyer RA. Meaning reconstruction and the experience of loss. American Psychological Association. 2021.
8. Schnitzer G, Holttum S, Huet V. A systematic literature review of the impact of art therapy upon post-traumatic stress disorder. *International Journal of Art Therapy*. 2021; 26: 147-160.
9. Schouten KA, de Niet GJ, Knipscheer JW, et al. The

- effectiveness of art therapy in the treatment of traumatized adults: A systematic review on art therapy and trauma. *Trauma, Violence, & Abuse*. 2015; 16: 220-228.
10. Herman JL. *Trauma and recovery*. Basic Books. 1992.
 11. Janoff-Bulman R. *Shattered assumptions: Towards a new psychology of trauma*. Free Press. 1992.
 12. Van der Kolk BA, McFarlane AC, Weisaeth L. *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. Guilford Press. 1996.
 13. Van der Kolk BA. *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking. 2014.
 14. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders (5th ed., text rev.)*. American Psychiatric Association Publishing. 2022.
 15. Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many leading causes of death in adults. *American Journal of Preventive Medicine*. 1998; 14: 245-258.
 16. Norris FH, Friedman MJ, Watson PJ, et al. 60,000 disaster victims speak: Part I. An empirical review of the empirical literature, 1981-2001. *Psychiatry*. 2002; 65: 207-239.
 17. Litz BT, Stein N, Delaney E, et al. Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review*. 2009; 29: 695-706.
 18. Maercker A, Hecker T. Broadening perspectives on trauma and recovery: A socio-interpersonal view of PTSD. *European Journal of Psychotraumatology*. 2016; 7: 29303.
 19. Harris M, Falloot RD. *Using trauma theory to design service systems*. Jossey-Bass. 2001.
 20. Hopper EK, Bassuk EL, Olivet J. Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal*. 2010; 3: 80-100.
 21. SAMHSA. *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Substance Abuse and Mental Health Services Administration. 2014.
 22. Sweeney A, Filson B, Kennedy A, et al. A paradigm shift: Relationships in trauma-informed mental health services. *BJPsych Advances*. 2018; 24: 319-333.
 23. Bath H. The three pillars of trauma-informed care. *Reclaiming Children and Youth*. 2008; 17: 17-21.
 24. Muskett C. Trauma-informed care in inpatient mental health settings: A review of the literature. *International Journal of Mental Health Nursing*. 2014; 23: 51-59.
 25. Campbell R, Dworkin E, Cabral G. An ecological model of the impact of sexual assault on women's mental health. *Trauma, Violence, & Abuse*. 2009; 10: 225-246.
 26. Finkelhor D. *Childhood victimization: Violence, crime, and abuse in the lives of young people*. Oxford University Press. 2008.
 27. Freyd JJ. *Betrayal trauma: The logic of forgetting childhood abuse*. Harvard University Press. 1996.
 28. Smith CP, Freyd JJ. Institutional betrayal. *American Psychologist*. 2014; 69: 575-587.
 29. Ullman SE. *Talking about sexual assault: Society's response to survivors*. American Psychological Association. 2010.
 30. United Nations. *Declaration of basic principles of justice for victims of crime and abuse of power*. United Nations General Assembly Resolution 40/34. 1985.
 31. European Union. *Directive 2012/29/EU establishing minimum standards on the rights, support and protection of victims of crime*. Official Journal of the European Union. 2012.
 32. Council of Europe. *Convention on preventing and combating violence against women and domestic violence*. Council of Europe Treaty Series No. 210. 2011.
 33. World Health Organization. *Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines*. World Health Organization. 2013.
 34. World Health Organization. *World mental health report: Transforming mental health for all*. World Health Organization. 2022.
 35. Fisher RP, Geiselman RE. *Memory-enhancing techniques for investigative interviewing: The cognitive interview*. Charles C Thomas. 1992.
 36. Milne R, Bull R. *Investigative interviewing: Psychology and practice*. Wiley. 1999.
 37. Lamb ME, Brown DA, Hershkowitz I, et al. *Tell me what happened: Questioning children about abuse (2nd ed.)*. Wiley. 2018.
