



From **VIOLENCE: A PUBLIC HEALTH MENACE AND A PUBLIC HEALTH APPROACH** (in press)
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CHAPTER 4

CONCLUSION:

A PUBLIC HEALTH APPROACH TO VIOLENCE

Sandra L. Bloom, M.D.

What is a public health approach to a problem as broad as human violence? Dr. Adshead has given us a lyrical definition of the scope of violence, and how deeply embedded, how structurally important, violence is to human life and human society. Dr. de Zulueta has explored the violence that is embedded in our social institutions and has discussed the critical importance of attachment relationships in determining the causes and outcomes of violence. Mr. Foderaro has provided us with some important lessons on how strictly and definitively violence must be contained if it is not to extend beyond its already extensive boundaries.

Taking all this into account can we ever hope to establish what Immanuel Kant called a “perpetual peace”? This is an urgent question. Our understanding of the multigenerational effects of violence is growing at the same time as the bloodiest century in the history of mankind draws to a close, dragging with it into the next century a legacy of danger and threat. Global annihilation looms in the form of the detonation of nuclear devices, other nuclear disasters, chemical weapons, biological weapons, plague, and ecological disasters of many different sorts. If our growing understanding is to serve humankind, we will need to think and behave in a different way towards our fellows – all of them. At the end of the 18th century, Kant declared that *“The peoples of the earth have thus entered in varying degrees into a universal community, and it has developed to the point where a violation of rights in one part of the world is felt everywhere”* (Reiss, 1991, p.108). If the global community we are presently developing is to survive without destroying itself, we must find ways to contain the bully in the schoolyard so he doesn’t become the bully in the boardroom or the war room. We must attempt to minimise the damage that bullies have already done, and we must attempt to prevent more bullies from being raised, poisoned by the consuming energy of hatred required to annihilate the world.

A major obstacle to the pursuit of peace is the failure to comprehend that all of our human systems are “trauma-organised”. Bentovim (1992) has explored this concept as applied to family systems in which abuse has occurred. He defines “trauma-organised systems” as “action systems”, meaning,

the essential actors in the system are the victimiser who 'traumatises' and the victim who is 'traumatised'. By definition there is an absence of a protector, or the potential protectors are neutralised. . . The motto of those involved in the trauma-organised system is, First – 'see no evil'; Second – 'hear no evil'; Third – 'speak no evil'; and the Fourth – 'think no evil'. It is not a question of the individual creating the system, or the system creating the problem. Events in the lives of individuals create 'stories' by which they live their lives, make relationships, initiate actions, respond to actions, and maintain and develop them. Abusive traumatic events have an exceptionally powerful effect in creating self-perpetuating 'stories' which in turn create 'trauma-organised systems' where 'abusive' events are re-enacted and re-inforced (pp. xx-xxi).

The family unit is the first and most significant system that we encounter in our lives and, as such, remains the prototype for the development of all other systems. Thus far we have failed as a society to take into account the effects of unresolved transgenerational trauma on entire populations. We have not yet seriously considered how each of our systems besides the family – our school systems, criminal justice systems, financial systems, religious institutions and value systems – may be profoundly influenced by the effects of unmetabolised and denied violence. Like individual victims of violence, without understanding the past and making different choices in the present, we simply assume that violence is unavoidable and normative, and move into the future inevitably re-enacting a traumatic past.

Before Pasteur's discovery that invisible microbes were causing disease, we had to rely on "common sense" and historical experience to ward off disease. Sometimes these efforts worked, more often they failed. Once we understood more about the cause of disease, we were able to develop a public health approach that helped eradicate diseases that had been previously untreatable, uncontrollable and unpreventable. This is precisely the point we are at today in relation to the "disease" of violence. Like bacterial and viral disease, violence is contagious, it spreads through a population, is transmitted to the next generations, is insidious in its effects, and often fatal (Bloom, 1995a).

A public health approach to violence means thinking broadly, synthetically, and collaboratively and most importantly, from the point of view of *prevention*. Most importantly it means simultaneously focusing on the individual and the social context. Without such a focus, our treatment efforts can come dangerously close to enabling a destructively dysfunctional system. By providing society with the illusion that the effects of violence are treatable and curable, we may help provide justification for the status quo. We have a responsibility to make it clear that the fundamental reasons for our patients' suffering are not within the domains of personal vulnerability or genetic predisposition. Rather, the source of most human suffering is located within a socioeconomic and political context that supports and encourages violent perpetration (Bloom, 1995; Bloom, 1997; Bloom & Reichert, in press; Herman, 1992).

