Social justice, vulnerability and inclusion

An introduction for students and researchers of all disciplines

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The aims and learning outcomes

Aims

The aim of this module is to encourage learners to consider how and why matters of social justice, vulnerability and inclusion are relevant to research and the impacts of research.

Learning outcomes

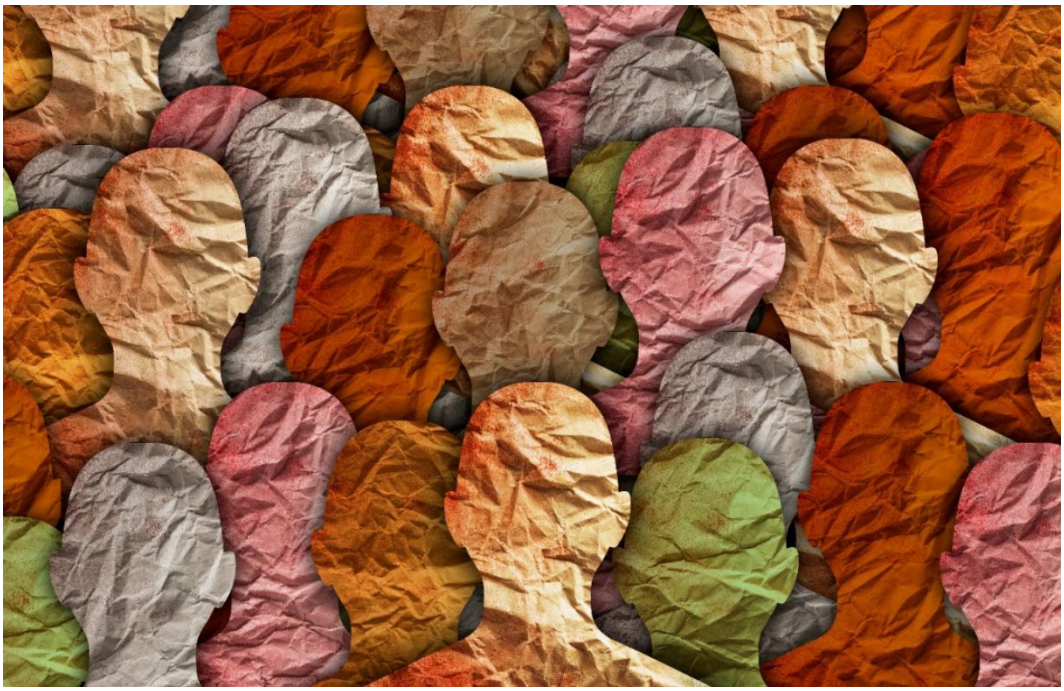
At the end of this module, learners will be able to:

1. Consider the meaning and relevance of social justice in research.
2. Explain the importance of inclusion in research and the ethics issues associated with exclusion.
3. Describe the special measures that need to be implemented for the ethical inclusion of vulnerable populations in research.

Introduction

Research has the potential to help expose and redress pre-existing inequalities. But research can also inadvertently perpetuate injustices if not conducted through the lens of social justice, vulnerability, and inclusion. In this module, you will navigate the tensions and complexities related to social justice and research by exploring the concept of social justice, identifying ethics issues related to inclusion and exclusion and the inclusion of vulnerable persons. By understanding these concepts, this course aims to mitigate the risks of exacerbating inequalities and help to foster trust in research.

What is Social Justice?



There is no unified definition of social justice. For this reason, in this module we take a working and broad definition of the concept. We interpret social justice as a guiding principle for achieving a just society, including full and equal participation of individuals in all social institutions; fair, equitable distribution of material and nonmaterial goods; and recognition and support for the needs and rights of individuals. To do that, historical processes of oppression and domination of certain populations need to be taken into account to understand current inequalities and injustices.

Even if you are not already familiar with the terms 'social justice' and 'social injustice', you are likely already familiar with the concepts. Take a look at the following eight questions and select the correct answer from the options provided. You can check the answers on page 22.

