PSYCHOSOCIAL MODELS FOR PREVENTION AND WELLBEING:
Addressing Authority-Based Violence in Urban Neighbourhoods

Nomfundo Mogapi
Josephine Acuna Lascano
Ernesto A. Anasarias
Seidu Swaray
Themba Masuko
Steffen Jensen
PSYCHOSOCIAL MODELS FOR PREVENTION AND WELLBEING

ADDRESSING AUTHORITY-BASED VIOLENCE IN URBAN NEIGHBOURHOODS

A praxis paper prepared in collaboration between Balay, CSVR, LAPS and DIGNITY for the Global Alliance

By Nomfundo Mogapi, Josephine Acuna Lascano, Ernesto A. Anasarias, Seidu Swaray, Themba Masuko and Steffen Jensen

Contents

Foreword 7
Executive summary 9
Introduction 12
Understanding contexts of violence 14
Models for understanding violence 15
Why intervene in relation to violence? 18
Victims, and risk and target groups 20
Theory of change – focusing on relationships 21
Victims/at risk groups: Facilitate healing, social inclusion and psychological awareness 22
Families: Promoting families as support structures rather than as perpetrators or risk groups 23
Community: Promoting communities as support structures rather than as perpetrators 24
State authorities: Perpetrators or duty bearers 25
Conclusion and recommendations 26
References 30
Foreword

Human rights work, and especially work to combat torture and its effects, is often characterized by unhelpful divisions between rehabilitation and prevention. Rehabilitation is the mainly the domain of doctors, psychologists and other highly specialized health professionals. Prevention, on the other hand, is dominated by social scientists and even more by lawyers, who tend to focus on institutional reform and legal frameworks. Much has been achieved over the years in both rehabilitation and prevention. However, this compartmentalization also has adverse effects, especially on the ground where the distinction makes much less sense. Here, state violence and its effects cannot easily be divided into prevention and rehabilitation. Often, state violence is chronic and repetitive. A clear chronology of before, during and after a traumatic event is hard to establish. Hence, there is a need to think out of these professionalized and disciplinary boxes – not to replace or put in doubt the contributions of legal and health interventions but to map out a field between them where much anti-torture work already happens. However, we need to find a better language – a new language – to discuss and reflect on this middle ground between rehabilitation and prevention. This paper is our contribution to this larger advocacy agenda.

The paper is the product of the collaboration between four like-minded organizations: BALAY Rehabilitation Centre in the Philippines, The Centre for the Study of Violence and Reconciliation in South Africa (CSVR), The Liberia Association of Psycho-social Services (LAPS) in Liberia and DIGNITY-Danish Institute Against Torture in Denmark. The collaboration has been formalised under the heading ‘The Global Alliance Against Authority-based Violence’, established in 2014. The basic premise of the Alliance is that around the world and across different contexts, groups of people are deemed ‘victimizable’ by the powers that be – either state or non-state – and hence legitimate targets of order-maintaining – or authority-based – violence. The risk groups might include young, indigent and criminalized men in slum areas, suspects of terrorism, migrants and refugees, sexual minorities or alleged carriers of disease. Their alleged transgressions might be based in a legal framework (like drug peddling) or in moral norms (like sexuality). However, all are likely victims of state or non-state violence. At the time of writing, the Philippine ‘War on Drugs’ provides a chilling example of the legitimacy of violence against such groups.

As a central element in the collaboration, we produce a number of cross-cutting analyses of a variety of different issues while employing different methodologies. All topics emerge from our common discussions on our different contexts, and include linking human rights, development and violence in the city; legal frameworks for policing poor urban neighbourhoods; social work models; community organizing strategies and partnership models.
Executive summary

This paper argues for the need to develop psychosocial approaches that focus on combining preventative and healing work through community-led interventions with risk groups, their families, their neighbours and wider communities, and finally the authorities that perpetrate violence to maintain order. While highly specialized (legal) prevention and (health-related) rehabilitation practices have contributed to addressing torture and ill-treatment, they also leave gaps, not least when we begin addressing violence employed to preserve local social, legal and moral orders in poor, urban neighbourhoods, what we term state and non-state authority-based violence. This violence is mundane and chronic rather than sudden traumatic eruptions of violence and has often been normalized, even by its victims. Interventions in such contexts demand that we reconsider some of our basic assumptions about how to go about working against torture and ill-treatment. This paper attempts to reconceptualise human rights work in ways that make sense for a focus on authority-based violence in poor, urban neighbourhoods. The paper does not produce a set of best practices and models to be implemented. Rather it sets out our reflections on how to understand the contexts of violence, identify the target groups of interventions and spell out the theories of change relevant in the different contexts.

