

The Roots and Remedies of Social Violence: A Global Narrative Review

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ABSTRACT: Violence in social and occupational settings remains a pressing global concern, affecting individual well-being and societal cohesion. This narrative review aims to explore the causes, contexts, and interventions surrounding violence, drawing from multidisciplinary literature. The review utilized a structured search strategy across major scientific databases, including Scopus, PubMed, and Web of Science, incorporating studies that focused on workplace violence, intimate partner violence, aggression, and mental health. Key inclusion criteria encompassed peer-reviewed articles published in English and involving populations directly exposed to violence. Findings reveal that the main drivers of violence include high-stress work environments, inadequate support systems, cultural gender norms, and adverse childhood experiences. These factors contribute to elevated rates of mental health disorders such as PTSD, depression, and anxiety, particularly among women, children, and individuals with disabilities. Interventions such as educational programs (e.g., Irie Classroom Toolbox), peer-support initiatives, and trauma-informed training for professionals have shown promise in reducing the impact of violence. Systemic and structural influences, including social inequality, weak legal protections, and cultural stigma, were found to exacerbate vulnerability and impede access to help. The review highlights the importance of context-specific, community-based strategies in resource-limited settings and policy reform in institutional contexts. Future research should focus on inclusive longitudinal studies and leverage digital tools for violence monitoring and prevention. Addressing violence requires a coordinated, multi-layered approach that combines education, mental health access, and systemic reform.

Keywords: Workplace Violence, Intimate Partner Violence, Mental Health, Systemic Barriers, Trauma-Informed Intervention, Peer Support, Cultural Norms.



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INTRODUCTION

Violence across different settings—such as domestic abuse, workplace aggression, and community conflict—has emerged as a critical global public health issue. Its multifaceted nature requires not

only psychological and medical responses but also sociocultural and policy-based interventions. Recent evidence underscores the pervasiveness of violence and its direct association with psychological distress. For example, Busch et al. (2023) report that approximately 85% of healthcare professionals in Europe and Asia have encountered verbal aggression at work, leading to heightened risks of PTSD, depression, and anxiety. For instance, Busch et al. (2023) report that approximately 85% of healthcare professionals have encountered verbal aggression in their workplaces, often leading to adverse mental health outcomes. This prevalence is especially pronounced in low- and middle-income countries where systemic weaknesses exacerbate vulnerability to violence (Candura et al., 2020; Caruso et al., 2022).

At a broader level, the ramifications of mass violence incidents extend beyond the immediate victims, impacting entire communities. Research by Moreland et al. (2024) demonstrates that over 50% of individuals exposed to such events develop long-term PTSD symptoms, illustrating the profound mental health burden of collective trauma. Furthermore, the situation is particularly critical in countries such as Brazil, where Silva et al. (2024) found rising trends of violence against individuals with intellectual disabilities, many of which go unreported due to systemic and cultural constraints. These findings emphasize the importance of tailored policy and mental health support systems to address the diverse manifestations of violence.

Empirical studies reinforce the urgency of addressing violence as a global public health challenge. For instance, Lamadrid et al. (2024) found that nearly 90% of women worldwide have experienced some form of violence—physical, emotional, or sexual—during their lifetime. A recent study by Lamadrid et al. (2024) indicates that nearly 90% of women worldwide have experienced some form of violence—physical, emotional, or sexual—during their lifetime. Simultaneously, societal attitudes often contribute to the perpetuation of such acts, as shown in Rees et al. (2025), where 52% of adult respondents demonstrated a degree of tolerance toward gender-based violence. In educational contexts, interventions focused on promoting non-violent school environments have proven effective in reducing aggression among children. For example, Baker-Henningham et al. (2021) documented significant reductions in aggressive behaviors among Jamaican schoolchildren following the implementation of structured educational interventions.