1. What do you think is the goal of social justice?
   a) Maintaining the status quo
   b) Ensuring equal rights and opportunities for all
   c) Promoting inequality
   d) Excluding marginalized communities

2. How do you think social injustice can affect marginalised communities?
   a) It ensures equal opportunities and rights for all individuals
   b) It perpetuates systemic inequalities and disadvantages certain groups
   c) It promotes solidarity and unity among all members of society
   d) It eliminates barriers to social mobility for everyone

3. What does equity in social justice refer to?
   a) Treating everyone the same
   b) Providing equal opportunities regardless of circumstances
   c) Recognising and addressing different needs to achieve fair outcomes
   d) Excluding certain groups from society

4. Which of these options is a common example of social injustice in healthcare?
   a) Providing equal access to healthcare for all individuals
   b) Discriminating against patients based on their race or ethnicity
   c) Ensuring that only wealthy individuals receive medical treatment
   d) Offering free healthcare services to everyone

5. What role does solidarity play in social justice?
   a) Maintaining the status quo
   b) Ignoring the needs of marginalized communities
   c) Recognising that social justice is a collective endeavour
   d) Promoting discrimination

6. What role does privilege play in social injustice?
   a) Privilege ensures equal treatment and opportunities for all individuals
   b) Privilege exacerbates inequalities and advantages certain groups over others
   c) Privilege promotes fairness and justice in society
   d) Privilege eliminates discrimination and bias in social systems

7. Which of the following is NOT a key aspect of social justice?
   a) Equality
   b) Equity
   c) Exclusion
   d) Inclusion

8. What do you think is the primary goal of social justice movements?
   a) To maintain the status quo and preserve existing inequalities
   b) To challenge injustice and promote equality and fairness for all
   c) To exclude certain groups from participating in society
   d) To promote discrimination and bias in social systems

The concept of social justice is based on the belief that every person deserves fair treatment and an equitable chance to thrive. Key to social justice are matters related to equality, equity, inclusion, human dignity and solidarity. Achieving social justice requires addressing the root causes of inequality, such as discrimination, oppression, poverty, and structural violence. It involves challenging unjust systems and policies while also promoting systemic change to create a more just and inclusive society for all.

Social justice in research

The most prominent case of social injustice in research is that of the Tuskegee Syphilis Study, conducted by the United States Public Health Service between 1932 to 1972 in Tuskegee, Alabama.

The Tuskegee Syphilis Study aimed to observe the natural progression of untreated syphilis in African American men. During the study, 600 African American men, primarily sharecroppers from rural Alabama, were told they were receiving free medical care for 'bad blood', a term commonly used in the area to describe a variety of health problems. They were not informed that they had syphilis or that they were participating in a research study. The participants were left untreated for several decades while being monitored to observe the progression of syphilis.

Even when penicillin became widely available as a treatment for syphilis in the 1940s, the participants were not offered treatment.

Many participants experienced severe health consequences as a result of untreated syphilis, including debilitating symptoms, organ damage, and premature death. Some also transmitted the disease to their partners and children. The Tuskegee Syphilis Study came to public attention in 1972 when a whistleblower exposed the unethical nature of the research.

Disturbingly, the study had run for 4O years and was only stopped after a news article drew attention to the study. Participants experienced psychological distress as a result of being misled about their health status and the true nature of the study. The study also eroded trust in the medical profession and government institutions, particularly among African Americans. It reinforced existing suspicions of exploitation and discrimination within the healthcare system and contributed to longstanding disparities in access to healthcare. While the participants and their families will never achieve the justice they deserved, in 1973, a class action was filed on behalf on the study participants and in May 1997, President Bill Clinton issued a formal presidential apology for the study.

Social justice in contemporary research

While it may be difficult to imagine that research conducted nowadays could involve the same degree of social injustice as the Tuskegee Syphilis Study, social injustice remains a challenge that researchers must address. Here are some short examples of how social injustice might be perpetuated through contemporary research. These examples describe situations in which social justice is relevant and the consequences of not taking this into account.

New technologies development & racial bias

A research team is developing an AI-facial recognition tool to improve airport passenger screening. Because of easier data availability, the team uses samples coming majorly from a uniform ethnic group. The tool results in considerably less accurate and efficient recognition of other ethnic groups.

Public health research and informed consent

A team of researchers from a prestigious hospital submits a research proposal to a research ethics committee (REC) for review. The study aims to evaluate the prevalence of obesity and its determinants in a lower-income neighbourhood. While evaluating the informed consent process, some REC members identify potential shortcomings in addressing specific needs of the targeted population. However, because the informed consent information seems to be complete enough, the proposal is approved. Ultimately, the study fails to recruit a sufficient number of participants since the potential participants, who were not consulted during the planning stage, do not understand how the study is relevant to them.