The patterns of violence must be understood thoroughly. Authority-based violence in context takes many forms but it must arguably conform to certain underlying criteria in order for it to be legitimate: it needs to be construed as self-defence and it must be proportionate to the threat that it purports to counter. This form of violence does not exist in isolation and the paper outlines the relation between different forms of violence including youth violence, intimate violence, communal violence, state violence and revolutionary violence. This analysis of violence enables a reconsideration of target and risk groups. In much anti-torture work, torture is considered to be an extraordinary event. Focusing on the mundane nature of torture and ill-treatment, new risk groups emerge like young men or children in conflict with the law and the community they inhabit; sexual minorities, refugees and migrants or, as has been the case in both South Africa and Liberia, survivors or victims of diseases (HIV or Ebola). These groups, and others like them, are seen as affronts to public morality, sometimes because of their actions and sometimes because of what danger they are seen to represent (crime, drugs, terror, moral decay, threats to livelihoods, economic burdens etc.) and they are vulnerable to attacks from state officials, communities and even their own families who consider them in need of disciplining.
While focusing on legal rights of children, women, migrants and the rights not to be tortured or killed as important benchmarks, legal and health related approaches are not sufficiently responsive to these. Our work demonstrates the importance of relations as both protective and perpetrative. This suggests theories of change which focus on relations between risk groups, their families, the communities in which they live and the local public officials. Importantly, families, communities and public officials might constitute the most important protective networks that risk groups have. However, they might also perpetrate violence or allow it to take place. If families are not willing to protect their children, for instance because of drug abuse, those children are much more at risk of being harmed by community members and by the state.

This entails working with the young people themselves – to deal with the violence perpetrated against them, and often the violence they perpetrate on others, as well as to attend to the relations they have with families, peers, communities and public officials. This might include the following elements:

a) Improved self-esteem, ability to deal with trauma, healing, awareness of the psychosocial impact of torture among risk groups in general and among victims in particular;

b) Improved understanding among victims and risk groups of the issues that put them at risk and the ability to deal with the risk constructively;

c) Improved skills to engage in meaningful social activities in relation to the labour market, education and other social arenas;

d) Victims and risk groups that are mobilized and organized for prevention and for engagement in meaningful relationships with authorities, communities and families.

Work with risk groups must be complemented with interventions in relation to families, communities and public officials. In the Global Alliance, not all organizations work equally with all levels. For example, while it is true that LAPS and CSVR target all levels, DIGNITY works more with public officials, community members and volunteers whereas BALAY works with all levels. For example, while it is true that LAPS and CSVR target all levels, DIGNITY works more with community members and volunteers whereas BALAY works with all levels.

The families:

a) Improved family cohesion and functioning to establish rehabilitative and healthy relations, and

b) Improved social protection and prevention of violence by supporting families.

c) Families mobilized to engage in advocacy for non-violent and healthy relationships with state authorities, and in advocacy for state authorities to assume their responsibilities towards risk groups.

The community:

a) Community strengths and assets to address community needs, and

b) Community strengths and assets to address community needs.

c) The community, mapped through stakeholder analysis and treated as a potential partner, should be part of the alliance to prevent violence against risk groups and to seek community projects (especially those promoting pro-social behaviors) that seek to promote community change and to seek community change and to seek community change.

d) Overall community efficacy improves when there are fewer incidents of violence and reduced violence.

The state and public officials:

a) State authorities could be mapped through stakeholder analysis, and potential partners inside the state could be mobilized based on an analysis of the patterns of violence; and

c) State authorities need to assume their responsibilities towards risk groups.

b) State authorities need to assume their responsibilities towards risk groups.

c) Improved social protection and prevention of violence by supporting families.
Introduction

Across the world in poor, urban neighbourhoods, both state and non-state authorities use violence against those they consider to be in opposition to them, whether to control their constituencies or to impose dominant moral norms. This form of violence is often considered legitimate by authorities, even by those that fall victim to it. Targets might be drug-dealing or drug-using youth, sexual minorities, outsiders or migrants. Sometimes the violence is exercised by state authorities; at other times, it is perpetrated by non-state actors acting on the behest, in the absence or with the consent of the state; and finally, sometimes the violence is directed against the state. What unites these different forms of violence is a claim to uphold order, discipline, justice and the rights of those who allege they represent the many by targeting groups of so-called transgressors, and for this reason we can say it is authority-based. Importantly, different groups might constitute the object of the discipline depending on which authorities are in control locally. While such violence happens in rural areas as well, authority-based violence in the cities takes on a specific nature different from rural areas. As several commentators have noted (Bjarneson and Jensen, 2014; Rodgers, 2014; World Bank, 2011, Arias, 2006), urban violence is characterized by a range of actors and forms and by a high degree of conflict between different violent networks and actors, including vigilante groups, neighbourhoods, and different competing political actors and state officials.

Apart from being different from rural violence, this form of urban violence is quite different from how we often understand state violence as for instance torture and ill-treatment – as extreme, spectacular forms of violence. Rather, the violence we are addressing is commonplace, taken for granted; it happens every day; it is often considered legitimate by the majority of the parties, and it often escapes human rights interventions as they are usually focused on legislative approaches and training state institutions on how to uphold human rights. For instance, what puts youth or sexual minorities at risk is not the ignorance of authorities of what they can and cannot do; it is what they feel legitimated to do and what communities demand that they do, including the kinds of violence that police are sometimes expected to use against criminals by the general population (Hornberger, 2014; Jensen 2014). The targeted groups are usually at risk because of the practices they engage in (stealing or rioting), what they symbolize (moral corruption), how they look (sexual minorities), or where they are (strangers, migrants). But more than anything they are at risk because no one is willing to protect them, as they are seen to transgress moral boundaries or not be “worthy victims”. When they are hurt, few people think they deserve treatment or care. A different approach to addressing authority-based urban violence is therefore necessary.

