

THEORETICAL MODELS OF VIOLENCE AND TRAUMA: CONCEPTUAL REVIEWS AND TRAUMA INTERVENTION STRATEGIES

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Abstract

The study provides a conceptual review of theoretical models of violence and trauma, with a focus on trauma intervention strategies. The objectives of the study were to examine the psychosocial theories of violence, provide a frame work for understanding trauma, describe the sequence of violence and trauma, explore implications of violence and trauma, highlight the dimensions of violence and trauma and examine some notable cases of violence and trauma in Nigeria. The study employed a qualitative research approach, using a review of literature and case studies to analyse the theoretical models and trauma intervention strategies. The findings reveal that psychosocial theories of violence provide insights into the factors that contributes to violent behavior, while a frame work for understanding trauma highlights the complex nature of traumatic experiences and the need for comprehensive interventions. The study also reveals that violence and trauma have significant implications for individuals and society, with a range of dimensions that require attention. Furthermore the study highlights some notable cases of violence and trauma in Nigeria, including terrorism, political violence, domestic violence and communal conflicts. The study concludes by emphasizing the importance of trauma intervention strategies in addressing psychological and social consequences of violence and trauma, and the need for comprehensive approaches that involve multiple stakeholders.

Keywords: Violence, Trauma, Psychosocial, Trauma management, Posttraumatic Stress Disorder

Introduction

Violence and trauma have their consequential roles on individuals, families and societies at large. The two terms collectively work hand in glove as 'cause and effect' in the life situation of groups or individuals involved. They can be the origin of a case or as a result of the case at hand. Violence can be a cause or aftermath of a trauma likewise trauma. They can be commonly experienced by any child or

adult in groups or communities and equally lead to a lasting negative effects as well as traumatic reactions by the affected individuals.

Violence involves intentional use of physical force or power, threatened or actual against oneself, another person or against a group or community, that either results in or has a high likelihood of resulting in injury, death,

psychological harm, maladjustment or deprivation (WHO, 2002). Violence became a public health issue in 1965 when homicide and suicide consistently appeared on the top list leading cause of death in United States; likewise reaching the epidemic stage in 1980s made it more of a concern to Public health (Centre for Disease Control and Prevention, 2008; 2009).

WHO (2002), divides violence into three broad categories according to who the perpetrators and victims are of violent acts:

1. Self-directed violence refers to violent acts a person inflicts upon him- or herself, and includes self-abuse (such as self-mutilation) and suicidal behaviour (including suicidal thoughts, as well as attempted and completed suicide).
2. Interpersonal violence refers to violence inflicted by another individual or by a small group of individuals. It can be further divided into two subcategories:
 - i. Family and intimate partner violence – violence largely between family members and intimate partners, usually, though not exclusively, taking place in the home. This includes forms of violence such as child abuse, intimate partner violence and abuse of the elderly.
 - ii. Community violence – violence between individuals who are unrelated, and who may or may not know each other, generally taking place outside the home. This includes youth violence, random acts of violence, rape or

sexual assault by strangers, and violence in institutional settings such as schools, workplaces, prisons and nursing homes.

3. Collective violence can be defined as the instrumental use of violence by people who identify themselves as members of a group – whether this group is transitory or has a more permanent identity – against another group or set of individuals, in order to achieve political, economic or social objectives. This can manifest in a number of forms, such as genocide, repression, terrorism and organized violent crime.

Further these categories were divided into more specific types as:

- i. Physical violence as the intentional use of physical force, used with the potential for causing harm, injury, disability or death. This includes, but is not limited to: scratching, pushing, shoving, grabbing, biting, choking, shaking, slapping, punching, hitting, burning, use of a weapon, and use of restraint or one's body against another person. This type of violence does not only lead to physical harm, but can also have severe negative psychological effects – for example, if a child is frequently a victim of physical violence at home, he or she can suffer from mental health problems and be traumatized as a consequence of this victimization.
- ii. Sexual violence involves a sexual act being committed or attempted against a victim who has not freely given consent, or who is unable to consent or

refuse. This includes, but is not limited to: forced, alcohol/drug-facilitated or unwanted penetration, sexual touching, or non-contact acts of a sexual nature. A perpetrator forcing or coercing a victim to engage in sexual acts with a third party also qualifies as sexual violence. This type of violence can also lead to physical harm, and in most cases has severe negative psychological effects too.

- iii. Psychological violence (also referred to as emotional or mental abuse) includes verbal and non-verbal communication used with the intent to harm another person mentally or emotionally, or to exert control over another person. The impact of psychological violence can be just as significant as that of other, more physical forms of violence, as the perpetrator subjects the victim to behaviour which may result to some form of psychological trauma, such as anxiety, depression or post-traumatic stress disorder. This includes, but is not limited to: expressive aggression (e.g., humiliating and degrading), coercive control (e.g., limiting access to things or people, and excessive monitoring of a person's whereabouts or communications), threats of physical or sexual violence, control of reproductive or sexual health, exploitation of a person's vulnerability (e.g., immigration status or disability). These not only leads to mental health problems, but also to severe physical problems, such as psychosomatic disorders.

