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Nonviolence and Universal Precautions

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Understanding the causes of violence is not actually all that difficult and is, to a large extent, knowledge we have all had since childhood. As one of the world's great simplifiers, Robert Fulgham, has pointed out, "everything we ever really have needed to know we learned in kindergarten", rules like share everything, play fair, don't hit people, and say you're sorry when you hurt somebody (Fulgham, 1989). We now have a rapidly accumulating body of scientific knowledge that supports the reality of a self-perpetuating cycle of violence that originates in the hurts - great and small - that we inflict on each other from childhood, through adolescence, and into adult life.

The root cause, the lowest common denominator, for violence is the violence perpetrated against children. But when confronted with an adult killer, a sexual offender, a batterer, it is difficult for us to see the connection between the violent man or woman they are today and the vulnerable child they once were. But as the U.S. Advisory Board on Child Abuse and Neglect expressed it in 1992, *"Adult violence against children leads to childhood terror, childhood terror leads to teenage anger, and teenage anger too often leads to adult rage, both destructive towards others and self-destructive. Terror, anger, rage - these are not the ingredients of safe streets, strong families, and caring communities."*

This common sense knowledge is born out by the largest public health study of its kind to look at the results of exposure to childhood adversity across the lifespan in Caucasian, middle-aged, middle-class adults — *The Adverse Childhood Experiences (ACEs) Study*. To the surprise of the researchers, two-thirds of the population studied had been exposed to serious childhood adversity. More shocking was the finding that the higher the ACEs score, the more likely the person was by age fifty to suffer from a wide variety of physical, emotional, social, and occupational problems including heart disease, diabetes, obesity, depression, and substance abuse. The authors of the study conclude that childhood adversity is a major contributor to the ten most common causes of death in America. It is through this childhood exposure to adversity that so many life choices are constricted, that the notion of "free will" is put to the test. In reality, what freedom do children actually have to determine the lifetime consequences of maltreatment and neglect on their brains, bodies, and souls?

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Given the overwhelming nature of the contagious epidemic of violence that confronts virtually every American city and town today, it is easy to feel helpless, overwhelmed and hopeless. But, in the process of learning about the impact of violence, there are things we have also learned about the differences between violent and nonviolent communities. In violent communities of all kinds, knowledge is spurned and often expressed as "we already know what we need to know and there is no other way that works." Solutions for working together break down and an authoritarian bias prevails in the form of, "just do what I tell you to do." There is a loss of participation in decision making so that often the loudest and most aggressive voice sets the tone: "I make the rules around here and you will do what I tell you to do or else." Power is used abusively and wantonly so that whoever has the power makes the rules, regardless of the impact on others. Action replaces thought: "you don't need to think and talking is a waste of time, just do what I tell you to do." There is a loss of transparency and an increase in secrecy, sometimes expressed as "everything here is on a 'need to know basis' and you don't need to know." Rule-making expands and replaces maintenance of healthy social norms so that for every problem there is a new rule which contradicts some other rule. Non-coercive methods for resolving disputes stop being taught, and the community becomes rife with unresolved conflicts. Nonviolence is seen as ludicrous and impossible, bullying increases and is contagious, and the pool of bullies and victims expands. In a deteriorating spiral, democratic processes are lost along with the communities' sense of purpose and integrity. And there is often significant denial that there really is a definable problem, which tends to come in four basic forms: "It's not that violent – or it always has been", "If we just lock up the violent people everything will be fine", "the only way to deal with them is to make an example of them by punishing them"; "what we are already doing is working."

If this is what violent communities have in common then it helps us think about what public health approaches to creating nonviolent communities need to have in common – the "universal precautions" necessary to stop the contagious nature of interpersonal violence. To begin, it is time to review the conversation about nonviolence so well articulated by Mahatma Gandhi and Martin Luther King in the twentieth century but which forms the basic commitment of the message Jesus conveyed. In nonviolent communities knowledge is valued and used, participatory decision making is favored, leaders act inclusively and democratically, abuses of power are confronted and resolved, the quality and complexity of planned strategic interventions to address different kinds of problems increases. Public decisions are transparent; social norms guide behavior. Nonviolence is recognized as difficult but necessary if the community is to be truly safe. The pool of bullies and victims decreases. Non-coercive methods for resolving disputes become the norm and (continued on next page.)