There is a tendency within the field of prevention and rehabilitation to divide the healing and prevention and to equate psychosocial approaches only to rehabilitation. This means that the potential of the psychosocial field to influence prevention is not explored. Currently in the field of prevention, efforts focus mainly on institutional reform and training. In contexts of urban violence, the differentiation between prevention and rehabilitation is not useful in creating a sustainable approach to addressing authority-based violence. The Global Alliance aims to advocate for an integrated approach towards working with healing and prevention within the urban violence field through using the psychosocial approach. We outline a psychosocial approach which focuses on combining preventative and healing work through community-led interventions with risk groups, the neighbourhoods in which they live, their families and the authorities that see fit to punish them to maintain order. This approach complements legal approaches to prevention. Instead of reproducing an approach that assumes a dichotomy between victims (as rights holders) and perpetrators (e.g. as duty bearers), we focus on relationships between victims and risk groups and their surroundings in their families and communities and in relation to authorities. We also understand that in contexts of urban violence it can be difficult to differentiate between victims and perpetrators; in many instances the face of the victim and perpetrator is the same (e.g. someone who is perceived as a perpetrator of interpersonal violence may be a victim of police torture).

The purpose of this paper is to explore such a psychosocial, community-led approach. We do not describe in detail what the different interventions in the four contexts of Denmark, Philippines, Liberia and South Africa comprise. Rather, we discuss principles and reflect on how to understand the violence that we aim to prevent and the effects we aim to address.

Community-led approaches to violence prevention and healing have often been heralded as a panacea for social ills including poverty and violence. The assumption is that only through a community-led approach are we able to reach the countless numbers of poor people where they are. Furthermore, community-led approaches are associated with notions of empowerment and ownership. While we are sympathetic to these arguments, community-led interventions have been marred by a number of shortcomings: lack of monitoring, lack of clarity of goals, and target groups that are ill-defined. They have also been credited with being effective even in situations where their impact might be limited. This paper aims to reverse some of these shortcomings by presenting a clear description and analysis of the context of authority-based violence, including understanding who the risk groups are, outlining possible theories of change with indicators for the psychosocial model, and sketching the main national, regional and global advocacy agendas. Hence, the paper explores four different contexts of authority-based violence, each illustrated by one of our four cases. Next, it details who ends up at risk in the four contexts. As we shall see, who that is might shift drastically whilst still looking surprisingly similar. Finally, we explore how we understand processes of change – what do we hypothesize will happen when we do something?

The paper begins with a critical analysis on how we conceptually understand the violence to be addressed and prevented by the psychosocial approach. It then explores possible elements of a community-led psychosocial intervention, including theories of change. We do not attempt to create one monolithic approach to be followed by all. Rather, the paper aims to enable reflections about psychosocial interventions addressing violence in poor, urban neighbourhoods. The paper is based on the work carried out in four countries: Denmark, Philippines, Liberia and South Africa by respectively DIGNITY, Balay, LAPS and Centre for the Study of Violence and Reconciliation (CSV)R. Thus, it represents a unique experience that transcends the global south and the global north to produce insights that might be relevant for community-led interventions across the world and for thinking of healing, functioning and prevention within one analytical and practical framework.
Understanding contexts of violence

When aiming to prevent violence and address its implications for risk groups, two of the first questions to ask are what kind of violence we are addressing and how different forms of violence relate to each other. Although our account is not exhaustive, we identify the following forms of violence as relevant to the four different project intervention sites:

1) **Youth violence** including gang violence, criminality, school violence and violence related to drug consumption;

2) **Collective violence** including vigilantism, xenophobic attacks, hate crimes, service delivery related violence, protest against forced evictions and violence against victims of disease (e.g. HIV and Ebola). Collective violence is usually legitimized by referring to some kind of moral community that protects local morals or a moral order;

3) **Intimate and interpersonal violence** including child abuse, domestic violence, and conflicts between neighbours and community members related to alcohol consumption, debts, resources, land or humiliations. In other contexts, these are called ‘social fabric’ crimes;

4) **State violence** involving teachers, police, military, health staff, prison staff, politicians and welfare officials;

5) **Extractive violence** involving maintaining and creating economic resources including strike breakers, mining guards and landlords; and

6) **Revolutionary violence** including regime-toppling activities locally or globally.

These forms of violence exist in different ways and to different degrees in all four countries. It serves no purpose to go through all forms of violence in the four different places, but a few examples might illustrate the point. Collective violence, a term that derives very much from the South African context (Von Holdt et al, 2013) exists in all four contexts. In South Africa it appears in forms such as violent service delivery protests, vigilante activities, and xenophobic attacks on foreigners. In Liberia, the primary targets of violence were young ex-combatants (often talked about as the motorcycle boys). Furthermore, in the wake of the Ebola crisis, new targets were those that were seen to bring in disease and death. In the intervention sites in the Philippines, collective violence often takes the form of vigilante activities but in other places around the country, collective violence might relate to revolutionary, extractive and state violence. In Danish housing estates young people, or people who are seen as somehow deviant from a social norm of a strong group within the estate, might be disciplined in ways that are often referred to by mainstream Danish media as being from a ‘parallel society’ (Johansen, 2013). Likewise, state violence exists in all four locations. However, there are huge differences in how it is perceived and how it relates to the law. Violence perpetrated by the Danish state is most often legitimized in laws involving incarceration and penetration into families. In the Philippines, violence is often associated with corrupt police practices.

