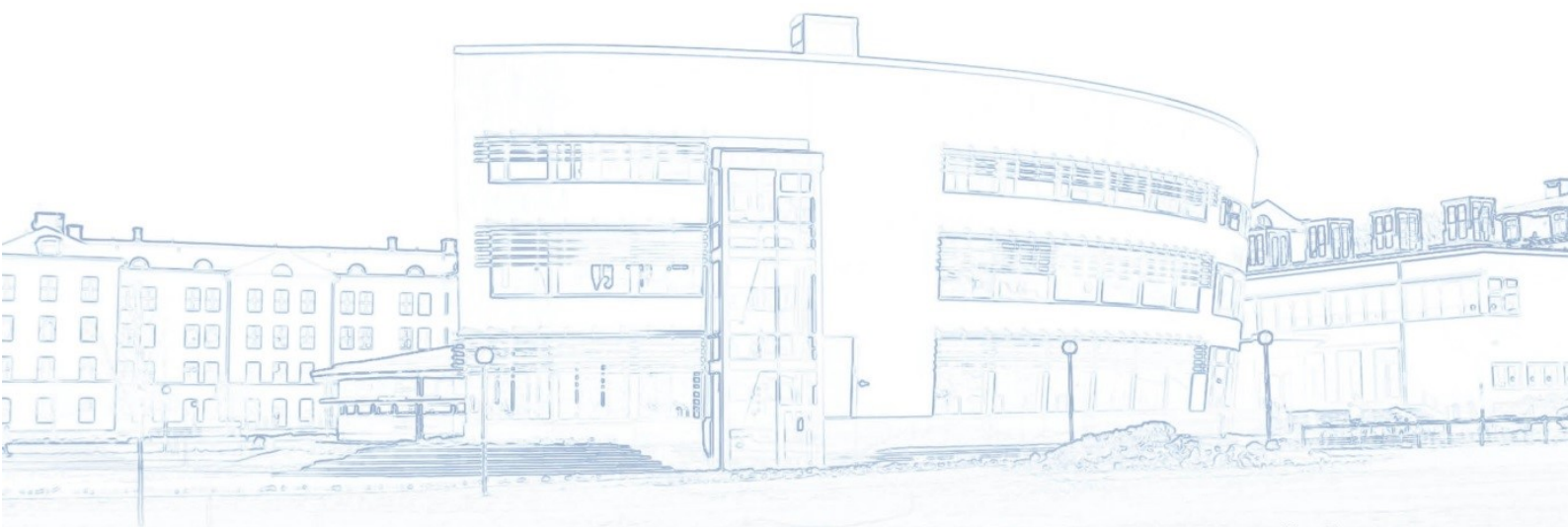


Violence as an object of teaching, research, and prevention practices, at the nexus between public health, social work, criminology, and psychology

Gloria Macassa, Cormac McGrath, Joaquim Soares



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Abstract

Violence is a growing social and public health problem affecting all societies in low-middle- and high-income settings. However, teaching, research and prevention practices are often approached within single disciplines. Therefore, this perspective paper discusses an approach where violence can be seen as an object of teaching, research, and prevention practices, at the nexus of four disciplines, public health, social work, criminology, and psychology respectively.

Keywords: Violence, Public Health, Social Work, Criminology, Psychology

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1. Introduction

Violence is defined differently (e.g. in psychology, versus public health), and often has discipline-specific connotations and meanings.¹ This working paper uses the definition suggested by the World Health Organization (WHO), which 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.”² The definition elucidates how violence can serve as an object of teaching, research and prevention practices, at the nexus between public health, social work, criminology and psychology, taking into account that these disciplines attempt to address the factors that might enhance violent behaviour at the community and societal levels. Usually, the prevention and consequences of violence are taught and researched in each of these disciplines through its own lenses. However, given the complexity of violence, as well as its multifaceted consequences on societies and different groups (e.g. groups of age, socioeconomic status, work), it is likely to require an interdisciplinary/transdisciplinary approach for its prevention and intervention.