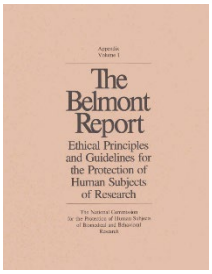
Clinical trials & gender equality

A clinical trial is evaluating the effectiveness of a new antidepressant medication. The sample includes a majority of male participants due to the ready availability of their clinical data. While depression can manifest differently according to gender, the trial design does not stratify participants by gender, or analyse outcomes by gender. As a result, the trial findings may not accurately represent the medication's efficacy and safety for non-male participants, leading to potential underestimation or overestimation of risks and benefits.

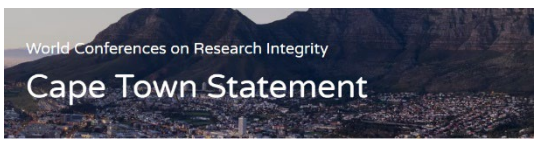
Social Justice in Research Ethics Codes

Most research ethics and integrity codes and guidelines do not mention social justice explicitly. However, some prominent codes give accounts of justice that are in line with our understanding. For instance:

CIOMS: Research must also be sensitive to issues of justice and fairness. This concern is manifest in choosing whose health needs are investigated; how risks, burdens, and anticipated benefits of individual studies are distributed; and who will have access to any resulting knowledge and interventions.



Belmont Report: Who ought to receive the benefits of research and bear its burdens? This is a question of justice, in the sense of "fairness in distribution" or "what is deserved." An injustice occurs when some benefit to which a person is entitled is denied without good reason or when some burden is imposed unduly.



Cape Town Statement on Research Integrity: All research stakeholders should be aware of potential power imbalances in their research collaborations and ensure their actions do not exacerbate them, but rather contribute to redressing imbalances.

Leaving no one behind in research

‘Leaving no one behind’ is a principle often invoked in the context of social justice. It emphasises the importance of ensuring that progress and development benefits all individuals and groups within society, particularly those who may be marginalised or vulnerable. The concept recognises that systemic inequalities and discrimination can prevent certain groups from fully participating in and benefiting from development initiatives.

Marginalisation

Marginalisation in research refers to the systematic exclusion, underrepresentation, or neglect of certain individuals or groups within the research process. Marginalised groups can include those who are disadvantaged or oppressed based on factors such as race, ethnicity, gender, sexual orientation, socioeconomic status, disability, or other identity markers. Marginalisation can occur at various stages of the research process, including study design, data collection, analysis, interpretation, and dissemination.

Underrepresentation

Certain communities are often underrepresented or omitted from research studies, leading to gaps in knowledge and understanding about their experiences, needs, and perspectives. This can perpetuate stereotypes, reinforce existing power dynamics, and limit the generalisability of research findings or research products, be they technology devices or healthcare interventions.

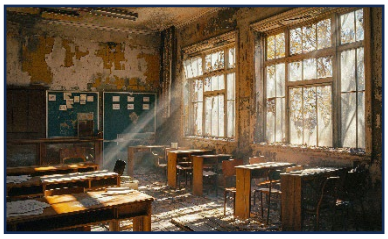
Bias

Researchers can unintentionally perpetuate bias through their study designs, data collection methods, or interpretation of results. For example, research questions may be framed in ways that prioritise the interests of dominant groups, while overlooking the concerns of marginalised communities. Similarly, data collection methods that rely on standardised instruments or language may fail to capture the unique experiences of diverse populations.

Tokenisation

Marginalised individuals or communities can be included in research studies without meaningful engagement or equitable benefits. This can occur, for instance, when community engagement is brief and undertaken with only a few individuals, or when researchers from marginalised communities are only involved in menial tasks.

Limited Access to Resources



Marginalised researchers may face barriers to accessing funding, resources, mentorship, and opportunities for professional development in academia and research institutions. This can hinder their ability to pursue research agendas that reflect the interests and priorities of their communities.

Addressing marginalisation in research requires a commitment to diversity, equity, and inclusion throughout the research process. This includes actively involving marginalised communities in research design and decision-making, adopting culturally responsive methodologies, acknowledging and addressing power imbalances, and prioritising the voices and perspectives of those who have been historically marginalised. However, the equitable inclusion of all is not always easy and can raise specific ethical concerns. Including historically marginalised populations in research requires sensitivity and may, on some occasions, require adaption of research processes, methodologies and assumptions.