Models for understanding violence

These remarks prompt questions in relation to violence which are central to the psychosocial model for prevention and wellbeing in poor urban neighbourhoods, including the fundamental one of why we should intervene at all to reduce violence. We will briefly consider these questions through anthropological, trauma and public health approaches to violence. Let us begin with the anthropological approach. Firstly, when is violence considered violent and by whom? While this question might seem self-evident, it is actually not. Most of the people we work with – especially poor, young people – do not consider the violence they experience as violence because it is what it is – just normal life. In the Philippines, the term ‘Ok lang’ or ‘just ok’ captures the sense of violence that is to be expected and hence not ‘real violence’, even if victims are hurt or humiliated by it (Jensen, Hapal and Modvig, 2013). Torture is a category of violence that is most often associated with specific events or regimes like the apartheid regime in South Africa or the martial law period in the Philippines. Few people are willing talk about the current, everyday violence perpetrated by police as relevant to the Convention Against Torture. In these instances, what defines violence is who the victim is. Violence perpetrated by the police against activists is perceived as real violence, yet the same violence, when perpetrated against young men in trouble with the law is not considered violence. Likewise, the repressive powers of the Danish state are rarely spoken about as violence.

Violence seems to be relevant only in relation to excess, as the French philosopher Etienne Balibar (1998) suggests. His analysis closely follows the legal requirements of just war. Under these requirements, violence can be legitimate only if it is perpetrated in self-defence and if it is proportionate to the threat. This model is implicitly in operation in almost all discourses on violence. Take for instance the war on terror, which is legitimised as pre-emptive strikes against a threat that will materialize in the future. Even attacks like these draw on the idea of self-defence, as do many preventative criminal justice interventions. The discussions on sentencing are an example of how
to some extent the so-called foreign fighters in Denmark travelling to Syria to topple a regime. In each of the four sites, there are traces of revolutionary violence – the rebellion in Liberia, the violence also aims to make law by toppling a legal regime, it can be considered in this category.

We could argue that many forms of domestic and interpersonal violence would fall under the category of ‘law-preserving violence’, even if the violent practices are in contravention of formal law. An example here could be the violence visited upon sexual minorities, which is against the South African Constitution but legitimized by moral and religious codes (Jensen, 2005). In all the cases, collective violence is legitimized as the defence of a moral community or a community of morally upstanding residents.

This suggests that the concept of community is also contested. ‘The community’ then becomes an entity that depends on the ability and power to define it and maintain it, often through ‘law-making’ violence and reproducing the existence of a proclaimed moral community at the same time as it condones or promotes the maintenance of a moral community. This is a famous example of\footnote{Garbarino, J. (1999). Violence in the community: a call for moral outrage. New York: Norton.} that violence produces sociality might be counter-intuitive for many. However, if we consider vigilante violence, who destroys but also what kind of social and moral community is enabled and produced. The idea of law and order is actually constitutive for law and order. Hence, we could not only be concerned with what law-preserving and law-making violence.

The second question to be considered is about raids in South African townships. While the police might conduct such raids with a self-defense and proportionality in mind – protecting South Africa against a drug menace – many township residents do not agree with this. The German philosopher Walter Benjamin suggested a useful way to determine whether or not an act of violence is destructive of law: the experience of the owner of the fabric (the police) as ‘law-preserving violence’ (Benjamin, 1931).

The German philosopher Walter Benjamin suggested a useful way to determine whether or not an act of violence is destructive of law: the experience of the owner of the fabric (the police) as ‘law-preserving violence’ (Benjamin, 1931).

The third question: What drives general violence? There has been much work on understanding what drives general violence, but there is still much work needed to understand what drives general violence. The violence of the community then becomes a useful way to understand the violence of the community. This is seen in instances like violent service delivery protests in South Africa, where some of the experience of apartheid is repeated. The violence of the community then becomes a useful way to understand the violence of the community. This is seen in instances like violent service delivery protests in South Africa, where some of the experience of apartheid is repeated.

On the other hand, according to Benjamin’s analysis, law-making violence relates to war and conflict. We should not help in understanding collective and institutional violence. Concepts from the emerging field of collective violence might help in explaining this. The collective trauma and conflict trauma of the oppressed group in the community are constitutive for law and order. Hence, we should not help in understanding collective and institutional violence. Concepts from the emerging field of collective violence might help in explaining this. The collective trauma and conflict trauma of the oppressed group in the community are constitutive for law and order. Hence, we should not help in understanding collective and institutional violence. Concepts from the emerging field of collective violence might help in explaining this.

Hence, we should not help in understanding collective and institutional violence. Concepts from the emerging field of collective violence might help in explaining this.

