Using Social Justice, Public Health, and Human Rights to Prevent Violence in South Africa

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The University of South Africa's (UNISA) Institute for Social and Health Sciences was formed in mid-1997 following a decision to combine the University's Institute for Behavioral Sciences with its Health Psychology Unit, including its Center for Peace Action. This merger brought together two groups of researcher-practitioners—one from the social sciences and the other from the health sciences—that had differing but complementary strengths. Several senior researchers possessed expertise in child neuropsychology and social-developmental psychology and were also well-known for technical innovations in research methodology. There were also a significant number of researchers who had been interested in critical social theory and community development and were actively challenging the oppressive conditions and consequences of the apartheid system.

In the past, the latter group had focused on the impact of violence as a manifestation of apartheid political policy as well as on the social injustices associated with this, and attempted to programmatically address this manifestation particularly in low-income communities. The group's emphasis on marginalized communities has shaped the ethos of much of the Institute's current work. In addition, this conscious, grassroots focus resulted from mounting

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internal debates among researchers in the social and health sciences about their roles and responsibilities within a more socially relevant and just praxis. From these debates emerged a progressive social activism among many social and health scientists in their attempt to promote grassroots, rights-based activities in a society where many of these rights were absent. During this period, however, explicitly stating the intention to actively challenge the status quo was considered neither strategically nor politically prudent. Instead, the organization conducted much of its work under the banner of community and health psychology.

Although the Institute's work focused on interpersonal violence at a community level, it did not overtly articulate its work as being human rights–based, even though that was clearly implied. From this, important lessons have been learned about not restricting our work by adhering rigidly to any single rights-based framework, but to be constantly open to a range of possibilities through which work involving social development, social justice, and human rights can be conducted.

The fact that the majority of senior staff had been formally trained as researcher-practitioners ultimately affected the nature of the work being done. Evidence-based interventions, together with an evaluation of programs and an ability to replicate them, were considered imperative. A fusion of bottom-up, social-development approaches and research that produced high quality data had started to emerge in the 1980s and was embodied in the work of one of the Institute's predecessors: the Health Psychology Unit. This unit was founded after two epidemiological studies of injury were conducted: a 1986–1988 study of neurotrauma in Johannesburg, and a 1989–1990 examination of all injuries in Johannesburg. From its inception, the Unit focused on the primary prevention of injuries resulting from violence and unintentional causes. Since 1991, the Unit has applied its epidemiological findings to the design and delivery of community-oriented safety promotion activities from its Center for Peace Action in the southwest Johannesburg townships of Eldorado Park, Lenasia, and Soweto and in the Strand/Helderberg region of the Western Cape. The range of interventions delivered by the Center provided a setting for

much of the Unit's injury and violence research, as well as a laboratory for testing its contributions to the development of national health, injury, and violence-prevention policy and practices. In 1994, the Unit was recognized as one of 19 World Health Organization (WHO) Collaborating Centers for Injury and Violence Prevention Research Training worldwide, and in 1997 its Center for Peace Action, in partnership with the Johannesburg South East Metropolitan Council, became the 21st member of WHO's Global Network of Safe Community Demonstration Programs. In 2001, the Center was also designated a WHO Safe Communities Affiliate Support Center by virtue of its efforts in promoting good practices for safety, both nationally and across the continent.

What should be clear is that despite conducting a great deal of work in the area of social justice and human rights and promoting public health and safety, the Institute's ability to incorporate community development and research approaches to safety has allowed it to articulate the importance of promoting safety and preventing violence as a public health concern and a human rights or social justice issue. While recognizing epistemological differences, the fusion of these perspectives has strengthened rights-based work in the safety promotion sector as it relies on an evidence-based approach. Such an approach is especially valuable in contemporary South Africa, where a more responsive state apparatus has been increasingly receptive to alternative policy formulation when it is based on direct evidence.

Within the Institute, the Center for Peace Action remains the single largest service-delivery component, but increasingly since 1999, research and service delivery functions have become more integrated into its evidence-based interventions. In April 2001, the Institute became codirector of the Medical Research Council of South Africa's National Crime, Violence and Injury Lead Program, further highlighting the value of its approach to violence prevention at both national and local levels.

Merging Public Health and Social Justice Approaches in Violence Prevention

Fundamental to the Institute's vision is an interpretation of the public health logic that recognizes illness and

suffering as the result of the micro-, meso-, and macro-environments into which people are born, develop, and die. The Institute's activities are therefore intended to stimulate individual and social responses aimed at changing the social, behavioral, and environmental factors that cause suffering and illness, particularly violent injuries. Accordingly, the focus is not on the individual as the endpoint of pathological processes and actions, but on the behavioral tendencies of individuals and groups as an outcome of causal relationships to people (e.g., parents, peers), products (e.g., guns, alcohol) and the environment (e.g., physical, sociocultural). Violent injuries are thus viewed in relational terms, and through research, these risk factors are then identified and acted on to prevent disability and to contain injuries, death, and their associated consequences.