The issue of violence is further complicated by the interaction of multiple risk factors, such as bullying, family dysfunction, and psychological instability. Studies by Tafā et al. (2025) and Saadoon et al. (2024) suggest that adolescent exposure to violence often leads to increased aggression and reduced empathy, which in turn fuels a cycle of violence. Emotional dysregulation in youth has also been linked to long-term behavioral problems and social maladjustment (Docherty et al., 2023; Atta et al., 2025). These insights underscore the need to consider psychological and environmental factors in developing preventive and interventional strategies.

Despite the extensive documentation of the consequences of violence, addressing it remains fraught with challenges. One of the major obstacles, particularly in the healthcare sector, is the widespread exposure of professionals to both verbal and physical aggression. Studies conducted in hospital settings consistently report high rates of violence against medical staff (Busch et al., 2023; Candura et al., 2020). The psychological toll includes not only anxiety and depression but also decreased job satisfaction and burnout, as emphasized by Moreland et al. (2024).

Compounding the issue is the lack of institutional safeguards and ineffective response mechanisms, which leave healthcare workers vulnerable and unsupported.

In domestic contexts, victims of intimate partner violence frequently encounter barriers that inhibit reporting and recovery. Lamadrid et al. (2024) and Rees et al. (2025) highlight the significant role of social stigma and community neglect, which often deter victims from seeking help. A notable deficiency in accessible psychological services further exacerbates this dilemma, with many survivors unable to receive adequate mental health support (Baker-Henningham et al., 2021). These challenges underscore the critical need for integrated community-based responses and improved service delivery systems.

A critical gap in the literature pertains to the limited understanding of violence dynamics within vulnerable populations, such as adolescents and individuals with mental or intellectual disabilities. While studies have established correlations between exposure to violence and behavioral outcomes in adolescents (Tafâ et al., 2025; Saadoon et al., 2024), few have examined targeted interventions for these groups (Docherty et al., 2023). Furthermore, the role of community resilience and environmental protective factors in mitigating violence remains underexplored, despite evidence suggesting their potential effectiveness (Atta et al., 2025).

Another underdeveloped area involves the long-term mental health implications of violence. Although Osborn et al. (2024) call attention to the need for longitudinal analyses, the academic discourse remains largely descriptive rather than evaluative. There is a pressing need to investigate the prolonged psychological impacts of violence and to assess the efficacy of existing intervention models (Iltis et al., 2021; Longo & Newman, 2014; Rovira et al., 2022). These knowledge gaps limit the formulation of robust, evidence-based policy and practice guidelines.

This narrative review aims to critically analyze current patterns and trends in violence, identify key risk factors, and evaluate effective interventions across different settings. A special focus is placed on occupational violence in healthcare, domestic abuse, and violence affecting vulnerable populations such as adolescents and individuals with disabilities. Drawing from recent empirical research, this study seeks to provide a comprehensive overview that can inform future prevention and policy strategies. For example, the increasing frequency of violence against healthcare workers during the COVID-19 pandemic, as documented by Caruso et al. (2022) and Busch et al. (2023), illustrates the urgency of institutional reforms and protective measures.

Geographically, this review includes studies from diverse contexts, including Brazil, South Sudan, Jamaica, and broader global regions, to capture the cultural, socio-economic, and systemic nuances influencing violence and its consequences. In Brazil, Silva et al. (2024) examine how individuals with intellectual disabilities face violence predominantly from familiar perpetrators, revealing challenges in community-based protective mechanisms. In South Sudan, Lamadrid et al. (2024) explore the sociocultural barriers facing women who experience intimate partner violence, particularly in their pursuit of support services. Baker-Henningham et al. (2021), on the other hand, highlight the efficacy of educational interventions in Jamaica, emphasizing the role of school environments in shaping children's social behaviors. These diverse contexts provide a rich foundation for understanding how violence is experienced and addressed across different population groups.