Prevention activities attempt to accomplish three major goals: to deter predictable problems, to protect existing states of health, and to promote desired life objectives (Bloom, 1996). A public health approach focuses on prevention activities that occur at three levels: primary, secondary, and tertiary. Tertiary prevention aims at reducing the negative consequences of whatever disease has already occurred and is presently working its way through a population. Secondary prevention targets susceptible populations to alleviate conditions that are associated with acquiring the

problem or disease. Primary prevention activities are directed at the general population with the goal of stopping the problem or disease before it starts. If we look at violence from the perspective of a public health problem, we can speculate about the changes that would need to occur in our society to curtail the spread of violence and to lay the groundwork for health (Bloom & Reichert, in press).

TERTIARY PREVENTION

Tertiary prevention necessitates treating those who are already sick. But to enable our thinking to encompass the scope of the problem with violence we must simultaneously consider two levels of interventions: the individual and the social. As discussed in the chapter on *The Sanctuary*, the first critical step in recovering from the effects of violence is “safety”. Therefore a focus question becomes “What individual and social interventions are most likely to achieve safety?” and the next question becomes “What steps are we willing to take to achieve such safety?”.

The first of these questions is far easier to answer than the second and is, to a great extent, a researchable, medical, question. We know from our work with individual victims of violence that the continuation of violent perpetration in any of its forms must be strongly prohibited if healing is to occur (Bills and Bloom, 1998; Bloom, 1997; Foderaro, this volume). From a medical perspective, this is fairly straightforward. After all, if a disease is being transmitted through contaminated water, the first thing to do is to stop people from drinking the contaminated water. If a disease is being transmitted by fleas, then public health efforts must be directed at finding a way to eliminate the infected fleas without doing further harm to the ecosystem.

Knowing what we now know about the way violence spreads through a family and through a community, a sane public health strategy insures the dedication of sufficient resources to insure that those already victimised receive adequate treatment. With limited resources available, priority should be given to treating children and their caretakers. Violence intervention and treatment programs that support schools, day-care centres, domestic violence shelters, and refugee programs should be a high priority for any society. Combat veterans should be offered extensive services with particular focus on supporting improved parenting skills. Victims of crime are another at-risk population and in the last twenty years, extensive efforts have been made to provide better rights for crime victims.

Criminal justice efforts need to be directed at instituting firm measures that decrease the likelihood that violent offenders are allowed access to a never ending supply of victims. This may indeed necessitate firm legal injunctions and imprisonment, to get chronic offenders off the streets and out of circulation. At the same time, offenders are an extremely high-risk population and much more attention needs to be paid to treating and managing offenders more adequately so that we do not create more problems than we solve. Since our knowledge about the effects of violence is relatively new, the prison population has not had access to adequate treatment. As a result, we have no idea who is treatable and who is not. We do know, however, that prison environments are presently designed in ways that will increase, rather than decrease, further violence. We also know that the incidence of a past history of family violence, particularly child abuse, is extremely high in the criminal population and these people remain largely untreated

(Gilligan, 1996). Special efforts must be made in every community to spot the early signs of antisocial behaviour and address it in its germinal form rather than waiting until the bullying, conduct-disordered child grows into a bullying, antisocial adult. These are children and families who need special attention from schools, law enforcement, the judiciary, social service agencies, physicians and anyone in the community who can see trouble in the making.

SECONDARY PREVENTION

In a public health approach, secondary prevention focuses on containing the infection that already exists, on keeping it from spreading further. Priority is usually given here to utilising interventions directed at those in the population who are at particularly high-risk. Again, we must approach this subject simultaneously from an individual and a social perspective.

Containing violence means taking better care of families, particularly families already known to be at significant risk (Breakey, 1991; Earle, 1995). This includes families that have already been victimised by violence, poor and single parent families who lack adequate social support, and any families who already suffer from unusual stress, as in the case of families dealing with disabilities, chronic illness, or families who have members in prison. Special programs need to be created to deal with children who have witnessed violence, particularly domestic violence, so that they do not automatically follow in the footsteps of their elders, and these programs must directly address issues of gender identity and violence. Widespread training must occur in all social settings so that providers in health and social service agencies are able to adequately assess and intervene in situations where violence has occurred. Health care providers are key because they provide a vital interface between the family and the broader community and are most likely to see the immediate aftermath of violent perpetration (Bloom and Reichert, in press). Programs designed to train general practitioners, emergency room personnel, and other medical staff are critical to early intervention. In schools, troubled children sit right next to children who are doing well. Properly trained school personnel can be instrumental in setting up intervention programs that provide at-risk children with the kind of attention they need to prevent further damage (Bloom, 1995b; Crouch and Williams, 1995; Watson, 1995).