The public health model further identifies traumas as a risk factor for perpetration of violence. These remarks also suggest that while the principle for the use of legitimate violence refers to self-defence and proportionality, this is a fault line which is up for constant discussion and contestation by those involved. Hence, a possible way to understand violence is the experience of the owner of the fabric (the police) as ‘law-preserving violence’ (Benjamin, 1931). The public health model further identifies traumas as a risk factor for perpetration of violence.

The second question to be considered is about raids in South African townships. While the police might conduct such raids with a self-defense and proportionality in mind – protecting South Africa against a drug menace – many township residents do not agree with this. The German philosopher Walter Benjamin suggested a useful way to determine whether or not an act of violence is destructive of law: the experience of the owner of the fabric (the police) as ‘law-preserving violence’ (Benjamin, 1931).
Why intervene in relation to violence?

Youth violence should be prevented because:

1) It harms and it hurts. The territoriality of much youth violence prevents the full life and movement of young people and residents. It prevents the building of relationships, community, and the full realization of potential;
2) It has the potential to escalate from interpersonal violence to collective violence, even into regional wars and international criminal networks. It is not isolated; it is part of networks of violence across the world;
3) It mirrors violence that exists within the state institutions that use violence during the oppression, and the same tactics are used in the present to address 'at risk' groups. It is not just an isolated act of violence;
4) It involves addressing this institutional trauma and not just training on human rights.

In the account above, we introduce three different models for understanding violence. In the public health model violence is akin to a disease that needs to be cured and prevented. In the trauma model, violence is a symptom and there is a need to address both the symptom and the underlying causes. Finally, in the more anthropological approach, violence is constitutive and always there. We argue that all three models are relevant and that we should intervene and try to prevent violence, collective violence, and state violence.

In the text above, we introduce three different models for understanding violence. In the public health model violence is akin to a disease that needs to be cured and prevented. In the trauma model, violence is a symptom and there is a need to address both the symptom and the underlying causes. Finally, in the more anthropological approach, violence is constitutive and always there. We argue that all three models are relevant and that we should intervene and try to prevent violence, collective violence, and state violence.
4) Interpersonal violence can be transmitted unconsciously in situations of domestic violence, wherein the violent behaviour of a parent surfaces in domestic situations of the children once they are adults.

5) Individual human rights violations can create collective trauma, which can, in turn, fuel additional human rights violations and other forms of violence.

Collective violence should be addressed because:

1) It hurts and harms and destroys the livelihood and social fabric of the most vulnerable groups of society — those who are seen as a threat to a given moral community;

2) Addressing collective violence may address the vertical lines of power of the moral community that perpetuates the violence. This may take the form of xenophobic violence, intergenerational violence, hate crimes and violence against victims of disease; and

3) Collective violence often escalates into state violence and intra-communal struggle.

State violence (carried out by teachers, prison guards, police and other state officials) should be prevented because:

1) It harms and destroys the lives and livelihood of the poor and wrecks individual and communal trust;

2) It undermines the belief in justice and the rule of law;

3) It is intimately connected to violent extortionist and informal state practices;

4) It escalates into collective violence and often propels youth violence, even if they are obliged by law to protect the dignity of people;

5) It prevents meaningful change from occurring as people are frightened to engage in civil action; and

6) It perpetuates mistrust between citizens and state actors, which is crucial for effective violence prevention and strengthening of democracies.

Victims, and risk and target groups

From the lists of violence and reasons for intervening above we may deduce risk groups of authority-based violence, as well as target groups for intervention. In our work we distinguish between five different target groups for our psychosocial approach to addressing authority-based violence. They comprise victims of violence, risk groups of violence, families of victims and risk groups, the communities in which they live and institutions wielding authority (state or non-state) in the given context. In different ways these five groups populate the field in which authority-based violence is a central problem. While they all inhabit the field, the psychosocial approach distinguishes between victims and risk groups on the one side and families, communities and authorities on the other.

Victims and risk groups comprise those groups that in different ways are seen as an affront or threat to a locally endorsed moral community. As we can see from above, these groups might be constituted by young people, migrants, suspected terrorists, sexual minorities, victims of disease, or any other group that is marginalized by the moral community. Who they are must be determined in the specific context. However, for all our four contexts, young people (mostly men but also women) are generally understood as both a risk and at risk. Often authorities — state and non-state — perceive them as inherently criminal or violent and out of control; as members of gangs and drug abusers. These perceptions legitimize intervention and often disciplinary or retributive violence against young people. While these perceptions to some extent have little relation to the reality of young people, young people are objectively at risk and often their own practices invite retribution and disciplinary action. Thus we may usefully refer to young people as victim-perpetrators where it is to some extent their own practices that invite violence. Hence, protection must include working both with the perceptions of society and the practices of young people. These remarks suggest that while we can establish a first distinction between victims and risk groups of authority-based violence, both are central target groups for intervention. Any project must describe in detail both victim and risk groups in relation to the structures of violence. Finally, when it comes to interventions it is crucial to distinguish between victims who have actually experienced violence, ill-treatment and even
There are many traumatic experiences as a result of being disrespected by another during oppressive regimes, and this is mostly in the hands of the state. Many of the traumatic experiences are as a result of being disrespected by another during oppressive regimes.