This paper firstly presents an overview of types of violence. Secondly, it briefly describes approaches to violence education, research, and prevention practices across the disciplines of public health, social work, criminology and psychology. Thirdly, it addresses the opportunities, challenges, and practical implications of seeing violence as an object of interdisciplinary teaching, research and prevention practice.

2. Definition and typologies of violence

The above definition of violence emphasizes that force or power must be used, by a person or group against another person or group, for an act to be classified as violent. Furthermore, the WHO definition has the advantage of also including violence that might not necessarily result in injury or death, but that still represents a substantial burden on individuals, families, communities and health care systems worldwide.² The World Report on Violence and Health (WRVH) divides violence into three categories according to who commits the violence: self-directed, interpersonal, and collective, and into four further sub-categories based on the nature of violence: physical, sexual, psychological, and involving deprivation or neglect (see Figure 1).^{3,4}

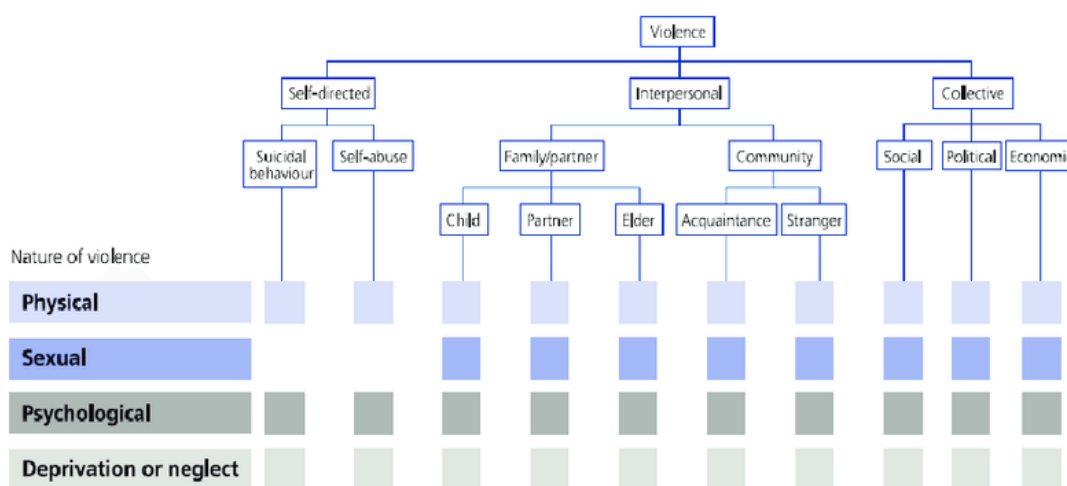


Figure 1. Typology of violence (from the World Report on Violence and Health (WRVH)). Source: Krug et al., 2002.³

Self-directed violence is considered a broad term entailing suicide or suicidal thoughts or actions and forms of self-harm. In this definition, “fatal suicidal behaviour” is often used for suicidal acts that result in death. “Non-fatal suicidal behaviour”, “attempted suicide”, “para-suicide” and “self-harm” describe suicidal behaviour that does not lead to death. “Suicidal ideation” is used clinically to describe contemplation of wilfully ending one’s own life, while “self-mutilation” refers to direct and deliberate destruction or alteration of parts of the body without conscious suicidal intent.³

Interpersonal violence (IPV) includes acts of violence and intimidation that occur between family members, between intimate partners or between individuals, whether they are known to each other or not, and where the violence is not specifically intended to further the aims of any group or cause.^{2–5} This category also includes child maltreatment, youth violence, some forms of sexual violence, and elderly abuse.

Collective violence is defined as “the instrumental use of violence by people who identify themselves as members of a group against another group or set of individuals, to achieve political, economic or social objectives.”^{3,5} It includes war, terrorism and violent political conflict between or within states, violence perpetrated by states (genocide, torture, and systematic abuses of human rights) and organized violent crime such as gang warfare. In addition, it might entail all sub-categories of violence, be these physical, sexual, psychological, or characterized by neglect or discrimination.^{3,5}