Violence occurs in the workplace as well and as a result efforts must be made to change the culture by creating a “violence-free company culture” (Barrier, 1995a). This requires setting a zero tolerance policy for any kind of violence whether it is non-verbal, verbal, sexual or physical (Barrier, 1995b). This intolerance of violence must extend even to threats. As Matthiason, a lawyer and specialist in workplace violence has commented, “*a threat can do independent damage and have tremendous psychological consequences ... It is in fact, the growth of threatening words and behaviour that has turned workplace violence into a major national phenomenon*” (Barrier, 1995b p.19). Some companies, like Liz Claiborne and Polaroid have taken on the challenge by establishing domestic violence programs that have teeth. Polaroid even allows employees flexitime and short-term leave as well as extended leave without pay to seek protection and legal recourse against domestic violence (McMurray, 1995).

Preventing the spread of violence necessitates finding strategies to deal with violent offenders that are more effective than prisons. Penitentiaries don't work and they never really have, if by “working” we mean releasing people into

society who can become useful and productive citizens. It is clear that to keep a society safe, there are some people who are so damaged, that keeping them away from doing more harm is all we are able to accomplish. As Judge Dennis Challeen of Wisconsin has pointed out, when viewed objectively the present system of incarceration seems absurd when he describes our goals for offenders in contrast the actual results of our punitive methods (Challeen, 1986; Zehr, 1994a, p.8):

- *We want them to have self worth.... So we destroy their self-worth*
- *We want them to be responsible ... So we take away all responsibilities*
- *We want them to be part of our community So we isolate them from our community*
- *We want them to be positive and constructive So we degrade them and make them useless.*
- *We want them to be non-violent.... So we put them where there is violence all around them.*
- *We want them to be kind and loving people ... So we subject them to hatred and cruelty*
- *We want them to quit being the tough guy ... So we put them where the tough guy is respected*
- *We want them to quit hanging around losers ... So we put all the losers in the state under one roof.*
- *We want them to quit exploiting us ... We put them where they exploit each other.*
- *We want them to take control of their own lives, own their own problems, and quite being a parasite ... So we make them totally dependent on us.*

Successful experiments with the use of the therapeutic community model have been made in prisons on both sides of the Atlantic, starting with Maxwell Jones' early efforts (1968). Harry Wilmer founded a therapeutic community in San Quentin in 1961 and wrote of the men he saw there, *"They are dependent and prisonized. They wish not so much to be rehabilitated as to be deinstitutionalized. It is a complex task to help the prisoners free themselves for the dependent gratification of prison and crime and renounce the rewards and types of satisfaction inherent in the criminal life"* (Wilmer, 1964). Turner described a successful therapeutic community for adult felons in the 1970's (Turner, 1972). Other positive results have been found in prison-based therapeutic communities aimed at treating substance abusers (Barr, 1986; Wexler, 1986, 1995; Martin, Butzin, and Inciardi, 1995; Worth, 1995).

All of these changes, although entirely possible, can only occur within the context of revitalised communities. In the physical body, disease occurs when there is a break in the skin, the barrier that protects our internal environment from the external world, or when there is a break in the immune system, our internal protective barrier. In the microcosmic world of the therapeutic community, violence breaks out when there is a rift, a hole, in the net of safety and protection that a healthy community weaves around its members. The same is true in the community-at-large. But rebuilding – and revaluing - communities means setting different priorities for distributing and spending our accumulated wealth. This requires a radical shift from our present immersion in what has been called “malignant capitalism”.

Such a shift could, conceivably, come about if we arrive at a more sound, ecologically-based public policy on a global level. Any practice or theory, when taken too far becomes destructive. There is certainly evidence that the mass

exploitation of natural and human resources for the sake of short-term profit without adequate investment in and protection of the future is a suicidal practice. The ecological movement and social movements directed at the achievement of human rights provides the philosophical basis for such a shift towards violence prevention. The development of a social will that is simultaneously committed to child protection and protection of the Earth's ecological balance would by necessity, commit us to a less violent future. One hopeful sign of movement in this direction is the "Convention of the Rights of the Child" adopted unanimously by the General Assembly of the United Nations on November 20, 1989, paving the way for ratification by each separate nation and the establishment of monitoring committees. There has been a steady movement in this direction throughout the twentieth century. Previous declarations on the rights of the child were adopted by both the League of Nations in 1924 and the United Nations in 1959. It was felt that there was a need for a comprehensive statement on children's rights that would be binding under international law. So far, as of last March, 186 countries have ratified the Convention, the end of a long process that began in the 1979 International Year of the Child (United Nations, 1996). Although the United States has thus far failed to ratify the Convention, it is the only developed country that has not done so. The United Kingdom signed the convention on 19 April, 1990, ratified it on 16 December, 1991, and it went into force on 15 January, 1992.

Civilisation progresses through conceptual changes in values long before those values become working reality. Guaranteeing the civil rights of children and letting those rights determine spending priorities and social policies is revolutionary, and like any peaceful revolution, will take many years yet to put into effect. Nonetheless, it is a beginning and a good segue into a discussion of primary prevention.