A second order of target groups can also be deduced from the above. They comprise families, communities, and state officials. These groups can be characterized by being the real perpetrators of violence. Hence, parents or family members, they may endorse it for disciplinary reasons. Although, such behaviours may constitute collective violence against group members, they may endorse them for disciplinary reasons. 

Children or family members who feel as if they are being disrespected by another during oppressive regimes, and this is mostly in the hands of the state. In this way, our analysis is borne out in the experiences we have from working in poor, urban neighbourhoods. While the approach and the thinking behind it does resonate out of local contexts, this will not spell out in detail what should be done. That is subject to contextually determined, interventions should focus on creating the following outcomes.

Victims and risk groups that are mobilized and organized for prevention and for engaging in meaningful relationships with authorities, communities and families.

Improved skills to engage in meaningful social activities in relation to the labour market.

Victims/at risk groups: Facilitate healing, social inclusion and psychological awareness and prevention.

The overarching Theory of Change covering all psychosocial interventions in relation to the context of violence can be stated as follows: If we work with well-thought-out and well-based approaches to community-led interventions, where authorities are involved, we can prevent collective violence. Collective violence may not always be mired in withdrawal and fear. This can damage relationships, even with their own families. In addition, health approaches cannot engage in social and economic activities. Furthermore, to enable victims and risk groups to engage in social and economic activities, it may also nurture local capacity as victims and risk groups to engage in service delivery and take on the above outcomes. This lifts the psychosocial approaches beyond service delivery into advocacy.

Theory of change – focusing on relationships

A central focus of the psychosocial approach is on relationships – in families, in communities and between families and authorities. These groups can be characterized by being the real perpetrators of violence. As a result, they may endorse it for disciplinary reasons. The discourse may therefore be focused on working with both potential perpetrators of violence – rather than direct perpetrators or as condoning the potential perpetrators of violence. The discourse may therefore be focused on working with both potential perpetrators of violence – rather than direct perpetrators or as condoning the potential perpetrators of violence. The discourse may therefore be focused on working with both potential perpetrators of violence – rather than direct perpetrators or as condoning the potential perpetrators of violence.

Collective violence can often take place in a context of trauma and risk. Hence, the need to prevent collective violence is in the context of trauma and risk. Hence, the need to prevent collective violence.

A second order of target groups can also be deduced from the above. They comprise families, communities, and state officials. These groups are characterized by being the real perpetrators of violence. Hence, parents or family members, they may endorse it for disciplinary reasons. Although, such behaviours may constitute collective violence against group members, they may endorse them for disciplinary reasons. 

Children or family members who feel as if they are being disrespected by another during oppressive regimes, and this is mostly in the hands of the state. In this way, our analysis is borne out in the experiences we have from working in poor, urban neighbourhoods. While the approach and the thinking behind it does resonate out of local contexts, this will not spell out in detail what should be done. That is subject to contextually determined, interventions should focus on creating the following outcomes.

Victims and risk groups that are mobilized and organized for prevention and for engaging in meaningful relationships with authorities, communities and families.

Improved skills to engage in meaningful social activities in relation to the labour market.

Victims/at risk groups: Facilitate healing, social inclusion and psychological awareness and prevention.

The overarching Theory of Change covering all psychosocial interventions in relation to the context of violence can be stated as follows: If we work with well-thought-out and well-based approaches to community-led interventions, where authorities are involved, we can prevent collective violence. Collective violence may not always be mired in withdrawal and fear. This can damage relationships, even with their own families. In addition, health approaches cannot engage in social and economic activities. Furthermore, to enable victims and risk groups to engage in social and economic activities, it may also nurture local capacity as victims and risk groups to engage in service delivery and take on the above outcomes. This lifts the psychosocial approaches beyond service delivery into advocacy.

Theory of change – focusing on relationships

A central focus of the psychosocial approach is on relationships – in families, in communities and between families and authorities. These groups can be characterized by being the real perpetrators of violence. As a result, they may endorse it for disciplinary reasons. The discourse may therefore be focused on working with both potential perpetrators of violence – rather than direct perpetrators or as condoning the potential perpetrators of violence. The discourse may therefore be focused on working with both potential perpetrators of violence – rather than direct perpetrators or as condoning the potential perpetrators of violence.

Collective violence can often take place in a context of trauma and risk. Hence, the need to prevent collective violence is in the context of trauma and risk. Hence, the need to prevent collective violence.

A second order of target groups can also be deduced from the above. They comprise families, communities, and state officials. These groups are characterized by being the real perpetrators of violence. Hence, parents or family members, they may endorse it for disciplinary reasons. Although, such behaviours may constitute collective violence against group members, they may endorse them for disciplinary reasons. 

Children or family members who feel as if they are being disrespected by another during oppressive regimes, and this is mostly in the hands of the state. In this way, our analysis is borne out in the experiences we have from working in poor, urban neighbourhoods. While the approach and the thinking behind it does resonate out of local contexts, this will not spell out in detail what should be done. That is subject to contextually determined, interventions should focus on creating the following outcomes.