Sexual violence consists of acts that can occur at an interpersonal or collective level. This type of violence usually incorporates non-consensual sexual contact as well as non-consensual, non-contact acts of a sexual nature, such as voyeurism and sexual harassment.^{3,6,7} Acts can qualify as sexual violence if they are committed against someone who is unable to consent or refuse, for example because of age, cognitive or functional disability, misuse of authority, violence or threats of violence. As a non-consensual act of sexual contact, rape is defined as “physically forced or otherwise coerced penetration, even if slight, of the vulva or anus, using a penis, other body parts or an object.”^{3,8,9} On the other hand, sexual coercion is defined as “the act of forcing (or attempting to force) another individual through violence, threats, verbal insistence, deception, cultural expectations or economic circumstances to engage in sexual behaviour against his/her will.”¹⁰

Gender-based violence (GBV) is violence that occurs within the context of women’s and girls’ subordinate status in society and serves to maintain this unequal balance of power.^{2,11} However, it is worth to note that sometimes the term *gender-based violence* is used interchangeably with *violence against women* although the latter is a more limited concept. For instance, the United Nations (UN) has defined violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life.”¹² Therefore, GBV includes violence against women that occurs within the family, and geographically or culturally specific forms of abuse such as female genital mutilation, “honour killings” and dowry-related violence as well as various forms of sexual violence, including rape during warfare, trafficking of women and forced prostitution.¹⁰ It has been suggested that the latter examples can be considered forms of collective violence where these abuses are directed not specifically only against individuals but against entire groups, particularly where sexual violence and GBV are perpetrated in situations of conflict.^{13–15}

Intimate partner violence refers to physical, sexual or psychological harm by a current or former partner or spouse. This type of violence can happen among heterosexual or same-sex couples and does not require sexual intimacy. Nevertheless, although women can be violent against their male partners and violence may be found in male-male and female-female partnerships, it is well accepted that most of the partner violence globally is borne by women at the hands of men.³ Sometimes,

the term *domestic violence* (which includes physical, verbal, economic and social violence) is used interchangeably with *intimate partner violence*. For instance, it has been suggested that domestic violence can be understood as a chronic syndrome characterized not only by episodes of physical violence but also by the emotional and psychological abuse which the perpetrators use to maintain control over their partners.¹⁶

Family violence encompasses child maltreatment, sibling violence, intimate partner violence and elder abuse. The concept of family violence is also used to call attention to how each of the subtypes under the umbrella of *Family violence* might cause, or be a risk factor for, the other subtypes, and how there may be common underlying risk factors at the levels of the family and the relationship between the family and the wider community and society. According to some sources, this may represent preventive opportunities that can help reduce the risk of all types of violence within the family by addressing family and social systems.¹

Child maltreatment (or *child abuse*) encompasses all forms of physical and/or emotional ill treatment, sexual abuse, neglect or negligent treatment, or commercial or other exploitation, resulting in actual or potential harm to a child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.² Some argue that child abuse is experienced by children who have been inadvertently harmed through the actions of a parent or caregiver, while others require that harm to the child be intended, for "abuse" to have occurred.¹⁷

Youth violence is defined as "homicide and non-fatal attacks perpetrated by or against a person aged 10–19 years."^{3,18} This definition of youth violence explicitly includes young people as both victims and perpetrators, emphasizing the increased exposure to violence young people experience as they pass through this life stage.

Elder abuse refers to any act of commission or omission and may be intentional or unintentional. Like other forms of abuse, it can be physical, psychological, financial or sexual, or involve neglect.^{1,3}

In the past decades, another type of violence, *workplace violence*, has increasingly caught global attention. The International Labour Organization (ILO) defines workplace violence as incidents where staff are abused, threatened, or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, health, wellbeing, and dignity.^{19,20} Workplace violence has links with the concept of bullying which still lacks a consistent definition. So far *bullying* is defined as a persistent behaviour that may involve threats to professional status, threats to personal standing, isolation, overwork and destabilization.²¹ This type of violence can be found across all professions; however, it appears to be more frequent across specific professions (and experienced by, e.g., nurses, ambulance workers, and other workers with substantial face-to-face contact with others).^{21,22} In addition, there is *harassment* which relates to any conduct based on age, disability, health status (e.g. targeting people with human immunodeficiency virus (HIV)), sex, ethnicity, and other factors, and which is unreciprocated and unwanted and affects the dignity of men and women at

work.²³ There is also sexual harassment which includes any form of unwanted verbal, non-verbal or physical conduct of a sexual nature and which occurs, with the purpose or effect of violating the dignity of a person, when creating an intimidating, hostile, degrading, humiliating or offensive environment.^{24,25}