- iv. Neglect, or deprivation, is a type of

abuse which occurs when someone has the responsibility to provide care for an individual who is unable to care for him- or herself, but fails to do so, therefore depriving them of adequate care. Neglect may include the failure to provide sufficient supervision, nourishment, or medical care, or the failure to fulfil other needs for which the victim cannot provide themselves. Neglect can lead to many long-term side effects such as: physical injuries, low self-esteem, attention disorders, violent behaviour, physical and psychological illness, and can even result death.

Trauma on the other hand, has to do with the emotional response to a terrible event like an accident, rape, or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships, and even physical symptoms like headaches or nausea (APA, 2022).

Trauma can occur early to an individual. Early childhood trauma generally refers to the traumatic experiences that occur to children ages 0-6 and they can experience various types of trauma including: Natural disasters, sexual abuse, physical abuse, domestic violence, medical injury, illness, or procedures, community violence, neglect, deprivation, traumatic grief, victim of crime, kidnapping, accidents, school violence, loss.

Trauma, which may manifest as an acute, chronic or complex in category and can be experienced directly or indirectly, differs in mode of feelings to people. While some

people with traumatic experience may have clear symptoms of Post Traumatic Stress Disorder (PTSD), many others could exhibit resilient responses or brief subclinical symptoms or consequences that fall outside of diagnostic criteria. The impact of trauma can be subtle, insidious, or outrightly destructive. How an event affects an individual depends on many factors, including characteristics of the individual, the type and characteristics of the event(s), developmental processes, the meaning of the trauma, and sociocultural factors (Center for Substance Abuse Treatment (US: 2014).

In a psychological context, a person subjected to trauma may respond in several ways. They may be in a state of [shock](#), extreme [grief](#), or denial. Apart from the immediate or short-term response, trauma may also give rise to several longer-term reactions in the form of emotional lability, flashbacks, impulsiveness, and strained relationships. Besides the psychological symptoms, trauma can lead to physical symptoms, such as [headaches](#), lethargy, and [nausea](#). Some people may be affected a lot more than others. Such people may be entrapped in the emotional impact of the trauma and find it difficult to move on with their lives. Such long-term manifestation of trauma can lead to a psychological condition called [Post-Traumatic Stress Disorder](#)(Allarakha& Pallavi, 2021).

Objectives of the study

The general objective of this study is to evaluate the role violence and trauma play in human society and the burden it leaves on the wellbeing of people and society and how it can be mitigated. Below are specific

objectives of the study:

- i. examine the psychological theories of violence
- ii. provide framework for understanding of trauma.
- iii. describe the sequence of violence and trauma.
- iv. explain the implications of violence and trauma.
- v. examine notable cases (in Nigeria) and intervention strategise for trauma.

Psychosocial Theories of Violence

Social Learning Theory of Bandura (1977), believes that people can learn from each other through observation, imitation and modeling. Bandura explains that children must not be rewarded or frustrated in order to behave, rather they could learn that behaviour by observing a model doing it. This explains that violent behaviours that lead to some traumatic experiences are learned from the environment by the perpetrators. Observational learning is achieved with the five principles; observation, attention, retention, reproduction and motivation by which when applied would replicate the learned behaviour or a superior one. These behaviours are copied or replicated as seen. If an individual happens to be in an environment that practices violent behaviour or use violence in expressing aggression, this individual could replicate violence when triggered as a way of expressing the displeasure. It could be learned via exposure or video games. In terms of partner violence, social learning theory emphasizes that the tendencies of having physical aggression against one's partner exist because close relatives and friends of the perpetrator approve or engage in such conduct

themselves.

Social learning also occurs through external rewards and punishments and also through the internalization of group-defined values and expectations. Gang violence, for example, exhibits many of these social learning processes. Young people who see older, respected people join gangs and engage in violence also tend to join gangs. Young people often join gangs to obtain social rewards such as respect, power, and a sense of safety and belongingness as envisaged in cult activities on campus

Social Exchange Theory of Homans (1958), believes that violence is motivated by the principle of cost and benefit, through abuse when the reward is greater than the cost. Environmental factors like family orientation, culture, religion etc. of the perpetrator allows the use of violence in expressing and producing the significant reward of social control or power. This theory maintains that the goal is to gain or maintain control and power over the relationship through abusive behaviour. The repeated act of violent towards the victim leads them to feel vulnerable and helpless in the abusive relationship as victims deal with many forms of abuse. The victim develops learned helplessness and use various coping method to survive the mistreatment even as in Stockholm syndrome.