In conclusion, the current state of knowledge underscores the need for a multifaceted approach to understanding and addressing violence in both domestic and institutional settings. The varied forms and contexts of violence—ranging from healthcare workplaces to homes and schools—necessitate a comprehensive review of existing literature to identify what is known, what is lacking, and what can be done to mitigate harm. By incorporating perspectives from multiple disciplines and cultural settings, this narrative review contributes to the growing body of literature advocating for inclusive, evidence-based, and context-sensitive interventions aimed at reducing violence and promoting psychological well-being.

METHOD

This narrative review adopted a structured and rigorous approach to identifying, selecting, and synthesizing literature on violence in both occupational and social contexts. The methodological framework was designed to ensure a comprehensive and representative inclusion of peer-reviewed academic studies that explore various dimensions of violence, including workplace aggression, intimate partner violence, interpersonal abuse, and their psychological and social consequences. In line with best practices for literature reviews, emphasis was placed on transparency, reproducibility, and alignment with academic standards suitable for reputable international journals.

The literature search was conducted using several well-established academic databases, specifically PubMed, Scopus, and Web of Science. These databases were selected due to their extensive coverage of interdisciplinary fields such as public health, psychology, social sciences, and medicine, which are relevant to the topic of violence and its multifactorial determinants. The initial identification process was inspired by the methodology employed by Busch et al. (2023), who utilized a five-database search protocol resulting in an initial yield of 12,205 records. Following a rigorous screening process, they narrowed the selection to 15 articles that met predefined inclusion criteria. This approach informed the current review by reinforcing the importance of using comprehensive databases and maintaining clear eligibility criteria throughout the selection process.

A carefully curated list of keywords was developed to guide the database searches. These keywords were derived from existing literature and conceptual frameworks associated with violence. Core search terms included "workplace violence," "intimate partner violence," "aggression," "interpersonal violence," "domestic abuse," and "mental health." Boolean operators such as "AND," "OR," and "NOT" were employed to refine the search strategy and to capture relevant combinations of topics. For example, searches such as "intimate partner violence AND mental health" or "workplace aggression AND psychological impact" enabled the identification of literature that addresses both the cause and consequence dimensions of violence. The use of these strategic combinations ensured that the search was broad enough to capture multidisciplinary perspectives while remaining focused on the core research objectives.

The inclusion criteria were carefully defined to ensure the relevance and quality of the selected studies. Eligible studies were restricted to those published in English and appearing in peer-reviewed academic journals between the years 2010 and 2025. This time frame was chosen to prioritize contemporary evidence, especially given the recent intensification of research into violence-related themes during and after the COVID-19 pandemic. Furthermore, studies were

required to include empirical data derived from original research, either quantitative or qualitative, and to focus on populations directly exposed to or affected by violence. The populations of interest included healthcare professionals, individuals in abusive domestic settings, adolescents exposed to community violence, and persons with disabilities experiencing interpersonal violence.

Conversely, exclusion criteria were applied to filter out studies that did not meet the methodological or topical standards of this review. Publications such as editorials, letters to the editor, commentaries, and non-empirical opinion pieces were excluded due to their lack of original data. Additionally, studies not directly examining the effects or patterns of violence—for instance, those focusing solely on criminal justice processes without discussing psychosocial implications—were also excluded. This filtering was aligned with criteria used in similar reviews, such as those by Osborn et al. (2024) and Murray et al. (2019), who emphasized the need for empirically grounded evidence in violence research.

Following the database searches, all retrieved citations were imported into a citation management system, which facilitated the de-duplication of records and initial screening. Titles and abstracts were reviewed by the research team to assess their alignment with the inclusion criteria. Articles that passed this preliminary screening were then subjected to full-text review. During this phase, each study was evaluated for its methodological quality, relevance to the central research questions, and clarity of findings. Priority was given to studies that explicitly addressed the psychological, behavioral, and social dimensions of violence, as well as those that proposed or assessed intervention strategies.