Victims and risk groups that are mobilized and organized for prevention and for engaging in meaningful relationships with authorities, communities and families.

Improved skills to engage in meaningful social activities in relation to the labour market.

Victims/at risk groups: Facilitate healing, social inclusion and psychological awareness and prevention.

The overarching Theory of Change covering all psychosocial interventions in relation to the context of violence can be stated as follows: If we work with well-thought-out and well-based approaches to community-led interventions, where authorities are involved, we can prevent collective violence. Collective violence may not always be mired in withdrawal and fear. This can damage relationships, even with their own families. In addition, health approaches cannot engage in social and economic activities. Furthermore, to enable victims and risk groups to engage in social and economic activities, it may also nurture local capacity as victims and risk groups to engage in service delivery and take on the above outcomes. This lifts the psychosocial approaches beyond service delivery into advocacy.

Theory of change – focusing on relationships

A central focus of the psychosocial approach is on relationships – in families, in communities and between families and authorities. These groups can be characterized by being the real perpetrators of violence. As a result, they may endorse it for disciplinary reasons. The discourse may therefore be focused on working with both potential perpetrators of violence – rather than direct perpetrators or as condoning the potential perpetrators of violence. The discourse may therefore be focused on working with both potential perpetrators of violence – rather than direct perpetrators or as condoning the potential perpetrators of violence.

Collective violence can often take place in a context of trauma and risk. Hence, the need to prevent collective violence is in the context of trauma and risk. Hence, the need to prevent collective violence.

A second order of target groups can also be deduced from the above. They comprise families, communities, and state officials. These groups are characterized by being the real perpetrators of violence. Hence, parents or family members, they may endorse it for disciplinary reasons. Although, such behaviours may constitute collective violence against group members, they may endorse them for disciplinary reasons. 

Children or family members who feel as if they are being disrespected by another during oppressive regimes, and this is mostly in the hands of the state. In this way, our analysis is borne out in the experiences we have from working in poor, urban neighbourhoods. While the approach and the thinking behind it does resonate out of local contexts, this will not spell out in detail what should be done. That is subject to contextually determined, interventions should focus on creating the following outcomes.

Victims and risk groups that are mobilized and organized for prevention and for engaging in meaningful relationships with authorities, communities and families.

Improved skills to engage in meaningful social activities in relation to the labour market.

Victims/at risk groups: Facilitate healing, social inclusion and psychological awareness and prevention.

The overarching Theory of Change covering all psychosocial interventions in relation to the context of violence can be stated as follows: If we work with well-thought-out and well-based approaches to community-led interventions, where authorities are involved, we can prevent collective violence. Collective violence may not always be mired in withdrawal and fear. This can damage relationships, even with their own families. In addition, health approaches cannot engage in social and economic activities. Furthermore, to enable victims and risk groups to engage in social and economic activities, it may also nurture local capacity as victims and risk groups to engage in service delivery and take on the above outcomes. This lifts the psychosocial approaches beyond service delivery into advocacy.

Theory of change – focusing on relationships

A central focus of the psychosocial approach is on relationships – in families, in communities and between families and authorities. These groups can be characterized by being the real perpetrators of violence. As a result, they may endorse it for disciplinary reasons. The discourse may therefore be focused on working with both potential perpetrators of violence – rather than direct perpetrators or as condoning the potential perpetrators of violence. The discourse may therefore be focused on working with both potential perpetrators of violence – rather than direct perpetrators or as condoning the potential perpetrators of violence.

Collective violence can often take place in a context of trauma and risk. Hence, the need to prevent collective violence is in the context of trauma and risk. Hence, the need to prevent collective violence.
Families: Promoting families as support structures rather than as perpetrators or risk groups

Families can be at risk: they can suffer the collective impact of violence against their members; they can be perpetrators of interpersonal and intimate violence against each other; they can also be crucial partners in preventing violence and creating an enabling environment. Families in the poor, urban neighborhoods we work in are often subjected to exhausting pressure from poverty, marginalization and exploitation. On top of this, they are often caught between the expectations of the surrounding community and the state on the one hand, and the practice that they themselves often find in their families. To engage effectively with families in these contexts, we need to understand the context and the dynamics of the (interpersonal) violence affecting families. This means understanding the factors that contribute to violence within families and the role of the state in enforcing these norms and practices. It also means understanding how families can be partners in prevention and how they can be supported in the process.