The Subculture of Violence Theory of Cohen (1972), Cohen proposes that youths as a means of coping with their particular circumstances and of resisting the dominant values of society develop a cultural style (violence). They know they cannot do more

to change situations but through resistance they gain subjective satisfaction which can be shown through their lifestyle. They express their dissatisfaction through riot, demonstrations, hair styles, cloth pattern, music etc. Cohen argued that these styles are deeply layered in meaning as they indirectly use the means in expressing their grievances. These individuals use violent behaviour as an approved means of expression in the environment because they believe it works. Perpetrators of violence and trauma embark on violence once they are displeased, not satisfied or unfavoured in expressing their feelings and achieving their goals. Violence like communal clashes, homicide, arson, rape, kidnap, rituals, etc are powered by this belief.

Psychobiological Theory of Violence; this theory believes that violence occur as a result of psychobiological and temperamental vulnerabilities and by instinct. It proposes that brain dysfunction, autonomic functioning, hormones, neuropsychology, and temperament are contributing factors to violence. It explains the relationship between psychological and behavioral processes as well as the underlying physiological mechanisms of these individuals perpetrating violence. Violence can be as a result of sickness or illness, personality attributes, and the animalistic response to stimuli for survival. In all these, an individual's biological makeup or conditions contribute to violence.

Violence has shown to be a complex phenomenon and it needs to be understood differently by people in different contexts. People from various countries, cultures,

belief systems, etc., have diverse views on what is called violence or a violent act same with traumatic feelings. It is pertinent to have a clear understanding of violence and feelings of trauma from the context in which it occurs and the victims perspective in developing effective prevention and treatment strategies. The right approach will lead to better understanding in managing.

Dimensions of Violence

Conflict Triangle theory of Violence by Galton (1969), viewed violence from three perspectives: direct / personal violence, indirect / structural violence and symbolic/cultural violence. These he suggest to be seen as three arms of violence triangle.

- i. Direct/personal violence is the violence the primary committer is known. It is the obvious among all the dimensions. It encompasses all of the attributes of violence from threats and psychological abuse to rape, murder, war, and genocide. It is called direct or personal because the committers are seen or could be traced in person, hence personal.
- ii. Indirect / structural is the violence where the committer is less obvious. The perpetrators may be known but subtly covered by the structure that harbors the power of violence unequally and consequently manifest as unequal chances. Basically, it holds none responsible of the violence rather the blame is on the structure. This type of violence shields the perpetrators most times could be as deadly, or deadlier, than direct violence.

Violence is an integral part of the very

structure of human organizations in social, political, religious and economic. Structural violence is usually invisible not because it is rare or concealed, but because it is so ordinary and unremarkable that it tends not to stand out. Such violence fails to catch our attention to the extent that we accept its presence as a “normal” and even “natural” part of how we see the world (Afzaal, 2012). Identifying structural violence is by paying attention to the consequences rather than intents. This is because it shields the committers while the victims are known. Apparently this removes any question pertaining intents of these committers that are unknown as the Western legal and ethical system are more interested in getting an offender in direct violence for punishment. Therefore, identifying structural violence is by focusing on the consequences instead of intents.

- iii. Symbolic/cultural violence which was added later by Galton involves using those aspects of culture that represent or symbolize the individual's existence in justifying legally and morally the violence of these perspectives; direct / personal and indirect / structural violence. The committers of this type of violence based the rationale of committing the violence on the justification that it is legally acceptable or religiously supported. For instance committing murder for the country could be seen as right while for self is wrong likewise in committing murder for protecting religious rights could be seen as right for defending the religion but wrong if personal. Afzaal, (2012), identifies that

this perspective changes the clear situation of violence into not violence situation, or having an opaque view of at least not as violence as assumed thereby changing the reality or fact to unreal, the moral color from red (wrong) to green (right) and at least to yellow (acceptable).

Galton (1969), used these three perspectives of violence to demonstrate how these violence are causally connected. Violence of any type has its support on the belief system or culture of the perpetrators.

Framework for understanding Trauma

Researchers have developed various theoretical frameworks that can aid the understanding of trauma in human society. Each framework emphasizes different aspects of traumatic experiences. Some of those theories are reviewed as follows:

- i. Posttraumatic Stress Disorder (PTSD) Framework: This emphasizes the role of exposure to traumatic events as key factors in the development of PTSD. According to this framework, traumatic events are outside the range of normal human experience and can overwhelm an individual's ability to cope, leading to symptoms such as re-experiencing the trauma, avoidance, and hyper arousal (APA, 2013).
- ii. Polyvagal theory framework: This framework emphasizes the role of autonomic nervous system in regulating responses to stress and trauma. Traumatic experiences can dysregulate the autonomic nervous system, leading to chronic states of flight, or freeze. (Porges, 2011).