 38. London K, Bruck M, Ceci SJ, et al. Disclosure of child sexual abuse: What does the research tell us about the ways that children tell? *Psychology, Public Policy, and Law*. 2005; 11: 194-226.
 39. Risan P, Binder PE, Milne R. Trauma narratives: Recommendations for investigative interviewing. *Frontiers in Psychology*. 2020; 11: 1-12.
 40. Nathan S, Ortner T, Smith TD. Using simulation to teach a trauma-informed interview. *Journal of Forensic Nursing*. 2022; 18: 53-59.
 41. Campbell BA. *Evaluation of victim-centered, trauma-informed interview training for law enforcement*. National Institute of Justice. 2022.
 42. Office for Victims of Crime. *OVC model standards for serving victims and survivors of crime*. Office of Justice Programs, U.S. Department of Justice. 2020.
 43. Office of Community Oriented Policing Services. *Victim-centered, trauma-informed practices: An overview*. U.S. Department of Justice. 2025.
 44. Office of the United Nations High Commissioner for Human Rights. *Training material on trauma-informed interviewing in the investigation and documentation of sexual violence*. United Nations. 2025.
 45. Park CL. *Making sense of the meaning literature: An integrative review of meaning making and its effects on*

- adjustment to stressful life events. *Psychological Bulletin*. 2010; 136: 257-301.
46. Neimeyer RA, Burke LA, Mackay MM, et al. Grief therapy and the reconstruction of meaning: From principles to practice. *Journal of Contemporary Psychotherapy*. 2014; 40: 73-83.
 47. Pennebaker JW, Seagal JD. Forming a story: The health benefits of narrative. *Journal of Clinical Psychology*. 1999. 55; 1243-1254.
 48. Calhoun LG, Tedeschi RG. *Handbook of posttraumatic growth: Research and practice*. Lawrence Erlbaum Associates. 2006.
 49. Tedeschi RG, Calhoun LG. Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*. 2004; 15: 1-18.
 50. Bonanno GA. Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*. 2004; 59: 20-28.
 51. McNiff S. *Art heals: How creativity cures the soul*. Shambhala. 2024.
 52. Pifalo T. Jogging the cogs: Trauma-focused art therapy and cognitive behavioral therapy with sexually abused children. *Art Therapy*. 2007; 24: 170-175.
 53. Maddox L, Haslam C, Dingle GA, et al. On the effectiveness of visual arts therapy for traumatic experiences: A systematic review and meta-analysis. *Trauma, Violence, & Abuse*. 2024.
 54. Shapiro F. *Eye movement desensitization and reprocessing (EMDR) therapy: Basic principles, protocols, and procedures (3rd ed.)*. Guilford Press. 2018.
 55. Bonasa I. *La receta del bienestar: Una fórmula para ser más feliz*. Liderarte. 2025.
 56. Zehr H. *The little book of restorative justice*. Good Books. 2002.
 57. Braithwaite J. *Restorative justice and responsive regulation*. Oxford University Press. 2002.
 58. Daly K. Restorative justice: The real story. *Punishment & Society*. 2002; 4: 55-79.
 59. Umbreit MS, Armour MP. *Restorative justice dialogue: An essential guide for research and practice*. Springer. 2011.
 60. Tyler TR. *Why people obey the law*. Princeton University Press. 2006.
 61. Tyler TR, Huo YJ. *Trust in the law: Encouraging public cooperation with the police and courts*. Russell Sage Foundation. 2002.
 62. Anda RF, Felitti VJ, Bremner JD, et al. The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry and Clinical Neuroscience*. 2006; 256: 174-186.
 63. Lazarus RS, Folkman S. *Stress, appraisal, and coping*. Springer. 1984.
 64. Cohen JA, Mannarino AP, Deblinger E. *Treating trauma and traumatic grief in children and adolescents (2nd ed.)*. Guilford Press. 2017.
 65. Mollica RF. *Healing invisible wounds: Paths to hope and recovery in a violent world*. Vanderbilt University Press. 2006.
 66. Carello J, Butler LD. Potentially perilous pedagogies: Teaching trauma is not the same as trauma-informed teaching. *Journal of Trauma & Dissociation*. 2014; 15: 153-168.