The included studies encompassed a range of research designs, reflecting the interdisciplinary nature of the topic. Both quantitative and qualitative methodologies were represented, including randomized controlled trials, cross-sectional surveys, longitudinal cohort studies, case-control studies, and ethnographic inquiries. For instance, Silva et al. (2024) presented a descriptive cross-sectional analysis focusing on individuals with intellectual disabilities in Brazil, while Baker-Henningham et al. (2021) conducted an intervention study assessing the impact of school-based programs in Jamaica aimed at reducing aggression among children. The inclusion of diverse study types allowed for a comprehensive synthesis of the topic, enabling an exploration of both the breadth and depth of the issues surrounding violence.

Furthermore, the reviewed literature reflected considerable heterogeneity in terms of geographical settings, population characteristics, and socio-cultural contexts. This diversity enriched the analysis by providing a multi-contextual understanding of violence and its consequences. For example, studies conducted in high-income countries such as the United Kingdom and the United States provided insights into institutional responses to workplace violence, whereas studies from low- and middle-income countries, including Brazil and South Sudan, highlighted structural barriers to victim support and prevention.

The thematic analysis of the included literature was conducted through a process of iterative reading and coding. Key themes were identified inductively, focusing on recurring patterns in causes, consequences, and interventions related to violence. These themes were then grouped under broader conceptual categories such as risk factors, institutional responses, cultural influences, and psychological outcomes. The synthesis aimed to identify not only the current state of knowledge but also the critical gaps in the literature, particularly in relation to long-term mental

health outcomes, the effectiveness of community-based interventions, and the role of social stigma in perpetuating violence.

In sum, the methodology employed in this review was grounded in established academic protocols for narrative synthesis and was tailored to the complex, interdisciplinary nature of violence research. The integration of systematic search strategies, clearly defined eligibility criteria, and diverse methodological approaches enabled a robust and nuanced understanding of the phenomenon. By adhering to rigorous selection and evaluation processes, this review contributes to a more comprehensive and policy-relevant body of knowledge that can inform future research, clinical practice, and public health initiatives.

RESULT AND DISCUSSION

The results of this narrative review are structured into three main thematic areas: the underlying causes of violence, the social and health consequences of violence, and the strategies employed for its prevention and intervention. These themes emerged consistently across the literature and reflect the multifactorial and context-dependent nature of violence, both in workplace and interpersonal environments. Empirical findings from a range of studies have been synthesized to provide a comprehensive understanding of the issue and to facilitate a comparative perspective across different geographical and sociocultural settings.

One of the primary themes identified in the literature concerns the root causes of violence. Empirical evidence shows that poor working conditions and high-stress environments are significant contributors to workplace violence. Caruso et al. (2022) emphasize that during high-stress periods such as the COVID-19 pandemic, healthcare professionals faced a dramatic increase in violence, exacerbated by heavy workloads, long shifts, and emotional exhaustion. The lack of organizational support and insufficient protective policies in healthcare settings have also been shown to worsen vulnerability among frontline workers, making them more susceptible to aggression and abuse from patients or their families. These factors highlight the intersection between occupational strain and institutional neglect in shaping the prevalence of violence in professional settings.

Beyond occupational environments, sociocultural norms and systemic inequities also play pivotal roles in the perpetuation of violence, especially within domestic spheres. In the context of intimate partner violence (IPV), Lamadrid et al. (2024) provide compelling evidence from South Sudan, showing that deeply ingrained patriarchal values and social stigma prevent victims, particularly women, from seeking support. These cultural norms effectively normalize violence and silence survivors, thereby reinforcing cycles of abuse. Rovira et al. (2022) further corroborate this by showing that cultural variations in gender norms strongly influence societal responses to violence, underlining the need for culturally responsive interventions.

Psychosocial factors, including adverse childhood experiences and dysfunctional family environments, were also identified as fundamental contributors to violent behavior. Docherty et al. (2023) demonstrate that children exposed to violence are at greater risk of developing aggressive tendencies later in life, a pattern that underscores the intergenerational transmission of trauma.