- iii. Cognitive Behavioural Framework: The emphasizes here is on the role of maladaptive thoughts and behaviours in maintaining symptoms of trauma. Putting the cognitive behavioural framework in perspective, those traumatic experiences can lead to negative beliefs about one's self, others and the world, which can perpetuate symptoms such as avoidance and hypervigilance. (Resick, Monson, & Chard, 2016).
- iv. Attachment Theory Framework: This theory emphasizes the role of early childhood experiences in shaping an individual's capacity to form secure attachment and regulate emotions. Traumatic experiences can disrupt these processes and lead to difficulties in forming healthy relationships and regulating emotions (Bolby, 1988).
- v. Social Constructivist Framework: The focus of this theory is on the social and cultural context in which traumatic events occur and the ways in which they are constructed and interpreted by individuals and communities. This theory argues that traumatic events are not inherently traumatic but become so through their interpretation and meaning within a particular cultural context.

Dimensions of Trauma

Trauma experiences be it in children, adolescents and adults affects the individual's wellbeing in seemingly dimensions of physical, psychological, emotional, spiritual, personal, and professional. It could manifest and be measured by physical-neglect, emotional-abuse, physical-abuse, sexual-

abuse, and emotional-neglect retrospectively from childhood as they are linked to PTSD (Bernstein, Stein, Newcomb, Walker, Pogge, Ahluvalia, Zule, 2003).

1. Physical-neglect includes not being provided proper shelter, food, or medical care,
2. Emotional-abuse includes being verbally attacked,
3. Physical-abuse includes having one's body assaulted by another such as being hit or slapped,
4. Sexual-abuse involves inappropriate touching or rape,
5. Emotional-neglect) parents and family not providing appropriate help or care at appropriate times.

Recalled childhood trauma especially from sexual and emotional abuse has the susceptibility to PTSD symptoms and dysregulated drinking (Patock-Peckham, Belton, D'Ardenne, Tein, BaumanInfurna, et. al.,2020).

There are three main types of trauma: Acute, Chronic, or Complex (Allarakha& Pallavi, 2021).

A. Acute Trauma:

It mainly results from a single distressing event, such as an accident, rape, assault, or natural disaster. The event is extreme enough to threaten the person's emotional or physical security. The event creates a lasting impression on the person's mind. If not addressed through medical help, it can affect the way the person thinks and behaves. Acute trauma generally presents in the form of:

1. Excessive [anxiety](#) or panic
2. Irritation,
3. [Confusion](#),
4. Inability to have a restful [sleep](#),
5. Feeling of disconnection from the

surroundings, 6. Unreasonable lack of trust, 7. Inability to focus on work or studies, 8. Lack of self-care or grooming, 9. Aggressive behavior

B. Chronic trauma:

It happens when a person is exposed to multiple, long-term, and/or prolonged distressing, traumatic events over an extended period. Chronic trauma may result from a long-term serious illness, sexual abuse, [domestic violence](#), [bullying](#), and exposure to extreme situations, such as a war. Several events of acute trauma as well as untreated acute trauma may progress into chronic trauma. The symptoms of chronic trauma often appear after a long time, even years after the event. The symptoms are deeply distressing and may manifest as labile or unpredictable emotional outbursts, [anxiety](#), extreme anger, flashbacks, [fatigue](#), body aches, [headaches](#), and [nausea](#). These individuals may have trust issues, and hence, they do not have stable relationships or jobs. Help from a qualified psychologist is necessary to make the person recover from the distressing symptoms.

C. Complex trauma:

It is a result of exposure to varied and multiple traumatic events or experiences. The events are generally within the context of an interpersonal (between people) relationship. It may give the person a feeling of being trapped. Complex trauma often has a severe impact on the person's mind. It may be seen in individuals who have been victims of childhood abuse, neglect, [domestic violence](#), family disputes, and other repetitive situations, such as civil unrest. It affects the person's overall health, relationships, and

performance at work or school.

Whatever be the type of trauma, if a person finds it difficult to recover from the distressing experiences, they must seek timely psychological help. A qualified psychologist can help the person with a traumatic experience lead a fulfilling life.

Over the years, there are records of improvement of trauma care where experiences gotten from warfare, medical research, technological advancements in imaging and critical care, and the swift transfer of trauma victims to appropriate centres for definitive management, leading to improved trauma survival (Lendrum & Lockey, 2013). Records of significantly improved and organized regional trauma care system manifested in the definitive care, mortality and morbidity rates from the US and UK (Okereke, Zahoor & Ramadan, 2022). While many different trauma systems seem to be developed in various countries by the slow adaptation of existing hospital systems; the trauma system is structured around the initial pre-hospital management and triage, in-hospital care, and rehabilitation (associated with teaching and research) of trauma victims within a defined geographic area and integrated into a regional public health system. The seeming increase of violence and trauma in Nigeria due to the high occurrence of events of such lately pose the need in having a formal trauma system in Nigeria. This involves emergency services (EMS), dispatch and pre-arrival instructions, EMS field triage and transport (ground or air), trauma system hospital, an inter-hospital transfer (ground or air), trauma centre and team activation, operating room or

interventional radiology, intensive care unit (ICU), general care and early rehabilitation, outpatient or inpatient rehabilitation, home and follow-up care, injury epidemiology and prevention (Okereke, Zahoor & Ramadan, 2022).

