

EDITORIAL

Needed: New Concepts and Methods in Research on Violence and Its Effects

More than decade ago, the World Health Organization (WHO) declared violence a major public health problem and subsequently issued their *World Report on Violence and Health* (2002). That report took a broad perspective on violence, which can occur over the life cycle and can be physical, sexual, psychological, or can involve deprivation or neglect. It emphasized prevention, calling on researchers and practitioners to make concerted efforts to address the causes and consequences of the many types of violence worldwide, including child abuse and neglect, intimate partner violence, and violence arising from war and civil conflict, among others.

The report also emphasized the need for a gendered perspective in activities aimed at preventing violence and ameliorating its effects. Just as violence is experienced differently cross culturally, it is also experienced differently by women and men because of gender roles that are defined by the cultural context. Gender-based violence takes multiple forms over the life cycle—from child sexual abuse to couple violence to elder abuse. The psychological, social, and behavioral effects of such violence on women, men, families, and society are widespread and long lasting (Russo & Pirlott, in press).

Today, the Violence Prevention Alliance (VPA) facilitates implementation of the recommendations of the report in communities, countries, and regions around the world. The VPA, which is a network of WHO Member State governments, nongovernmental and community-based organizations, and private, international, and intergovernmental agencies, is working to prevent violence, as well as foster improved services to mitigate the harmful effects of violence when it does occur (see <http://www.who.int/violenceprevention/en/index.html> for more information).

Mental health professionals—as researchers, practitioners, educators, leaders, and policy advocates—have important roles to play in both prevention of violence as well as amelioration of its effects. According to the WHO, between a third and half of the millions of persons affected by violence, including war and civil conflict, experience mental distress, with the most frequent diagnosis being posttraumatic stress disorder (PTSD), along with depressive or anxiety disorders (WHO, 2001; <http://www.who.int/violenceprevention/en/index.html>).

In particular, mental health professionals have leadership roles to play in conceptualizing and treating outcomes of violence, but being an effective leader requires up-to-date information. In addition to traditional sources of information, such as research journals, the Web has emerged as an important resource for obtaining current information about violence-related resources. To facilitate access to Web resources identified by WHO (2002), as well as other WHO reports (2004, 2005), the American Orthopsychiatric Association (Ortho) has developed a section on *Violence and Health Web Resources* (www.amerortho.org) that provides easily accessible links to hundreds of Web sites of violence-related organizations from all over the world.

New Concepts Require New Methods

Recent theoretical developments in stress, adaptation, and trauma literatures have offered new concepts and called for new methods in the study of violence and its outcomes. This special section of the *American Journal of Orthopsychiatry* (AJO) seeks to encourage new approaches by highlighting studies that challenge traditional conceptions of trauma and demonstrate how diverse methods are being applied to understand mental health outcomes of various forms of violence, including war and civil conflict, sexual abuse, and couple violence.

This work underscores the importance of considering the meaning of violence in the context in which it occurs and challenges researchers and practitioners to develop more complex and multileveled perspectives on traumatic effects, including biological, psychological, interpersonal, cultural, and historical perspectives. Given the global tensions of the Middle East and around the globe, meeting that challenge has never been more urgent.

In addition to educating our individual readers, we hope that AJO articles will be used in courses and workshops to educate other mental health professionals. To encourage such dissemination, last April we began a collaboration with the RedToad Road Company to award continuing education (CE/CME) credits for reading designated accredited articles appearing in AJO. The lead article in this special section by Kenneth

Miller and his colleagues is designated for CE/CME credit. Procedures for earning credit, bios of the editorial board, and links to upcoming tables of contents and previous editorials can be found on the Ortho Web site (www.amerortho.org).

In addition to publishing articles related to these issues in this journal, Ortho sponsored two symposia at the 2006 meetings of the Institute for Psychiatric Services, including *Prevention of Aggression in Children and Young Adults* and *Violence as a Human Rights Issue*, which were well attended and received. In June 2007, the 2nd Ortho symposium at the Cape Code Institute will have the theme *Trauma and Violence: Prevention, Intervention, and Treatment*. Ortho President Diane Wills has organized a program featuring lectures by nationally known speakers on a wide range of topics, including intimate partner violence, assessing psychological trauma and PTSD, emergency psychosocial responses during disasters, effective violence prevention strategies for schools and communities, practical strategies for treating survivors of trauma and violence, and more. Continuing education credit (15 hours) will be available. Information about continuing education credit and full program information for past and upcoming events can be found via links from the Ortho Web site.

—Nancy Felipe Russo, PhD, Editor

References

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APOLOGIES FROM THE EDITORS

An introduction should have accompanied the article “The Bender-Gestalt II” (Brannigan & Decker, 2006), published in the January 2006 issue of this journal. Richard Ruth, PhD, was the action editor who oversaw the solicitation and development of this article. Although the previous editor of this journal, Carlos Sluzki, MD, commissioned Dr. Ruth’s prologue to the article, and committed and planned to publish it, due to an editorial oversight his Introduction and proper credit for his work were omitted. This omission was unintentional and due to confusion stemming from a passing of the baton of the editorship from this journal’s past editor to the current one. We express our regret to Dr. Ruth, to the authors of this article, and to the reader.

We encourage you to read this prologue and the Bender II article, further enriched by this Introduction, which appear together in the Publications Section of the Ortho website, <http://www.amerortho.org>.

Carlos E. Sluzki, MD
(Former Editor)

Nancy Felipe Russo, PhD
(Current Editor)

Reference

- Brannigan, G. G., & Decker, S. L. (2006). The Bender-Gestalt II. *American Journal of Orthopsychiatry*, 76, 10–12.