Tafà et al. (2025) reinforce the need for early intervention strategies targeting at-risk youth populations, as unaddressed exposure to violence during formative years is closely associated with emotional dysregulation, social withdrawal, and the perpetuation of aggressive behavior.

A comparative analysis of studies across different countries reveals substantial variation in both the prevalence and manifestation of these causal factors. In Brazil, Silva et al. (2024) highlight the heightened exposure to violence among individuals with intellectual disabilities, a group particularly vulnerable due to systemic neglect, social stigma, and limited access to reporting mechanisms. This situation underscores the need for inclusive support systems that are sensitive to the unique needs of marginalized groups.

In contrast, research from several European countries illustrates how public policy can influence violence rates. Scott et al. (2016) report that variations in alcohol-related violence are significantly correlated with the regulation of public services such as transportation and nightlife establishments. These findings demonstrate the tangible impact of structural policy decisions on community safety and violence prevalence, suggesting that government intervention can serve as an effective upstream strategy to mitigate risk.

The second major theme centers on the social and health consequences of violence. A wealth of empirical literature indicates that exposure to violence leads to profound and often long-lasting impacts on mental health. In both workplace and domestic settings, victims frequently experience psychological disorders such as depression, anxiety, and PTSD. Candura et al. (2020) document a high incidence of PTSD symptoms among healthcare workers who have been subjected to workplace aggression. These findings are echoed in a broader context by Moreland et al. (2024), who found that over 40% of individuals exposed to violence reported persistent PTSD symptoms, emphasizing the psychological toll of repeated traumatic exposure.

These consequences are not confined to individual victims. Lamadrid et al. (2024) highlight the broader social impact of violence, noting that communities experiencing high levels of domestic violence often report elevated levels of fear, social fragmentation, and stigmatization of survivors. The ripple effect of violence thus contributes to the deterioration of communal trust and cohesion, further compounding the social costs.

Demographic factors such as age and gender significantly shape the severity of these impacts. Women, especially those in abusive relationships, face disproportionately severe consequences. Studies by Rovira et al. (2022) and Lamadrid et al. (2024) show that women are more likely than men to experience psychological trauma, economic dependence, and barriers to accessing support services. Children and adolescents exposed to violent environments similarly exhibit adverse emotional and behavioral outcomes. Docherty et al. (2023) identify patterns of aggressive behavior, academic disengagement, and emotional instability in youth affected by familial or community violence. In low- and middle-income countries, such as Brazil, the effects are magnified by structural inequalities. Silva et al. (2024) report that low-income families are disproportionately exposed to violence, and consequently, they face compounded risks of chronic mental and physical health conditions.

The final theme of this review addresses strategies for the prevention and intervention of violence. Several educational and psychosocial interventions have shown promise in reducing violence and

mitigating its impacts. One notable example is the Irie Classroom Toolbox, implemented in Jamaica. Baker-Henningham et al. (2021) describe how this teacher-training program succeeded in decreasing aggressive behaviors among primary school students by promoting non-violent classroom management strategies. The effectiveness of such educational interventions underscores the value of prevention-oriented approaches, particularly when implemented during early childhood.

In the realm of psychological treatment, cognitive behavioral therapy (CBT) has proven effective in addressing the emotional aftermath of violence. Candura et al. (2020) illustrate that CBT can significantly reduce symptoms of anxiety, depression, and maladaptive coping mechanisms among survivors of workplace or domestic violence. This aligns with the broader consensus in mental health literature that trauma-informed therapeutic approaches are critical in supporting recovery and resilience.

A comparative analysis of intervention strategies reveals a stark contrast between high-income and low-income settings. In high-income countries, structured, clinically grounded programs are more common and benefit from robust policy frameworks. For example, peer support networks and crisis intervention services in contexts of IPV have yielded positive outcomes in reducing trauma symptoms and promoting reintegration (Osborn et al., 2024). These programs typically receive sustained funding and institutional backing, which facilitates continuity of care and long-term impact.