Bridging the Divide

Using a public health approach to violence prevention in an adapted form within South African communities is an increasingly common phenomenon. This approach facilitates greater interdisciplinarity, methodological pluralism, theoretical diversity, community empowerment, and sectoral and intersectoral coalition building in the context of promoting safety as a human rights and public health priority.[1]

As separate frameworks for research and intervention in violence prevention, public health and community-based social-justice approaches are driven by differing epistemologies, ontologies, methodologies, and theoretical understandings. Given that the traditional public health model was initially developed in the context of high-income countries, a central challenge is therefore to determine its value and appropriateness for South Africa and other low-income countries. That framework essentially argues that the principles used to control and prevent communicable and noncommunicable diseases can also be applied to control and prevent violence.[2] Since large urban areas have complex causal relationships linked to violence, and this complexity increases as income decreases, this framework cannot simply be transposed into South Africa.

The medical origin of this model has, however, result-

ed in a strong reliance on a quantitative disease framework that attempts to define public health problems (such as violence) epidemiologically and to identify determinants, risks, and triggers temporally. A disease model is fundamentally underpinned by an epistemology and discourse that does not easily allow for overt ideological, political, and social analyses of the complex genesis of violence and its prevention (e.g., the mechanistic distinction between intentional and unintentional violence does not adequately account for many micro and macro decisions, policies, and social processes that contribute to climates of violence). Furthermore, it has traditionally functioned as a deficit model, underplaying the importance of resilience factors or assets within communities. While local communities are certainly targeted within this framework, emphasis is often placed on improving the overall health status of entire populations. Also, public health practitioners often prefer passive rather than active interventions, which are more directed at top-down policy formulation rather than at bottom-up community participation.

Community-based, social-justice principles and practices, on the other hand, tend to focus on harnessing organic knowledge, resources, skills, resilience, and assets in the process of empowering communities that may be powerless for a range of reasons. A community-based framework is one that relies on collective needs assessments, participatory research processes (frequently qualitative in nature), and action-oriented interventions that encourage community mobilization, self-reliance, and capacitation toward greater self-determination. It is premised on a democratic philosophy that values practitioners and community members equally and that encourages partnerships between them. It is usually locally directed and focused, recognizing community resilience and assets, and favoring bottom-up processes that involve action toward social change. It fosters collective action and community support within contexts that have been fragmented and marginalized because of historical disadvantages. This is essential for developing grassroots forms of transformation and collective initiatives within societies that are undergoing the transition from structural

oppression to democracy. This framework's main objective is to make a critical social assessment of communities' overall psychosocial status and to promote conscious and informed social action to improve that status.

Despite the apparent differences between the public health and community development approaches, extracting the central elements from each can produce a comprehensive violence-prevention matrix for research and intervention in disempowered and under-resourced communities. For this purpose, the four basic steps of the public health approach are sufficiently broad to accommodate their use in a more widespread and replicable manner that may also be applied to a community-based, social-justice approach. Such an approach often relies on action-oriented forms of participatory social scientific inquiry, emphasizes community constructions of violence, and mobilizes participation in research and interventions.

The fusion of a public health approach with a community-based approach is therefore advantageous for several reasons: First, it maximizes potential knowledge resources to produce best-practice research and service-delivery methodologies. Second, it facilitates sectoral, intersectoral, and interdisciplinary coalition building by bringing together a range of stakeholders whose imperative is to address the complexities of violence as a social phenomenon. Moreover, it can accommodate the specialized expertise that each discipline or sector has to offer in understanding and preventing violence. Third, it promotes the value and utility of more participatory, illuminative, and qualitative approaches, as well as traditional public health research and intervention methods. The latter includes epidemiology, ongoing surveillance of violent patterns, risk-factor analyses, educative interventions, environmental modifications, engineering strategies, and enforcement, monitoring, and evaluation to measure the efficacy and impact of these interventions. This degree of plurality enhances the overall methodological rigor of initiatives and facilitates evidence-led interventions that may be thoroughly evaluated and refined accordingly.

At a theoretical level, contextual social analyses complement more technical analyses of specific determinants,

risks, and triggers prior to, during, and after violent events. Violence can therefore be addressed on a wide scale as well as at the individual, family, and community levels. This provides the possibility of moving beyond the restrictive definitions of situation- and event-specific violence, to include political and ideological components that help contextualize this phenomenon. Finally, this framework values bottom-up and top-down approaches equally, thereby giving both formal knowledge as well as organic, indigenous knowledge an equal voice and encouraging passive and active interventions aimed at structural change. The framework is, however, implicitly based on a conscious connectedness to communities and their resources, and cannot be implemented successfully as a social justice and human rights issue without community participation, empowerment, capacitation toward greater self-determination, and mobilization.

Creatively Building the Violence Prevention Sector

The Institute's ongoing commitment is to promote social justice at the local level, but it also recognizes the strategic importance of consolidating and gradually expanding its praxis through national, continental, and international collaborations, partnerships, and coalitions. Such coalitions include providing various national government departments and associated organs of civil society with data, collaborating with continental partners in the safety promotion sector, and with international organizations such as WHO. Throughout its efforts to forge action-oriented coalitions that contribute to building the sector at national, continental, and international levels, the Institute is aware of its limitations, as well as the unique role, position, and strengths that it offers as a South African and African violence-prevention initiative. It consistently strives to integrate its past involvement in critical social action into all its initiatives but to combine this with rigorous and eclectic health and social scientific research into violence and its prevention in South Africa. Finally, it is worth noting that this combined approach has ultimately contributed to eliciting a greater diversity of role-players and stakeholders

concerned with violence and its prevention, and has therefore indirectly contributed to further grounding public safety as a human rights issue.

References

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