Armed conflict (or *war*) exists “whenever there is a resort to armed force between states or protracted armed violence between governmental authorities and organized armed groups or between such groups within a state.”²⁶ “War” typically suggests armed conflict between two states, but we are increasingly facing internal armed conflicts, wars within states, and often conflicts involving non-state actors such as private armies and locally armed militia. In addition, so-called “new wars” are conflicts where the boundaries between war, organized crime and wide-scale human rights abuses are blurred.²⁷

3. The disciplines of public health, social work, criminology and psychology and their approach to violence education, research, and prevention practices

Public health is defined as “the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society.”²⁸ This definition points out that public health is concerned with the health of populations, has a future orientation, and requires societal/collective action often involving coordination across different sectors.²⁸ In relation to violence, public health approaches rely on four important steps: (i) uncovering as much basic knowledge as possible about all the aspects of violence – through systematically collecting data on the magnitude, scope, characteristics and consequences of violence at local, national and international levels; (ii) investigating why violence occurs, that is, conducting research to determine the causes and correlates of violence, the factors that increase or decrease the risk for violence and the factors that might be modifiable through interventions; (iii) exploring ways to prevent violence, using information from the above, by designing, implementing, monitoring and evaluating interventions; and (iv) implementing effective interventions in a range of settings as well as widely disseminating information and determining the cost-effectiveness of these interventions⁹ and what consequences violence has on population, physical and psychological health outcomes.³⁰

Social work is an academic discipline and practice-based profession that concerns itself with individuals, families, groups, communities, and society as a whole to meet basic needs and enhance social functioning, self-determination, collective responsibility, optimal health, and overall wellbeing.^{31,32} Social functioning is defined as “the ability of an individual to perform their social roles within their own self, their immediate social environment, and the society at large.”³³ In their work as well as in prevention of violence, social workers work with victims of domestic violence in the courts, social services, accident and emergency wards, and across an array of groups (e.g. refugees). Furthermore, social workers are skilled at engaging with the whole family and linking the experiences of every member of that family – the victim, the perpetrator, and the children.³⁴

Criminology is defined as the scientific study of the nature, extent, causes, and control of criminal behaviour (as a proxy for violence) in both the individual and society.³⁵

Crime prevention initiatives are often conceptualized working at “primary, secondary and tertiary” levels.^{35,36} Primary prevention efforts address the underlying social, economic, and physical environmental conditions that generate crime; secondary prevention efforts focus on people, places, and social conditions that are at

high risk of crime, whereas tertiary prevention efforts are directed towards already existing and specific crime problems.^{35,36}

Psychology is the scientific study of mind and behaviour. It includes the study of conscious and unconscious phenomena, such as feelings and thoughts. In addition, psychology is also interested in interpersonal relationships, psychological resilience, family resilience, and other areas of social psychology.^{37,38} Psychological research, education and prevention have centred around identifying risk factors for violence victimization (including GBV), among others peer influence, substance abuse, psychological adjustment, and attitudes towards violence.³⁹

4. Violence and the nexus between the disciplines of public health, social work criminology and psychology

Although public health, social work, criminology and psychology as disciplines tackle violence using various theories and methods, almost all adhere to the sociological frameworks of how violent victimization affects people's quality of life.

First developed by Bronfenbrenner,⁴⁰ *Ecological Systems Theory* points to several environmental systems that in simultaneous ways interact to shape an individual's experiences, growth, and behaviour-related patterns.⁴⁰ In relation to violence, Bronfenbrenner's adapted ecological model, put forward by the WHO,⁴¹ allows an understanding of violence through risk factors affecting four different analytical levels.⁴¹ This suggests that violence is explained, not by a single variable but, rather, as a product of interacting factors at the individual, relationship, community, and societal levels.⁴¹

The *individual* level includes biological and personal history factors, such as age, education, income, substance use, or history of abuse, that increase the likelihood of becoming a victim or perpetrator of violence.