PRIMARY PREVENTION

Primary prevention, in this context, refers to the development of "social immunity". What steps can we take as individuals, as families, within each group, each social service system, each social organisation or institution to increase the resistance of the social body to violent perpetration and increase the likelihood of peace? Discussing the primary prevention of violence requires an active imagination. It compels us to picture what a non-violent, technologically-advanced society could look like. Short of Gene Roddenberry's *StarTrek*, we have few models, real or imaginary, to guide us, since we relegate most Utopian fantasies to the sidelines and seldom engage in a visionary discourse. This is a sign of the impoverishment of the late twentieth century imaginative life.

In a society engaged in the primary prevention of violence, family life would be very different than it is now. Children would be raised in communities and raising children would become the shared responsibility of everyone in the community, as would taking care of the elderly, the sick, and the disabled. Parenting would be widely shared and it would be open, not private, preventing opportunities for abuse and providing children with numerous options for healthy attachments. Such shared parenting would also reduce the burden on those parents who produce healthy children but are less interested in raising them than in seeing to other community tasks (Bloom, 1993; Glantz and Pearce, 1989).

Disputes between family members and between other members of the community would be handled through tried and tested conflict resolution techniques that would involve and be supported by the entire community. For twenty-five hundred years, Buddhist monks and nuns have been utilising practices of reconciliation within a group context that are clear, firm, compassionate, sensitive, and produce results (Hahn, 1987). Models for a criminal justice system that focus on restoring the wholeness of a community that has been ruptured by violent perpetration already exist. When infractions occurred, the justice system would have moved from a system based on retribution to one founded in restoration and restitution. Such a system would be constructed so that the needs of the victim would be respected, a pathway of restitution and healing for the perpetrator would be available, and the need for the restoration of community harmony and wholeness would be paramount (Bianchi, 1995; Zehr, 1990). There would be no intent to punish people if such punishment could do more harm than good. The community would find methods to help offenders of community rules to stop breaking the rules and start making positive contributions. We would learn to recognise bullies for what they are, and not flatter them by calling them “strong”, “powerful”, “successful” or “masculine”. Anyone who continued to hurt others would be contained in whatever way was necessary to prevent violence, as long as the constraints were non-violent ones.

Education would be highly valued as a source of pleasure, entertainment, stimulation, and success in a community of peace. Schools would be contiguous with and relatively integrated with the rest of the working community. Children would be expected to learn emotional and relational skills right alongside of their academic pursuits. They would be taught how to work together in groups to resolve complex problems, rather than relying in the limited benefits of rivalry and competition. Classrooms would serve as rehearsal rooms for becoming healthy and contributing members of the adult community (Bloom, 1995b). The process of continued growth, education, and expansion of skills would continue into adulthood through the workplace, where creativity, interpersonal abilities, decision-making skills, and good judgement, would be as valued as much as dedication to the job. The media would play a critical role in educating the public about everything they would need to know in order to create and sustain a safe and healthy living environment.

In a non-violent, technologically advanced society, we would take much better care of our emotional, mental, and physical health. To do this we would learn to relax, to exercise, to laugh a lot, to have time off. We would learn to value relationships and creative expression over the possession of unnecessary material goods. We would learn to appreciate and celebrate diversity simply because it makes life so much more interesting. Over time, as an entire cultural system, we would learn to redistribute wealth so that generosity became more highly valued than personal self-aggrandisement. In an evolved, non-violent culture, engagement in the arts would be recognised as a vital, health-promoting activity for every activity for every human being, not a luxurious – and frequently dispensable – indulgence. Through this increased engagement with the arts we would learn to surface controversy and conflict through the non-violent exploration of complexity that can only be expressed through our innate creativity. The arts help us to touch our passion, our intuition, and our sense of wholeness with all of creation and provide us the means by which integration of contradictions and apparently irreconcilable conflict becomes possible.

When we take the primary prevention of violence seriously we will do all this, change in all these ways, not because we are transformed into angelic beings but because these changes are critical to our self-interest, to our survival. This was one of the arguments “Kant gave for proposing a “perpetual peace”: that it was in our fundamental self-interest to create such a peace as the world became a cosmopolitan community. We are seeing the evolution of this proposal. In every area of human pursuit, in each discipline, there is another view of a potential and more life-supporting reality emerging. In business (Estes, 1996; Maynard and Mehrtens, 1993; Ray and Rinzler, 1993), in politics (McLaughlin and Davidson, 1994; Lerner, 1996), in basic science (Bohm and Edwards, 1991; Darling, 1993; Davies, 1983; Margenau and Varghese, 1992), in education (Levine et al., 1995), in criminal justice (Bianchi, 1995; Zehr, 1990), in religion (Blumenthal, 1993; Davis, 1994) – a different paradigm, a different way of viewing nature and our role in it is struggling to be born.