Sequence of Violence and Trauma

Violence and trauma seemingly have been proved to having high connection in manifesting psychological disorders. In sequence of violence, individual reactions manifest among the individual victims. Some people have immediate reactions, whilst for others reactions are delayed and might occur after a period of time. There might be concerns of how it feels even how other close relatives feel in their reaction to violence. Acknowledging the normalcy in reacting with different emotions as being triggered by such difficult events is therapeutic. However, people's reactions to violence depend on the individual, but there are reactions which are more common, especially if the person is or has been subjected to repeated violence.

In the same vein, Centre for Substance Abuse Treatment (2014), identifies that sequence of traumatic reactions in the aftermath of trauma as quite complicated and affected by the victims' experiences. They begin to seek help of natural supports and healers, trying different coping and life skills, seeking help and advice from immediate family, and the responses of the larger community in which they live. Although reactions range in severity, even the most acute responses are natural responses to manage trauma. They are not a sign of psychopathology. Coping styles vary from action oriented to reflective

and from emotionally expressive to reticent. Clinically, a response style is less important than the degree to which coping efforts successfully allow one to continue necessary activities, regulate emotions, sustain self-esteem, and maintain and enjoy interpersonal contacts. Indeed, a past error in traumatic stress psychology, particularly regarding group or mass traumas, was the assumption that all survivors need to express emotions associated with trauma and talk about the trauma; more recent research indicates that survivors who choose not to process their trauma are just as psychologically healthy as those who do. The most recent psychological debriefing approaches emphasize respecting the individual's style of coping and not valuing one type over another.

Initial reactions to trauma can include exhaustion, confusion, sadness, anxiety, agitation, numbness, dissociation, confusion, physical arousal, and blunted affect. Most responses are normal in that they affect most survivors and are socially acceptable, psychologically effective, and self-limited. Indicators of more severe responses include continuous distress without periods of relative calm or rest, severe dissociation symptoms, and intense intrusive recollections that continue despite a return to safety.

Apparently, these individuals with the distressing feelings of violence and trauma have diverse ways in understanding and expressing them as pains or symptoms. Hence, psychologists advise that considerations should be made on conceptualizing and interpreting these feelings from the individual's cultural

perspective.

Specifically, the violence and traumatic events experience by these individuals although cut across cultural boundaries, the context should be understood and explained using their cultural lens. The interpretations, preventions and treatments have to be made via the culture of the affected individuals. Understanding violence and trauma therefore involves both universal and contextual overtone. The contextual meaning then gives meaning to the events that made these individuals victims of the violence and trauma. It prepares the victims reactions to the events, and decide approaches to apply in managing or handling the feelings as it pertains to their everyday affairs. Integration of both the universal and the contextual understanding in approaching violence and trauma seems beneficial as it gives those affected the best possible chance of survival in the future (Adimula&Ijere, 2018). This article equally addresses the consequential similitudes and peculiarities of violence and traumatic events on the victims. That the approaches can help towards gaining insight into the conceptualization of violence and trauma in Nigerian context or culture and its psychological impacts as experienced by Nigerians.

Implications of Violence

Violence-induced injuries have been associated with greater inflammation and higher sympathetic nervous system activation, worse posttraumatic stress disorder (PTSD) and depression outcomes, and poorer social-environmental outcomes, such as lower socioeconomic status, higher exposure to community violence, and lower

rates of returning to work (National Academies of Sciences, 2018).

Violence has been recorded to be among the leading cause of death in the world as it accounts for more than 1.6 million deaths each year. Public health experts stipulates that the statistics are just the tip of the iceberg with the majority of violent acts being committed behind closed doors and going largely unreported. This report aims to shed light on these acts. In addition to the deaths, millions of people are left injured as a result of violence and suffer from physical, sexual, reproductive and mental health problems, (WHO, 2002). The violence caused deaths majorly occur in low-to-middle-income countries with internal conflicts .

Rutherford, Zwi, Grove, & Butchart ,2007)

The economic costs of violence include the direct costs of medical, policing and legal services, and the indirect costs of lost earnings and productivity, lost investments in human capital, life insurance costs and reduced quality of life. Estimates of costs across countries vary widely due to the use of different methodologies, including the measurement of productivity losses via foregone wages and income, which tends to undervalue losses in low income countries (Rutherford, Zwi, Grove & Butchart, 2007). Etc.