The *relationship* level includes close relationships that may increase the risk of experiencing violence as a victim or perpetrator.^{29,41} For instance, "a person's closest social circle-peers, partners and family members influence their behaviour and contribute to their range of experience."⁴¹

The *community* level "explores the settings, such as schools, workplaces, and neighbourhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence."^{2,29}

The *societal level* "looks at the broad societal factors [such as health, economic, educational, and social policies] that help create a climate in which violence is encouraged or inhibited and help to maintain economic or social inequalities between groups in society."^{29,41,42}

This paper advances the idea that the disciplines of public health, social work, criminology and psychology should also see *violence* (and *crime*) as an object in practice, teaching and research through the lens of structural factors that may be present at community and societal levels.⁴³⁻⁴⁶

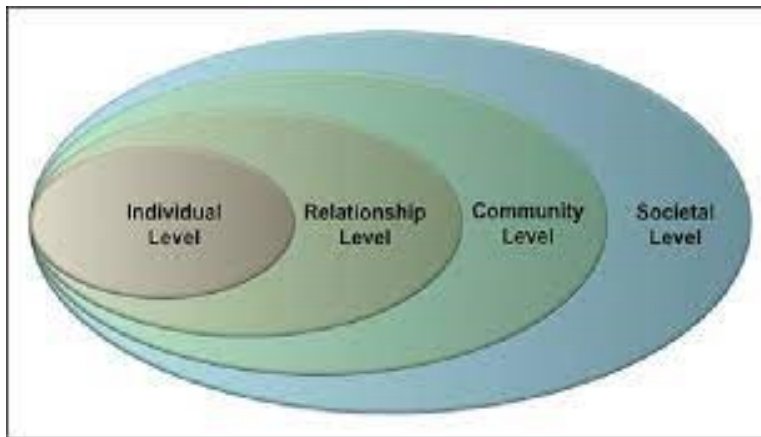


Figure 2. Ecological model for understanding violence. Source: World Health Organization, 2016.⁴¹

The ecological model also includes prevention points (to aid policy) at the individual, family, community and societal levels that help to address the risk factors of violence and crime. These entry points can be tackled jointly by professionals from the different disciplines through primary, secondary, and tertiary prevention.^{41,42}

Public health, social work, criminology, and psychology practice share a common goal of prevention of violent victimization across three levels: primary, secondary, and tertiary prevention. Prevention aims to reduce the risk of victimization through reduction of risk factors as well as strengthening of protective factors. An integrated approach to violent victimization and crime needs to be seen as a holistic strategy that depends on collaboration across many different sectors. Preventing violence (and crime) requires interventions at all levels of the ecological model and at every stage of the life cycle of violent behaviour as well as at the time when this occurs.^{41,47-49}

Primary prevention aims to prevent violent behaviour/activities from occurring at all. In such type of intervention all risks associated with violence are addressed. For instance, one can think about situational violence prevention and social crime prevention as components embedded in primary prevention. Situational prevention is connected to the physical surroundings, thus aiming at reducing opportunities for violence and crime that arise because of environmental risk factors. Also linked to primary prevention is social violence and crime prevention that focuses on strengthening social cohesion and reducing people's motivation to resort to violence. Examples of this kind of intervention include empowering vulnerable groups (individuals, families and communities) to participate in decision-making processes and supporting them in making their own interests heard; providing life-skills training to the youth via sports or arts-based activities; or providing training for parenting skills.

During primary prevention programmes, it is also possible to employ psychological principles that attempt to identify and treat personal problems and disorders before they translate into criminal behaviour. In such circumstances, psychological prevention efforts can be offered through specialized services (e.g. family therapy centres, school counselling, mental health services).^{50,51}

Secondary violence and crime prevention addresses efforts to intervene among populations who are already at high risk, to ensure that violence does not occur. Such measures include focusing on limiting the circumstances that enable violent behaviour (e.g. via urban planning initiatives to improve living standards; or by providing emergency services) or they can involve promoting the competencies of people (e.g. offering counselling services that deal with conflict within families) and increase social cohesion. In situations of secondary prevention, psychological treatment can be offered after the crime has been committed and “the offender has become involved in the criminal justice system.”⁵² Such treatment might be based on social learning principles to help address past behaviour. Moreover, during secondary prevention, perpetrators may receive intense psychological assessment to determine their treatment needs.⁵²