While outcomes are contextually determined, they should include the following considerations:

- Improved ability to identify possible areas of collaboration and create inclusive community projects (especially those that promote pro-social behaviors) and to seek support for them both inside and outside the community.
- Improved social protection and prevention of violence by supporting families in their relations with neighbors and state authorities and with state authorities and in advocacy for state authorities to assume their role as duty bearers.
- Effective and comprehensive understanding of the workings of the local state, including the o...
that state authorities assume the responsibility to maintain and preserve order often in many contexts, leaving gaps, not least when we begin addressing what we have termed authority-based rehabilitation practices have contributed to addressing torture and ill-treatment, they also violence to maintain order. While highly specialized (legal) prevention and (health-related) combinations of preventative and healing work through community-led interventions with risk groups, the communities in which they live, their families and the authorities that perpetrate violating, a current experience that reminds them of the trauma could serve as a trigger, leading to them psychological violence, if individuals have unresolved histories of humiliation and the stripping of one's dignity promotes mutual respect and human dignity is thus a crucial component of violence prevention. In contexts such as South Africa, Liberia and endemic violence in their day-to-day lives. In many contexts, these communities and even their own families who consider them in need of disciplining also victim-blaming of risk groups and of those who perpetrate violence or allow it to take place, if families are not willing to protect their loved ones from violence perpetuated by others, there is a risk of perpetuating violence within the family. Authority-based violence is absolutely central and, we argue, often forgotten or replaced by other concerns. While outcomes are contextually determined, they should include considerations:

a) While outcomes are contextually determined, they should include the following considerations:

b) Important state officials need to reflect on sound understanding of the problems of the risk groups rather than stereotypical notions of danger and moral contamination said to be embodied in the risk groups.

c) State authorities should assume their responsibilities as duty bearers towards risk groups, families and communities as part of an alliance with communities and families to prevent violence.

d) State authorities should engage in welfare activities and programmes in partnerships with families and communities, and support them in practices that ease the pressure on them and enable them to participate in society as full citizens.

Conclusion and recommendations

Based on our research, we have argued for the need to develop psychosocial approaches which focus on combining preventative and healing work through community-led interventions with risk groups, the communities in which they live, their families and the authorities that perpetrate violence. This includes working towards change which focuses on relations between risk groups, their families, the communities in which they live and enable them to participate in society as full citizens.

While focusing on legal rights of children, women, migrants and the rights not to be tortured or killed as important benchmarks, it is not enough to demonstrate the crucial importance of relations as both protective and perpetrative. This insight suggests that change theory can be used as a theoretical framework to understand violence as productive of social relations. Furthermore, we explored how these relations and as destructive of life and limb. As we have argued, authority-based violence is absolutely central and, we argue, often forgotten or replaced by other concerns. While outcomes are contextually determined, they should include considerations:

a) While outcomes are contextually determined, they should include the following considerations:

b) Important state officials need to reflect on sound understanding of the problems of the risk groups rather than stereotypical notions of danger and moral contamination said to be embodied in the risk groups.

c) State authorities should assume their responsibilities as duty bearers towards risk groups, families and communities as part of an alliance with communities and families to prevent violence.

d) State authorities should engage in welfare activities and programmes in partnerships with families and communities, and support them in practices that ease the pressure on them and enable them to participate in society as full citizens.
a. Improved self-esteem, ability to deal with trauma, healing, awareness of the psychosocial impact of torture among risk groups in general and among victims in particular;

b. Improved understanding among victims and risk groups of the issues that put them at risk and the ability to deal with the risk constructively;

c. Improved skills to engage in meaningful social activities in relation to the labour market, education and other social arenas; and

d. Victims and at-risk groups who are mobilized and organized for prevention and for engaging in meaningful relationships with authorities, communities and families.

Work with risk groups must be complemented with interventions in relation to families, communities and public officials. In the Global Alliance, not all organizations work equally with all levels. For example, DIGNITY works more with public officials, community members and voluntaries, whereas BALAY works more with families and young people. Depending on the context and the organization, the following elements may be relevant:

The families:

a) Improved family cohesion and functioning to establish rehabilitative and healthy relations, including with risk groups and target groups;

b) Improved social protection and prevention of violence by supporting families in their relationships with neighbours and state authorities; and

c) Families mobilized to engage in advocacy for non-violent and healthy relationships with state authorities, and in advocacy for state authorities to assume their role as duty bearers.

The community:

a) The relevant community mapped through stakeholder analysis and potential partners should be part of an alliance to prevent violence against risk groups;

b) Improved community efficacy, where there are fewer incidents of violence and conflicts, and where conflicts may be addressed in constructive ways; and

c) Improved ability to identify possible areas of collaboration and create inclusive communal projects (especially those that promote pro-social behaviours), and to seek support for them both inside and outside the community.

The state and public officials:

a) State authorities are mapped through stakeholder analysis and potential partners inside the state mobilized;

b) Important state officials should reflect attitudes towards risk groups that are based on sound understanding of the problems of the risk groups;

c) State authorities should assume their responsibilities as duty bearers towards risk groups, families and communities; and

d) State authorities should engage in welfare activities and programmes in partnerships with families and communities and enable them to participate in society as full citizens.
References


The Global Alliance is a strategic alliance established in 2014 between likeminded civil society organisations working towards building a global alliance of communities against torture and urban violence. We conduct country-based, as well as collaborative intervention and knowledge generating projects across partners, focusing on countering authority-based violence in poor urban neighbourhoods.

The Global Alliance consists of four partner organizations from four different countries:

- CSVR - The Centre for the Study of Violence and Reconciliation, South Africa; www.csvr.org.za
- Balay Rehabilitation Center, the Philippines; www.balayph.net
- LAPS – Liberia Association of Psychosocial Services, Liberia; www.lapsliberia.com
- DIGNITY – Danish Institute Against Torture, Denmark; www.dignityinstitute.org