In the end, it comes down to asking the question, “What steps are we willing to take to create a safe society?” This is a thorny one and the answer differs enormously from society to society, even from one locale to the next. It inevitably leads to questions of political and social rights and responsibilities, regardless of the dangers to individual and social health. We know that weapons are a serious threat to public health and safety. And yet, depending on the country and the political climate, carrying a gun may be seen as an intrinsic and inalienable individual right. In the United Kingdom, the abolition of handguns was seen as a continuation of a longstanding and sane unwillingness to promote easy access to weapons of destruction. At the same time in the United States, possession of a handgun is seen as a basic and fundamental right, a primary defence against the abuse of power by the state, a symbol of freedom. For both countries, however, the production and distribution of weapons is perceived as an economic necessity. Similarly, a wealth of research may prove that pornography contributes to the creation of an environment promoting violence to women, but the restriction of pornography may impinge on our precious right to freedom of speech or may be seen as a perfectly harmless – or even helpful - male indulgence. Attempts to eliminate corporal punishment are met with fervent protests on the part of parents who believe that the state has no right to make decisions about their right to raise their own children, others who believe that physical punishment of children is commanded by God, and still others who do not have a clue how to raise children without hitting them. Creating laws to protect against media violence can infringe on freedom of the press, and claims are often made that media violence is actually good for us, or if not good, at least harmless. Our market economy supports and promotes measures that increase unemployment in segments of the population most vulnerable to the effects of poverty. Putting thousands of men and women out of work and plunging whole communities into poverty is seen as “good business” and completely and shamelessly justified. Affirmative action plans used to address racial and sexual discrimination are accused of producing reverse discrimination. We have many examples, just in this century, of leaders using “safety” and “national security” as excuses for the most violent extremes of behaviour and deprivation of human rights. Still, there is something wrong with the discourse when license or repression are the only alternatives.

Years ago, one of our patients was deeply involved in what was a profoundly personal and political discussion of rights, and how the freedom of rights that her parents had enjoyed allowed the circumstances to exist that led to her abuse, a violation of her rights as a human being. She pointed out that in the United States, we benefit greatly from

our Bill of Rights, but what is missing is a Bill of Responsibilities. What we have learned in the practice of maintaining a therapeutic community is that rights must always be balanced with responsibilities. In an interconnected community, even one as small as a family, should anyone have the *right* to inflict injury upon another person? And if injury is inflicted, what responsibility goes along with that right? If a parent beats a child and that child grows up to be an adult who uses violence against others – who is responsible? If a child is starved, beaten and tortured in a society that permits and encourages such treatment, should the responsibility remain solely with that child as an adult, when that child commits a criminal act? As we gather increasing evidence that exposure to violence may permanently damage development, what responsibility does the society as a whole have in preventing that damage from ever happening in the first place?

We have also learned that only non-violence can stop violence. Jesus, Gandhi, and Martin Luther King were all correct. Gandhi said, “*I object to violence, because, when it appears to do good, the good is only temporary; the evil it does is permanent*” (Wallis, 1994, p. 190). But non-violence does not mean silence. As Martin Luther King wrote in his letter from the Birmingham Jail, “*I have earnestly opposed violent tension, but there is a type of tension which is necessary for growth . . . so must we see the need for non-violent gadflies to create the kind of tension in society that will help men rise from the dark depths of prejudice and racism to the majestic heights of understanding and brotherhood*” (King, 1990, p. 69). Non-violence and social responsibility comprise the middle road, the alternative to freedom without responsibility and security without freedom.

BARRIERS TO CHANGE

Joseph Schwartz has pointed out that creative moments in science represent the conjunction of complex social events. Using the cosmological debates of the seventeenth century, he has shown how, during a major shift in historical consciousness, science and the existing order can conflict (Schwartz, 1992). Judith Herman has pointed out that our recognition and understanding of the effects of violence on human beings is dependent on a social movement. Without such a movement, the knowledge can be lost again, as it has been in the past (Herman, 1992). History does repeat itself, and if we are not careful, history will repeat itself once again, and the knowledge that we have gained since World War II about the profound effects of human trauma will be lost – or more likely, misinterpreted - once again.

As long as science supports the established social order, the pursuit of knowledge is safe. But history tells us that when science begins to challenge our deeply entrenched beliefs and institutions, science and those who pursue its values – may be punished. The knowledge we are gaining about the effects of violence in all its forms attacks the deeply ingrained system of structural violence that is the bedrock of our civilisation. The study of trauma and attachment challenges many fundamental notions about the nature of human development and the nature of human nature.