Tertiary violence prevention focuses on (i) providing long-term care after acts of violence have occurred; and (ii) efforts to prevent relapses by offenders. These latter can include any efforts to assist with the rehabilitation of offenders and to reduce recidivism, and efforts to provide support to victims, for example by offering trauma counselling and other health-related services.^{41,49}

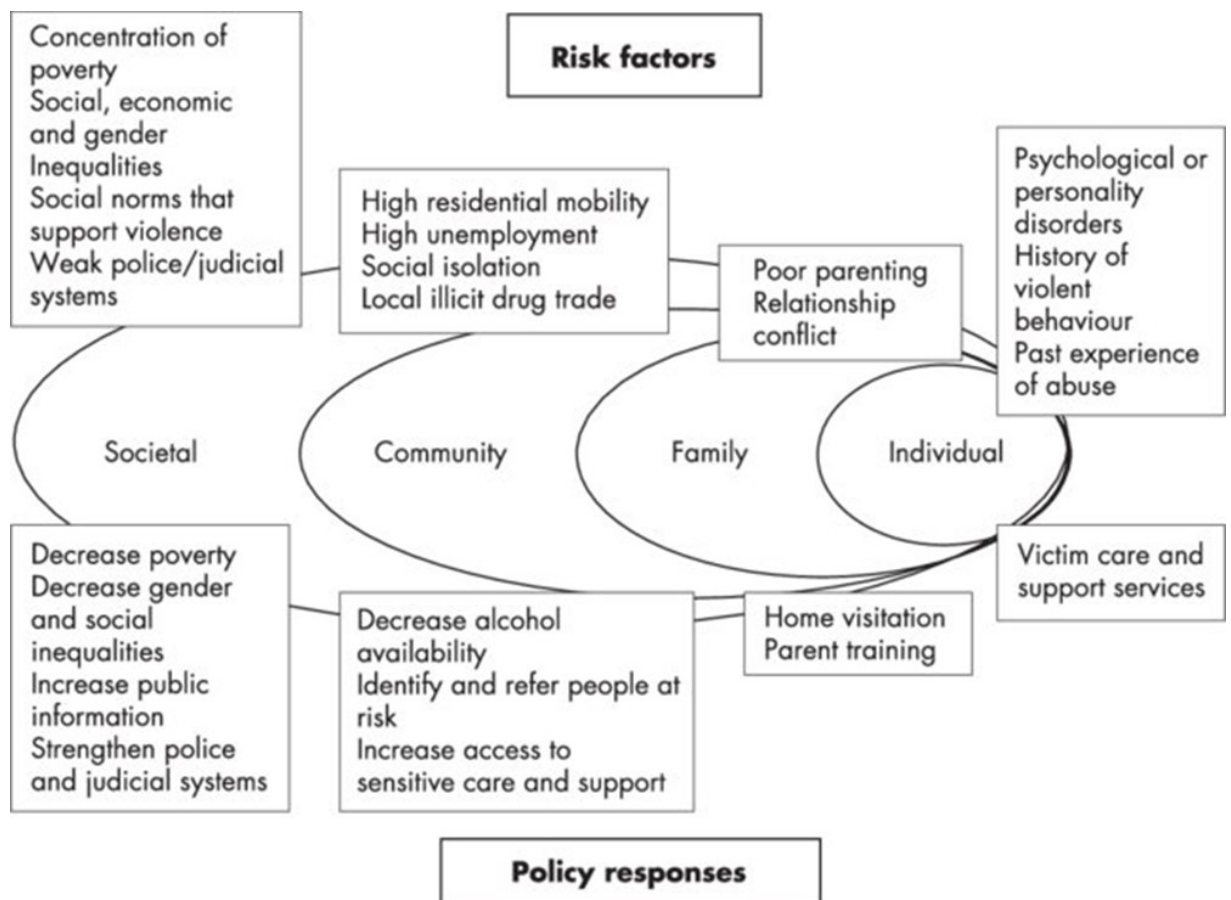


Figure 3. An ecological model for understanding violence risk factors and policy responses/prevention. Source: Rutherford et al., 2007.⁷⁷

