

Editor:

This year is worthy of a reflection on violence. After the toppling of the Egyptian government, there was the Arab Spring, the 10th anniversary of 9/11, and the 10-year mark on our approach to the War on Terror. The persistence of political violence in African countries, and the rise and fall of violence rates of our own, paralleling all too closely unemployment rates, reveal that violent acts are more than just individual.

As forensic psychiatrists, we often deal with individuals whom ordinary mental health professionals shy away from: violent offenders are among the most difficult to treat, and even the most proficient among us are relatively poor at predicting violence on an individual basis. The frustration of perceiving violence as an inevitable part of the human condition—a fact of life that we can only respond to, rather than prevent—is nowhere more felt than in the forensic psychiatrist's office. Until now, human violence has been relegated to the domain of criminologists, lawmakers, and politicians, with mental health professionals serving a small role in individual expert testimonies or caring for victims after the fact.

However, it is useful to note that a revolution has been occurring in the field of violence studies, and we can choose to take part in it. One can trace it back to 1979, when U.S. Surgeon General Dr. C. Everett Koop pointed out that the health sector, bearing a substantial proportion of the costs of violence, has

both a special interest in prevention and a key role to play. Following his lead, the Centers for Disease Control and Prevention (CDC) of the U.S. Public Health Service, the Institute of Medicine (IOM) of the National Academy of Sciences, the American Medical Association (AMA), and the World Health Organization (WHO), among other important institutions, have been advocating that we approach violence as a problem in public health and preventive medicine, making it both predictable and preventable. In 2002 especially, the WHO launched its World Report on Violence and Health,¹ which catapulted research into violence as an ecological problem(!), with the viewpoint that individual violence does not occur in isolation.

Ten years after this report, we now scarcely view violence as an inevitable fact of life. Perhaps 2012 will be the year when we begin to consider seriously how this perspective might help to reduce violence and the undue suffering it causes, and we can apply our intimate insights to help illumine the dynamics of this human tragedy on a larger scale.

References

1. World Report on Violence and Health. Geneva, World Health Organization, 2002

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