One of our social bedrock ideas is encompassed by the concept of *deviance*. For us, the criminal population and the mentally ill represent deviance. Regardless of the form of the deviance, by definition the problem resides clearly within the deviant person. Uncovering causality is not as important as affixing culpability for the deviant acts. Providing

explanations for deviant behaviour is usually derided as “making excuses for bad behaviour” and is therefore dismissed. Children are expected, at 16, 18, or 21, to automatically become responsible adults and failure to do so is marked as deviant behaviour, punishable by society’s rules. Trauma theory challenges our basic assumptions about deviance because it places the aetiology of most mental health and criminal problems in the space that connects the individual with his or her social group. If we come to believe that deviance is a result of injury sustained at the hands of another, much as a tree bent by a boulder grows in a deviant direction from its normal axis, then we move from a sickness model to an injury model. A sickness model places the responsibility for deviance directly in the lap of the deviant person. An injury model makes the deviance relational. Other people are immediately involved as causative agents in the individual’s distress and deviant behaviour. This is a particularly poignant reality in the case of abused and neglected children, who were powerless to stop the injury being perpetrated against them. Such a model confuses our otherwise clear-cut definitions of goodness and badness. In such cases, after all, who is more wrong, the criminal who commits the act or the society that failed to protect the criminal from harm as a child? When retribution is so basic to human nature, can we fail to understand the ways in which the criminal attempts to “get even” for such a basic betrayal by hurting others, and the mentally ill victim takes out the vengeance on him/herself?

The issue of retribution is another fundamental social structure, the bedrock of our criminal justice system. The desire for revenge comes easily and naturally to human beings, and control of the urge for vengeance comes as a result of maturity and moral development. Our understanding about how deeply violence can scar and skew the development of victims leads us to understand their desire for vengeance, even when that vengeance is sought through hurting others. So who do we punish? And why do we punish? And when – if ever – does traumatic punishment do more good than harm? Jesus, Gandhi, Buddha, Martin Luther King, Nelson Mandela, Vaclav Havel, are all leaders to whom we offer profound respect because they chose not to act on the urge for vengeance but instead provided us with an alternative, more loving, and more integrated approach. And yet, questioning retribution and punishment poses a serious threat to criminal justice systems whose laws, regulations, and practice are based on an established and accepted view of individual pathology and culpability alongside the right of the State to exact legal revenge.

Similarly, for the mentally ill, it is convenient for the present social order to pretend that the cause of mental illness will be found in the genes and in fundamental, individual, biological irregularities. If this is so, we are compelled to do nothing except wait for science to find a “cure”. We do not have to address poverty, family violence, sexism, racism, the routine abuses of power in a family or in a country, because these problems can be kept safely separate from the biology of the mentally ill. At the same time, we discount the profound biophysiological consequences of exposure to violence and presume to believe that these consequences are not determining action and undermining our long-held belief in “free will”.

The medical model is based on a fundamental split between mind and body, first clearly articulated by Descartes, and deriving from the 17th century conflict that necessitated a compromise solution to keep religious beliefs separate from science so that science could safely be pursued (Schwartz, 1992). The study of the effects of violence challenges this fundamental split. Our understanding of trauma has illustrated a number of critical interfaces between behaviour,

development, and basic biochemical changes in the body and the brain. Those who remain firmly committed to the existing model can be profoundly disturbed by the suggestions that simple acts of changing the way we speak to other people, or of participating in theatre or painting or dancing or ritual, or the simple act of putting feelings into words in a safe social space can bring about profound physiological changes. The growing recognition that multiple personality disorder is actually fairly common and a useful defence in childhood, against overwhelming exposure to violence, challenges cherished notions of self, mind, and mental structure that provide a fundamental stability for the psychiatric professions that many are unwilling to give up.

Many centuries ago, when science split off mind/soul/spirit, it also dispensed with the need to study feelings. But now, the study of emotions has crept back in, partially due to the growing recognition that most behaviour problems are a result of a failure to properly modulate emotions and that these modulation difficulties are a direct result of exposure to violence, particularly chronic exposure. Finding an important role for feelings in our existing paradigm is awkward. Emotions, like intuitions, are traditionally feminine, irrational, a bothersome interference with rational thought. Allowing space for considering people's feelings, for compassion, and sensitivity is ideologically threatening. Only children, women, homosexuals, and artists are supposed to be dominated by feelings, particularly the "gentler" emotions. The necessity of confronting the emotional nature of our basic biology and identity is threatening to a system grounded in the objectivity and unemotional nature of rationality.

Another deeply troubling structure that trauma theory challenges is our definitions of what actually is "rational" and what is "irrational". By our present social definitions, anything that makes money is rational. Hoarding money and accumulating great, unspent wealth is rational. Polluting the environment, selling weapons of mass destruction, depriving people of health care, allowing children to starve in poverty is "rational", as long as these are economically justifiable actions. Questioning the inherent sanity of our existing system, verbally, or nonverbally, directly or artistically, is "irrational" and potentially "immoral". Meanwhile notions of healing based on spiritual healing, mystical communion with a higher consciousness, even the need to "make meaning" are seen as fundamentally irrational and relatively unimportant. Suggestions that prayer, spiritual beliefs, alternative medicine, and psychic healing may effect immune systems and brain waves intrudes the "irrational" into the frame of that which is "rational" in a very disconcerting way.