5. Opportunities, challenges, and practical implications of seeing violence as an object of interdisciplinary teaching, research, and prevention practice

Owing to the complex social and health challenges faced across societies, especially towards the achievement of sustainable societies, there is a renewed emphasis on *interdisciplinary teaching and education* as a means to support the development of skills that enable cross- disciplinary boundaries and help to integrate knowledge from two or more disciplines to explain a phenomenon, solve a problem, create a product or raise a new question in ways that would have been impossible or unlikely through a single discipline.^{53–56} Moreover, it has been argued that interdisciplinary teamwork activities are often supportive of knowledge integration while contributing to the development of collaborative and problem-solving skills.⁵⁶

Collaborative interdisciplinary education has been proposed to vary along four dimensions: (i) the degree of integration of ideas and perspectives; (ii) the degree of interaction between faculty and students during the learning process; (iii) the degree to which active learning and engagement is encouraged; and (iv) the degree of faculty interdependence in the collaborative process.⁵⁷ McDaniel and Colorulli have suggested that higher levels of collaboration take place when a faculty actively integrates its individual perspectives and interacts with students, when active learning is built into the curriculum, and when the faculty moves from an autonomous approach to planning and implementation to a more interdependent one which in turn enriches the students' experiences.⁵⁷

In the case of violence as an interdisciplinary teaching object, the approach from the public health, social work, criminology and psychology disciplines will centre around causes, risk factors, consequences and primary, secondary and tertiary prevention. These issues are inherently complex and intertwined, and cannot be taught solely from a single-discipline perspective.

Furthermore, an interdisciplinary approach is needed because violence is a silent and growing epidemic affecting low-middle and high-income countries,^{58–60} which entails considering the cultural contexts in which it takes place. Its health, social, psychological and legal consequences, moreover, have the potential to affect current and future generation fulfilment of their quality of life.⁶¹ For instance, international agencies such as the WHO recommend that prevention, care treatment and mitigation and research be a multi-sectoral effort across nations.⁶²

To develop interdisciplinary teaching around violence, teachers from the above-mentioned disciplines would need to embark on course development that would include three stages: (i) a generative stage, where the topic of violence is discussed in terms of brainstorming of the issues to be included in the course, the selection of potential instructors, and identification of purpose goals and contents; (ii) a refining

stage, during which all the proposals agreed in the generative stage are revised and work is done to create a set of course objectives, contents, and assignments and select course teachers and guest speakers with expertise in violence; and (iii) a finalizing stage, during which interdisciplinary course syllabi are completed (with learning outcomes, course assignments and a course schedule) and decisions on the course responsibilities are taken (including who will have the primary responsibility for the course as well as on what days the instruction will take place or where the course will be housed). Afterwards, once the course has been created and implemented, it will be crucial to develop assessment methods that can help evaluate the interdisciplinary co-taught course on violence to investigate how it has impacted students' learning. Hoare et al.⁶³ found that interdisciplinary co-taught courses enhanced critical thinking of both students and instructors.⁶³ Although interdisciplinary courses have been found to bring positive outcomes for students and co-tutors,⁶³ they also pose challenges such as the need to find the right subject and to state it so that the disciplines can complement, and not talk past, one another.⁶⁴ Furthermore, the academic environment at the faculty level needs to play a vital role to encourage engagement across disciplines so that teachers are motivated to be open beyond their own assumptions and views on a specific subject.