Experiencing violence can range from feelings of grief, shame and guilt for what has happened to them, to feelings of anger and powerlessness. Seemingly, physical responses as headaches, stomach aches, sleeping difficulties, eating disorders and

exhaustion can be among the feelings. Intellectual capacity can also be impaired and the affected person may become confused and suffer memory loss. It may also cause a loss of trust, changes in sexual behaviour or feelings of loneliness and alienation. It is established that being subjected to violence and having lived with extreme stress can lead to post traumatic stress disorder (PTSD) and fatigue.

Among Nigerian civilian population, violent injuries are on the increase, almost approaching an epidemic level. This is attributable to the rising violent crime rate as a result of hardship, high level of unemployment, political crisis, religious and ethnic conflicts, police brutality and high incidence of armed robbery (Chukwunke & Anyanechi, 2012). Sexual violence and vicarious trauma have been identified among the symptoms of posttraumatic stress disorder among Nigerian youths (Ilesanmi & Eboiyehi, 2012).

Violence and crime as commonly used together has a strong link. In order not to confuse them some types of crime are violent as per definition (such as armed crime or contact crimes, including murder, assault and rape), while other crimes involve no direct violence at all (such as tax evasion or illicit drug use). Similarly, not all types of violence are criminal, such as the previously mentioned structural violence, or many forms of psychological violence (WHO, 2002).

Specifically, not every violence case is a criminally related case likewise not every crime is violent. Consequently, the needs to

separate between violence and crime as they commonly are but should be on check for they can lead to each other. For instance illicit use of drugs may not be a violent act but it can be used when perpetrating violent crimes or after (those offenses that involve use of force or threat of force like armed robbery, rape, homicide, suicide etc).

Implications of Trauma

Exposure to traumatic events causes Post-Traumatic Stress Disorder (PTSD). In the previous versions of DSM it was classified as an anxiety disorder, subsequently reclassified as a “trauma and stressor related disorder” in DSM-5 (American Psychiatric Association (APA), 2013).

PTSD is estimated to affect about 2% of Western world population although, estimates are considerably higher amongst specific risk groups such as first responders, soldiers, and populations affected by war and political violence (Berger et al., 2012; Breslau, 2009; Muldoon & Downes, 2007). Nigeria has no clear-cut records of PTSD but records showed the prevalence ranges between 2.7% and 66.7%(Sekoni, Mall &Christofides, 2021). Sexual abuse in childhood, past year intimate partner violence and anxiety were significantly associated with higher PTSD scores among female urban slum dwellers in Western Nigeria (Sekoni, Mall, &Christofides, 2021).

Diagnosing PTSD demands the symptoms that arise because of a trauma be severe, prolonged and interfere with social and/or occupational functioning (Muldoon, *et al*, 2019). PTSD is characterized by the presence of multiple persistent symptoms across four

symptom clusters. Symptoms from all four clusters must be present to warrant diagnosis (APA, 2013). These comprise (1) intrusion symptoms (e.g., flashbacks, nightmares), (2) persistent avoidance of stimuli associated with the trauma (e.g., avoiding “trigger” situations), (3) negative alterations in cognition and mood associated with the traumatic event (e.g., guilt, difficulty concentrating), and (4) alterations in arousal and reactivity that are associated with the traumatic event (e.g., difficulty sleeping; APA, 2013).

Trauma has been linked to affect brain development. Researchers have shown that trauma has a negative effect on the children's brain particularly because of their rapidly developing brain. Experiencing traumatic episodes by a child exposes the child's brain into a heightened state of stress that activates secretions of fear-related hormones (Chen, Miller, Kobor, & Cole, 2011; Delima & Vimpani, 2011; Nemeroff, 2016). Obviously, stress has been accepted to being part of normal life but when a child faces chronic trauma especially of abuse and neglect from childhood, the child's brain remains heightened in that pattern and consequently, can change the emotional, behavioral and cognitive functioning of the child in survival. The Adverse Childhood Experiences Study (ACEs) underscores the impact of trauma on physical and mental health over time and reported that the greater the number of ACEs the greater the risk for the following problems later in life including alcoholism, depression, multiple sexual partners, suicide attempts, smoking and liver disease among other negative health related issues (UNICEF, 2019; Meeker, O'Connor,

Kelly Hodgeman, Scheel-Jones & Berbary, 2021).

Trauma-induced changes to the brain can result in varying degrees of cognitive impairment and emotional dysregulation that can lead to a host of problems, including difficulty with attention and focus, learning disabilities, low self-esteem, impaired social skills, and sleep disturbances (Nemeroff, 2016). Since trauma exposure has been linked to a significantly increased risk of developing several mental and behavioral health issues including posttraumatic stress disorder, depression, anxiety, bipolar disorder, and substance use disorders—it is important for practitioners to be aware of steps they can take to help minimize the neurological effects of child abuse and neglect and promote healthy brain development (Shonkoff, 2011).