Another troublesome social structure challenged by our understanding of the effects of violence, is our attitude toward, and treatment of, children. Historically, children have been viewed as parental possessions with few rights of their own. Anything a child said, could be construed as a fantasy or a lie, since children were born with an evil and rebellious nature that had to be beaten into obedience and submission to authority (Ellison and Bartkowski, 1997). Our deep ambivalence about children has been cloaked in a syrupy sentimentality that has denied them their full humanity as well as their legal rights, for centuries. But we know now - not just in a literary but in a scientific sense - that the "child is father to the man". Early childhood development largely determines adult behaviour. This means that we must pay far more attention to the well being of children than we have done in the past, and our present social structure does not fully support that kind of change.

Finally, the study of violence pushes us to redefine rights and responsibilities. It pushes us right up against thousands of years of religious conceptualisations of the relationship between human beings and a greater power. What is “free will” if in fact, we do not really have control over our lives as long as we are tied to the unmetabolized events of a personal and transgenerational past. What is “original sin”, a concept still influencing our criminal justice system, when we begin to wrestle with the findings on multigenerational transmission of trauma? Is violence ever justified? Is it as wrong to fail to protect as it is to actively harm? What separates individual from social responsibility? Are we, in fact, “our brother’s keeper?”

The social historian Fernand Braudel has said, *A civilisation generally refuses to accept a cultural innovation that calls in question one of its own structural elements. Such refusals or unspoken enmities are relatively rare: but they always point to the heart of a civilisation* (Braudel, 1994, p.29). In this, the most violent of all centuries, we are forced to call into question many of our “deep structures” if we want to survive. Just as individual victims of violence must challenge the destructive experiences, beliefs, and values that for them have become normative, we have a responsibility to challenge those experiences, beliefs, and values that continue to promote war, violence, and destruction, rather than peace.

REFERENCES

- Benedek, E. P. (1989). Baseball, apple pie, and violence: Is it American? In: L. J. Dickstein, & C. C. Nadelson (Eds.), *Family Violence: Emerging Issues of A National Crisis*. Washington, DC: American Psychiatric Press.
- Barr, H. (1986). Outcome of drug abuse treatment in two modalities. In: George DeLeon & James T. Ziegenfuss (Eds.), *Therapeutic Communities For Addictions*. Springfield, IL: Charles C. Thomas.
- Barrier, M. (1995a). Creating a violence-free company culture. *Nation's Business*, 83 (2), 22-23.
- Barrier, M. (1995b). *The enemy within*. *Nation's Business*, 83 (2), 18-24.
- Bianchi, H. (1995). *Justice as Sanctuary: Toward A New System Of Crime Control*. Bloomington: Indiana University Press.
- Bills, L. J. and Bloom, S. L. (1998) From Chaos to Sanctuary: Trauma-Based Treatment for Women in a State Hospital Systems. In B. Labotsky Levin, A. K. Blanch, and A. Jennings, eds., *Women's Health Services: A Public Health Perspective*. Thousand Oaks, CA: Sage Publications.
- Bloom, M. (1996). *Primary Prevention Practices*. Thousand Oaks: Sage.
- Bloom, S. L. (1993). Psychodynamics of Preventing Child Abuse. *The Journal of Psychobiology*, 21(1):53-67.
- Bloom, S. L. (1995a). The germ theory of trauma: the impossibility of ethical neutrality. (1995) In B.H. Stamm, (Ed). *Secondary Traumatic Stress: Self Care Issues for Clinicians, Researchers and Educators* (pp: 257-276). Sidran Foundation.
- Bloom, S. L. (1995b). Creating Sanctuary in the Classroom. *Journal for a Just and Caring Education*, 1(4):403-433.
- Bloom, S. L. (1997). *Creating Sanctuary: Toward the Evolution of Sane Societies*. (1997) New York: Routledge.
- Bloom, S. L. & M. Reichert. (in press). *Bearing Witness: Trauma and Social Responsibility*. Binghamton, NY: Haworth Press.
- Blumenthal, D. R. (1993). *Facing the Abusing God: A Theology or Protest*. Louisville, KY: Westminster/John Knox Press.
- Bohm, D. & Edwards, M. (1991). *Changing Consciousness: Exploring the Hidden Source of the Social, Political, and Environmental Crises Facing Our World*. San Francisco: HarperSanFrancisco.
- Braudel, F. (1994). *A History of Civilizations*. New York: Penguin.
- Breakey, G., & Pratt, B. (1991). Healthy growth for Hawaii's "Healthy Start": Toward a systematic statewide approach to the prevention of child abuse and neglect. *Bulletin of National Center for Clinical Infant Programs*, 11, 16-22.
- Crouch, E. & Williams, D. (1995). What cities are doing to protect kids. *Educational Leadership*, 52 (5), 60-3.
- Darling, D. 1993. *Equations of Eternity*. New York: Hyperion;