Regarding interdisciplinary *research on violence*, a collaboration between the disciplines of public health, social work, criminology, and psychology would facilitate reliance on an interdisciplinary theoretical perspective, research design and analytical approach. This is in line with evidence that shows a trend away from disciplinary hypothesis-based research to problem-based and interdisciplinary studies.^{65–68} Moreover, it has been argued that eclectic interdisciplinarity enables researchers to examine questions based on specific needs and contexts, emphasizing the need for flexibility to draw from the most appropriate research design and analytical methods to best respond to the respective research questions.⁶⁹ Hence, eclectic interdisciplinarity in research requires flexibility as well as different sets of expertise and knowledge that can only be achieved through collaboration of individuals from multiple backgrounds.^{69,70} Also, as argued by Christensen et al.,⁷¹ interdisciplinary and collaborative research creates innovative and stimulating learning environments that are likely to enforce new ways of thinking and doing which enhance everyone's knowledge and competences.⁷¹ Furthermore, they pointed out that a long-term interdisciplinary and collaborative research process contributes to critical thinking and creative consciousness among scholars, as well as to a more holistic, sustainable and socially robust learning in research and higher education.⁷¹

In relation to *practice around the subject of violence*, interdisciplinary practice across the public health, social work, criminology and psychology care professions can depart from their normal prevention approaches.⁷² Professionals from these disciplines can work together to develop a more holistic way of tackling both violence and crime across the different levels of the ecological framework continuum. Furthermore, from a practice perspective there is a need for a range of services (e.g. social services, public health services, psychological services, and legal services)

to be able to address violence. However, it is challenging to integrate practice, especially because of potential role conflict, and different professionals may perceive confusion. For instance, Forgey and Colarossi point at the potential lack of clarity on “who does what” and “who is supposed to do what” which may arise, a situation that can be exacerbated by each profession’s internal debates about what a certain role should entail.⁷³ However, they also state that interprofessional practice will enhance the targeted stakeholders’ knowledge and skills for working inter-professionally.⁷³ For example, in Finland, a study of interpersonal collaboration between social and health workers around domestic violence found that successful interprofessional collaboration required comprehensive knowledge and education on domestic violence as a phenomenon, and on the tasks and duties of different professionals, as well as tolerance and flexibility in their joint efforts.⁷⁴ Most importantly, the study also called to attention that the emphasis on professional relationships often shifts the focus from the institutional and structural challenges of interprofessional collaboration to individual interactions.⁷⁴ Hence, organizational barriers and differences in goals may prevent good intentions from being translated into concrete outcomes.⁷⁴ Therefore, interprofessional practice around violence needs to take into consideration the potential dynamic established among professionals, which can be as important as the context where the collaboration occurs.^{74,75} Husso and colleagues point to the importance of sustainable commitment of organizational structures and management for ensuring the success of interprofessional collaboration to tackle violent victimization.⁷⁶

Today, interdisciplinary education and research and prevention practice around the subject of violence have even greater implications for current and future professionals because of the need to achieve the United Nations Sustainable Development Goals, specifically goals 3 (Health for all and at all ages), 5 (Gender equality) and 16 (Promoting peaceful and inclusive societies for sustainable development).

Violence and crime are and will continue to be one of society’s greatest challenges across the globe in low-, middle- and high-income countries alike. Therefore, prevention practices – primary, secondary and tertiary – can be a unifying umbrella by enabling fieldwork with communities as well as being the focal point for education and research. Violence prevention using the ecological framework presents a unique platform and focus to the different disciplines with mutual factors that are targeted across each individual discipline, as part of potential policy responses (see Figure 3).⁷⁷

As difficult as it may be to consider violence as an “object” for education, research and prevention practices across different disciplines, the challenges that violence poses to societies and the consequences to individuals’, families’, communities’ and societies’ health and wellbeing are of paramount importance. Therefore, future professionals in the areas of public health, social work, criminology and psychology need to re-imagine how to work together towards an integrated approach to address violent victimization. An interdisciplinary approach to violence education, research and practice will have implications for the institutions in which these

activities take place. This would mean shifting the focus from separate educational departments – with conceptual differences in the way education and research are identified and tackled – and instead working together inter-disciplinarily to educate future generations of professionals with an integrated view of violence. Furthermore, in prevention and intervention practices, institutional barriers linked to interests from different professions and own approaches (e. g. working in isolation from each other) will need to be overridden in order to work together to effectively prevent violence. As argued above, violence prevention will never be effective if it continues to be carried out by just one professional group or discipline at a time. Above all, the elimination of all forms of violence is one of the goals for the achievement of sustainable societies, as well as Agenda 2030.

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