Also, persistence of childhood trauma as insecurity widens in Nigeria particularly Northeast and part of the Northwest has been recorded (Ibrahim, 2021) Etc. Omigbodun, Bakare & Yusuf (2008), identified traumatic experiences to be having dire consequences for the mental health of young persons. Among Nigerian women, traumatic experiences include the barbaric genital mutilation also known as female circumcision, gender driven poverty; polygamy; work place sexual harassments; domestic violence, limited social or religious sanctions, lack of social support, cultural norm of widowhood, wife rape, social perception of women as property owned by father then the husband, not being able to inherit lands from their birth families which is categorized as social trauma (Adimula &

Ijere, 2018). This includes other conditions led by being internally displaced by Boko haram, herders' crises as well as communal clashes and flooding.

Annually, the worldwide record of traumatic injuries affect about 5.8 million people and identified as the leading cause of lost years of life, estimated to result in 500 years of lost productivity annually per 100,000 population (Celso, Tepas, Langland-Orban, Tepas, Langland Pracht, Papa, Lottenberg & Flintl, 2006; Gupta, Wong, Nepal, Shrestha, Kushner, Nwomeh & Wren, 2015). Also exposure to trauma is pervasive in societies worldwide and is associated with substantial costs to the individual society, making it a significant global public health concern (Magruder, McLaughlin & Elmore Borbon, 2017).

Public health has identified Low-Middle-Income Countries (LMIC) like Nigeria of being affected by traumatic injuries where industrialization and urbanization without concurrent developments in the health systems have caused a shift in disease epidemiology towards more chronic illnesses and acute traumatic injuries. The unexpected high population movement in LMIC leads to unequally higher death rates from trauma than countries with higher-income. Sub-Saharan Africa (SSA) records more than 50% of all injuries as LMICs account for 90% of the global trauma morbidity and mortality rates. Trauma kills 68 people per 100,000 in SSA, compared to 6.4 people per 100,000 in higher-income European countries (Ekenze, Anyanwu & Chukwumam, 2009). The most significant factor of disparity in mortality rates between LMICs and high income

countries is the variation in wealth distribution and healthcare funding. Another factor that precipitates the dwindling outcomes of LMIC is the unfair sharing of resources as the major cities have the highly skilled personnel and medical facilities, depriving the rural populace from these high-level services.

Early traumatic experience may increase risk of substance use disorders (SUDs) because of attempts to self-medicate or to dampen mood symptoms associated with a dysregulated biological stress response.

Some Notable Cases of Violence and Trauma in Nigeria

1. **Boko Haram Insurgency:** Nigeria is currently facing a serious security challenge due to the activities of the Boko Haram terrorist group. The group has been responsible for numerous violent attacks, including suicide bombings, kidnappings, and mass killings. The insurgency has caused a great deal of trauma and suffering for the people of Nigeria, particularly those in the northeastern part of the country where the group is most active.
2. **Police Brutality:** The #EndSARS protests in Nigeria in 2020 brought to light the issue of police brutality in the country. Many young Nigerians have experienced violence and trauma at the hands of the police, often leading to long-term psychological effects.
3. **Conflict in the Middle Belt:** The Middle Belt region of Nigeria has experienced ongoing conflict between farmers and herders, leading to numerous incidents of violence and

displacement. The trauma experienced by those caught up in the conflict can have significant long-term effects on their mental health.

4. **Gender-Based Violence:** Nigeria has a high prevalence of gender-based violence, including domestic violence, rape, and sexual assault. Victims of such violence often experience trauma that can last for years, affecting their mental health and well-being.
5. **Communal Clashes:** Nigeria has also experienced communal clashes between different ethnic and religious groups, leading to significant loss of life and displacement. The trauma experienced by those affected by these clashes can be long-lasting and have a profound effect on their mental health.

Research Method

The major strategy in collection data for this study was a secondary data approach. Two relevant strategies delineated for the data collection include:

Annotation: Where key quotes emanating from original works were edited and presented to suffice issues raised in the study. Other annotations written by other scholars and editors relevant to our conceptualization. Author abstracts were also searched and reviewed for relevant ideas concerning our study.

Data based searches: Abstracts and information relevant to the study were sought for through the following data base searches: Sociofile: Sociological abstracts; Public affairs information services; pubmed search base.

The Role of Intervention in trauma cases.

Intervention refers to the action taken to address or mitigate the effects of a traumatic event. In the context of trauma, intervention can take many forms, including medical treatment to address physical injuries, psychological counselling to address emotional trauma, and support services to help individuals cope with the aftermath of a traumatic event. The goal of trauma intervention is to help individuals recover from the effects of the traumatic event and to promote their overall wellbeing and functioning. Effective intervention can help individuals process their emotion, develop coping skills and rebuild their sense of safety and security. It can also help to prevent the development of long term psychological disorders, such as Post Traumatic Stress Disorders (PTSD). There are many different approaches to trauma intervention, including eye movement desensitization reprocessing, narrative exposure therapy, somatic experiencing, cognitive behavior technique, brain spotting, etc. The specific approach used will depend on the individual's needs and the severity of their symptoms.