- Davies, P. 1983. *God and the New Physics*. New York: A Touchstone Book;
- Davis, W.T. (1994). *Shattered Dreams: America's Search for Its Soul*. Valley Forge, PA: Trinity Press International.
- Earle, R. B. (1995). *Helping to Prevent Child Abuse -- and Future Criminal Consequences: Hawai'i Healthy Start*. Washington, DC: U.S. Department of Justice, National Institute of Justice.
- Ellison, C. G. & Bartkowski, J. P. (1997). Religion and the legitimation of violence. In J. Turpin and L. R. Kurtz (Eds.), *The Web of Violence: From Interpersonal to Global*. Urbana, IL: University of Illinois Press. (pp.46-67)
- Estes, R. (1996). *Tyranny of the Bottom Line: Why Corporations Make Good People Do Bad Things*. San Francisco: Berrett-Koehler.
- Hanh, Thich Nhat. (1987). *Being Peace*. Berkeley, CA; Parallax Press.
- Herman, J. L. (1992). *Trauma and Recovery*. New York: Basic Books.
- Gilligan, J. 1996. *Violence: Our Deadly Epidemic and Its Causes*. New York: A Grosset/Putnam Book.
- Glantz, K. & Pearce, J K. (1989). *Exiles From Eden*. New York: W.W. Norton & Company.
- Jones, M. (1968). *Social Psychiatry in Practice*. Middlesex, England: Penguin Books.
- King, M. L. (1990). Letter from the Birmingham Jail. In: Holmes, R. L. *Non-violence In Theory and Practice*. (pp.68-77). Belmont, CA: Wadsworth Publishing.
- Lerner, M. 1996. *The Politics of Meaning: Restoring Hope and Possibility in an Age of Cynicism*. Reading, MA: Addison-Wesley.
- Levine, D, Lowe, R., Peterson, B. & Tenorio, R.(eds.) (1995). *Rethinking Schools: An Agenda for Change*. New York: The New Press.
- Margenau, H. & Varghese, R. A. (1992). *Cosmos, Bios, Theos: Scientists Reflect on Science, God, and the Origins of the Universe, Life, and Homo sapiens*. LaSalle, IL: Open Court Press.
- Martin, S. S., Butzin, C. A., & Inciardi, J. A. (1995). Assessment of a multistage therapeutic community for drug-involved offenders. *Journal of Psychoactive Drugs*, 27 (1), 109-16.
- Maynard, H.B. & Mehrtens, S. E. 1993. *The Fourth Wave: Business in the 21st Century*. San Francisco: Berrett-Koehler;
- McLaughlin, C. & Davidson, G. 1994. *Spiritual Politics: Changing the World from the Inside Out*. New York: Ballantine Books
- McMurry, K. (1995). Workplace violence: can it be prevented? *Trial*, 31 (12), 10-13.
- Ray, M. and Rinzler, A. 1993. *The New Paradigm in Business: Emerging Strategies for Leadership and Organizational Change*. New York: G.P. Putnam's Sons

- Reiss, H. (1991). *Kant: Political Writings*. Cambridge: Cambridge University Press
- Schwartz, J. (1992). *The Creative Moment: How Science Made Itself Alien To Modern Culture*. London: Jonathan Cape.
- Turner, M. (1972). Norman House. In Stuart Whiteley, Dennie Briggs, & Merfyn Turner (Eds.), *Dealing with Deviants*. London: The Hogarth Press.
- United Nations (1996). *The Rights of the Child*. Human Rights Fact Sheet No. 10 (Rev.1) New York: United Nations.
- Wallis, J. (1994). *The Soul Of Politics*. New York: The New Press.
- Watson, R. (1995). A guide to violence prevention. *Educational Leadership* 52 (5), 57-60.
- Wexler, H. K. (1986). Therapeutic communities within prisons. In George DeLeon & James T. Ziegenfuss (Eds.), *Therapeutic Communities For Addictions*. Springfield, IL: Charles C. Thomas.
- Wexler, H. K. (1995). The success of therapeutic communities for substance abusers in American prisons. *Journal of Psychoactive Drugs*, 27 (1), 57-66.
- Wilmer, H. (1964). A living group experiment at San Quentin prison. *Corrective Psychiatry and Journal of Social Therapy*, 10.
- Witwer, M. B., & Crawford, C. A. (1995). A coordinated approach to reducing family violence: Conference highlights. *National Institute of Justice Research Report*, October, 1995. Washington, DC: National Institute of Justice.
- Worth, R. (1995, November). A model prison. *Atlantic Monthly*, p.38+.
- Zehr, H. (1990). *Changing Lenses: A New Focus for Crime and Justice*. Scottsdale, PA: Herald Press.