In contrast, resource constraints in many low- and middle-income countries hinder the implementation of comprehensive intervention strategies. Morrison et al. (2020) and Jordans et al. (2012) argue that context-sensitive, community-based models are more feasible and effective in these settings. Such approaches leverage local resources and cultural competencies to build trust and engagement, although they often struggle with scalability and consistency. The lack of national-level support or integration into broader public health systems further limits their sustainability.

These findings collectively highlight the necessity of adapting violence prevention and intervention strategies to the specific cultural, institutional, and socio-economic contexts in which they are applied. One-size-fits-all solutions are unlikely to succeed in addressing the nuanced and deeply embedded nature of violence across different societies. The evidence suggests that multifaceted approaches—combining education, mental health support, legal protection, and community engagement—offer the most promise in reducing violence and alleviating its consequences.

In summary, the literature reveals that violence is driven by a complex interplay of occupational, sociocultural, and psychosocial factors. Its effects on mental and social well-being are both profound and enduring. While numerous interventions have demonstrated effectiveness, their success is contingent upon alignment with local contexts and systemic support. A nuanced understanding of these themes is essential for designing and implementing sustainable strategies to combat violence across diverse global settings.

The present narrative review synthesizes a diverse body of research that underscores the pervasive and multifactorial nature of violence in both workplace and interpersonal contexts. The findings resonate with previous studies that highlight the severe psychological and physical health implications of exposure to violence. Candura et al. (2020) emphasized the high prevalence of

post-traumatic stress disorder (PTSD) among healthcare workers exposed to violence, aligning with our observation of elevated mental health risks such as anxiety and depression in similar populations. The consistent appearance of these disorders across different studies reaffirms the cumulative psychological burden violence imposes on vulnerable groups.

A critical dimension emerging from this review is the variation in the prevalence and consequences of violence based on demographic characteristics. Moreland et al. (2024) and Lamadrid et al. (2024) documented how women and children are disproportionately affected by domestic violence, corroborating findings that suggest a heightened vulnerability among these groups. This differential impact is often exacerbated by systemic barriers that prevent effective reporting and support, including social stigma, inadequate legal protections, and limited access to mental health services. These disparities underscore the importance of contextualizing violence within broader social, cultural, and institutional frameworks.

Structural and systemic factors remain central to understanding the persistence and escalation of violence. The work of Longo and Newman (2014) offers compelling evidence that insufficient workplace policies and protections contribute to a climate where violence against healthcare professionals is more likely. This insight is echoed in studies by Caruso et al. (2022), who report that the absence of administrative support and crisis management protocols leaves frontline health workers vulnerable to both physical and verbal abuse. These systemic deficits not only compromise the safety of individuals but also erode trust in institutions tasked with safeguarding public welfare.

The interplay between poverty, social inequality, and exposure to violence is another crucial dimension that this review brings to the forefront. Foshee et al. (2015) emphasized the role of socio-economic disadvantage in perpetuating domestic violence, arguing that limited financial autonomy and housing instability can entrap individuals in abusive environments. Such findings are consistent with studies conducted in Brazil, where Silva et al. (2024) found high rates of violence against individuals with intellectual disabilities, often exacerbated by systemic neglect and cultural marginalization. These cases highlight the urgent need for targeted policy interventions that address both the symptoms and root causes of violence.

At the global level, cultural norms and societal attitudes toward violence significantly influence how it is perceived, tolerated, or challenged. Rovira et al. (2022) illustrate how traditional gender norms in South Sudan hinder women's ability to seek help, perpetuating cycles of abuse. These cultural dynamics complicate the implementation of universal policy frameworks and necessitate the tailoring of interventions to specific socio-cultural milieus. This point is reinforced by the observation that some countries demonstrate a cultural tolerance for certain forms of violence, as seen in studies reporting that up to 52% of adults hold permissive attitudes toward intimate partner violence (Rees et al., 2025).