Eye Movement Desensitisation Reprocessing (EMDR) was developed by Frances Shapiro (1989) and consist of eight phases for the treatment of PTSD. The eight stages according to Hooman (2005) include: History taking, client preparation, assessment, desensitization, installation, body scan, closure and reevaluation of treatment effect, the core is stage four in which stress experience has to be processed. Bilateral stimulation is used here as in other methods.

Some studies (for e.g. Barth, Stoffers & Beugel, 2003; Sack, Lempa, & Lemprecht, 2001) have confirmed the effectiveness of PTSD, also the international Society for trauma and traumatic stress (ISTSS) classified the method as effective and reliable in the treatment of PTSD as well as WHO in 2013 (Foa, Keane & Friedman, 2000).

Narrative Exposure Therapy (NET) as captured by Scauer, Neuner & Elbert, (2011) was developed within the field as part of the new Neuro scientific theories. The fundamental element in this method relates to interpersonal sharing of the experience (recalled and newly actualized emotions, thoughts, facts and feelings) from the autobiographical memory available information is retrieved (Neuner, Schauer & Elbert, 2009). The therapist is needed to help the traumatized in overcoming speechlessness that often go along with traumatized people. The effectiveness and feasibility of NET has been demonstrated in several studies (for e.g. Schaal, Elbert & Neuner, 2008; Nuener, Schauer, Karunakara, Klaschik, Robert & Elbert, 2004).

Another approach is the Somatic Experiencing (SE) of Levine, (1997). This method is body oriented and based on biological functioning. The focus of this approach is on the biological residue of trauma and pattern by which the body response to threat and fear. According to Levine PTSD occurs as a result of incomplete defense-response and cross genre survival strategy. SE has the following objectives.; to affect the regulation of stimuli; to reduce excessive and inappropriate reaction in the nervous system and finally the restructuring

of inappropriate cognitive interpretations or reviews. Several studies have also shown promising outcome with the application of the somatic experiencing to traumatic experiences for e.g. (Leitch,2007; Leitch, Van Slyke & Allen, 2009).

Cognitive Behavioural Therapy (CBT):

This type of therapy has consistently been found to be the most effective treatment of PTSD both in the short and long term. CBT for PTSD is trauma focused which means that the trauma events are the center of the treatment. It focuses on restructuring the faulty thinking pattern of the individuals passing through traumatic experiences or events. This approach like other psychological techniques takes between 30 – 40 sessions within a period of 6 – 9 months (Benkert, Hautzanger & Graft- Morgenstern, 2008).

Brain Spotting is a recent development in the treatment of persons with post traumatic stress disorder. This method is expected to provide a reduced period of treatment sessions (1-3 sessions). Brain spotting builds on EMDR and SE (which has been described above), however it also has connections with neuropsychology (Corrigan & Grand,2013). One can aptly define this method as a neuropsychological tool which aid in the discoverey of neuro physiological sources of emotional or physical discomfort, trauma dissociation and myriads of symptoms by processing them and engendering the expected change. In demonstrating its effectiveness in the management of traumatic experiences a study was conducted by (Grand, 2011).

With the aim of providing a complete resolution of blocked arousal in the brain and body as this oftentimes return to traumatic experiences with the individual, showing eye movements, either with both or one eye, the socalled brain spots are identified. This method combines other treatment methods like EMDR as developed by Shapiro (2001) and SE as developed by Levine (1997). It is therefore refered to as a Dual Model of affect regulation. Beyond the Psychotherapy methods described above. A combination of pharmacotherapy and psychotherapy provide a faster recovery pt for victims of trauma. The role of serotine reuptake in stress management have been studied. (Tucker et al., 2001). Studies demonstrating the efficacies of pharmaco therapy are well noted for e.g as provided by (Kamphammer,2011).

In summary, intervention can play a critical role in helping individuals recover from the effects of traumatic experiences and can help to promote their overall well-being and functioning.

Conclusion and Recommendation

Violence and trauma have been x-rayed above and depicted as being very unhealthy to any individual or society, hence people are advised to regulate their emotions which in most instances remain at the spur of violence and trauma. Both have also become a public health concern that should attract the attention of the government. The Nigerian society and citizens have been under increasing perpetual violence with its attendant traumatic experiences. It is therefore recommended as follows:

- i. Government should set up agencies to handle the epidemiology of violence

and trauma with a view to studying their root causes and nipping them in the bud before they exalate.

- ii. Violence and trauma should be formally incorporated into our education curriculum.
- iii. Trauma treatment should be given priority at the primary care level, considering its public and mental health implications.
- iv. Government should engage experts for e.g psychologist, media practioners, sociologist in mitigating the rate of violence and incidences of trauma among the citizenry
- v. That trauma managers should ensure the use of psychotherapy and pharmacotherapy where appropriate and based on severity to achieve faster and more enduring recovery in trauma cases.

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