Effective policy responses and intervention strategies have been discussed extensively in the literature, with a growing consensus on the importance of multi-tiered approaches. Educational programs such as the Irie Classroom Toolbox have shown promise in reducing school-based violence through teacher training and curriculum development (Baker-Henningham et al., 2021). These interventions not only address immediate behavioral issues but also contribute to long-term cultural change by instilling non-violent norms at an early age.

Peer-support models also emerge as a valuable component of intervention strategies. Osborn et al. (2024) found that structured peer support within domestic violence shelters can mitigate

psychological trauma and foster resilience. These findings suggest that community-based initiatives that leverage existing social networks may be particularly effective in low-resource settings where formal psychological services are limited. In contrast, high-income countries may benefit from integrating such programs with professional mental health services to ensure comprehensive care.

Training for frontline workers is another area that requires urgent attention. Saadoon et al. (2024) advocate for the inclusion of de-escalation techniques and trauma-informed care in the training curricula of healthcare professionals. Given the frequency of aggressive encounters in hospital settings, particularly during crises such as the COVID-19 pandemic, equipping staff with the skills to manage these situations is not merely beneficial but essential.

In low- and middle-income countries, community-based psychoeducation and counseling programs have been shown to offer practical and scalable solutions. Jordans et al. (2012) describe how community counselors in Nepal were trained to provide support to families affected by violence, demonstrating improvements in both adult and child mental health outcomes. These localized strategies align with the broader goal of empowering communities to address violence from within, leveraging cultural familiarity and trust to enhance program efficacy.

Despite these advances, several limitations persist within the current body of research. Many studies rely on self-reported data, which may be subject to recall bias or social desirability bias, particularly in settings where violence is stigmatized. Additionally, there is a lack of longitudinal data that would allow researchers to assess the long-term efficacy of interventions or the progression of psychological symptoms over time. The heterogeneity of measurement tools and outcome variables also hampers the comparability of findings across studies and geographical contexts.

Moreover, significant gaps remain in the exploration of violence among marginalized populations, such as LGBTQ+ individuals, migrants, and those with intersecting vulnerabilities. While some studies have begun to address these areas, a more robust and inclusive research agenda is necessary to inform equitable policy development. Similarly, there is limited research on how digital technologies and social media influence the dynamics of violence, particularly among youth, signaling an area ripe for further inquiry.

In sum, this review underscores the multifaceted nature of violence and the myriad factors that sustain it across different contexts. While promising interventions exist, their effectiveness is often contingent on the broader structural and cultural environment in which they are implemented. Future research must adopt an intersectional and interdisciplinary approach to fully capture the complexity of violence and to develop nuanced, context-specific solutions that address both individual and systemic dimensions of harm.

CONCLUSION

This narrative review has illuminated the multifaceted and global nature of violence in both workplace and interpersonal contexts. The findings underscore the urgency of addressing violence not merely as isolated incidents but as outcomes rooted in complex socio-cultural, structural, and psychological factors. High-stress working conditions, insufficient institutional support, ingrained gender norms, and prior exposure to trauma emerged as primary contributors to aggressive behavior and violence. The disproportionate impact on women, children, and individuals with

intellectual disabilities highlights the importance of adopting an inclusive, equity-based approach in interventions.

There is an urgent need for multi-tiered interventions, including school-based education programs, peer support models, and structured training for frontline workers. In particular, community-based strategies in low-resource settings and policy-driven reforms in institutional contexts are essential to reduce prevalence and mitigate harm. The review also identified the role of systemic and structural barriers, such as policy gaps and cultural stigma, that inhibit effective prevention and support efforts.

Future research should prioritize longitudinal studies to assess the long-term impact of interventions and explore underrepresented groups such as LGBTQ+ individuals and migrants. Integrating technology-based monitoring and support systems may also open new pathways for early detection and intervention.

To break the cycle of violence, a comprehensive strategy that includes improved access to mental health services, targeted education, consistent policy enforcement, and community empowerment must be pursued. These actions are pivotal in fostering safer environments and promoting psychological resilience among vulnerable populations.

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