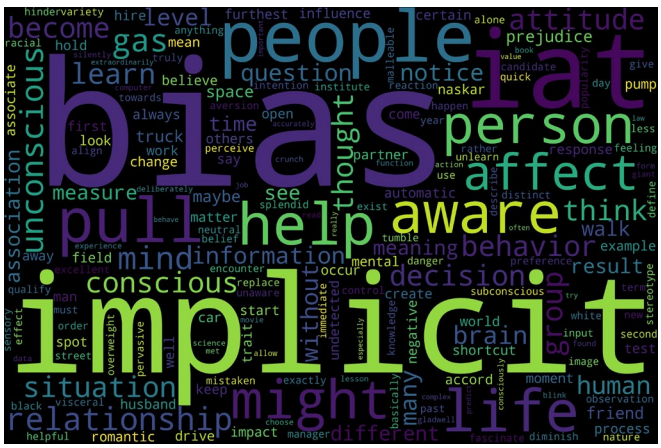
Conscious and unconscious bias in research

In the module ‘Critical thinking, standpoint and ethics’, we touched on the use of critical reflection to identify personal assumptions and biases. Now we dig a little deeper to think about the impact of bias on various aspects of the research process.

Bias—whether **conscious** or **unconscious**—not only shapes daily interactions; it also influences how research is designed, conducted, and interpreted. Conscious bias can appear in openly discriminatory assumptions about which communities are “worth” studying or whose knowledge is seen as legitimate. Unconscious bias, meanwhile, may influence how research questions are framed, which participants are recruited, or how data is analysed—often privileging dominant perspectives and overlooking marginalised voices.

These biases raise critical **ethical concerns**. Research that ignores or reinforces inequities risks perpetuating marginalisation, for example, by underrepresenting certain groups in health studies or interpreting findings through a culturally narrow lens. Ethical values such as **fairness, respect, care and honesty** require researchers to actively recognise and mitigate bias to avoid harm and ensure fair inclusion.

By reflecting on how conscious and unconscious biases shape both process and outcomes, researchers can uphold integrity, respect participant dignity, and contribute to more socially just knowledge production.



Reflective activity: Spotting bias in your research practice

Use the questions below as prompts for reflection. After reading each one, pause and note your response (yes / no / unsure). If you answer “no” or “unsure,” consider what steps you could take to reduce bias.

1. Research design

- Have I considered whose voices and experiences might be missing from my research question?
- Does my framing avoid reinforcing stereotypes or deficit-based views?

2. Participant recruitment

- Are my recruitment strategies inclusive and accessible to diverse groups?

3. Data collection

- Are my tools (surveys, interviews, consent forms) culturally appropriate and easy to understand?
- Have I created conditions that allow participants to feel safe and respected?

4. Analysis & interpretation

- Am I checking for multiple perspectives rather than relying only on my own assumptions?
- Have I sought relevant input or peer review to challenge potential blind spots?

5. Reporting & dissemination

- Am I sharing findings in ways that are respectful, accessible, and useful to participants and their communities?

6. Ongoing reflection

- Am I actively engaging in self-reflection about my biases throughout the project?

Feedback

Where you answered ‘yes’

Strong practice. You are already applying bias-aware approaches in your research. Keep reflecting on your methods to ensure inclusivity throughout the project.

Where you answered ‘no’

Area for growth. This may create risks of exclusion or unintended bias. Consider how you could adapt your approach—for example, by widening recruitment strategies, reviewing your tools for cultural sensitivity, or seeking peer input.

Where you answered ‘unsure’

Opportunity to reflect further. Being uncertain is a valuable signal that more exploration is needed. You might revisit your research design, consult ethical guidelines, or seek feedback from colleagues or community partners to strengthen your approach.

Remember: bias is not always intentional, but it always has an impact. Small adjustments in design, recruitment, analysis, and reporting can make your research more ethical and inclusive.

Inclusion and exclusion in research

We now consider a short example case in which social justice is relevant. In this case, both the exclusion and inclusion of a specific population provoke ethical and methodological questions. We encourage you to reflect on the intersection of social justice and research ethics in this case to consider the pros and cons of inclusion and exclusion.

This study concerns the sexual and reproductive health of young people. It aims to evaluate the use of sexual health services as well as understanding regarding these matters amongst young people in a large city. During the study, the research team face difficulties recruiting participants from some cultural backgrounds. In particular, they find that migrants and refugees are less likely to participate in the study due to social stigma and different cultural norms. However, not including them might have detrimental implications for these populations.

Below is a list of some of the potential consequences. For each one, decide whether it is a potential consequence for inclusion or for exclusion and then check your answers on page 22.

1. Lack of generalisation of the results
2. Lack of firm evidence to influence policy
3. Lack of trust in the researchers
4. Increase of pre-existing disparities
5. Social stigma for the participants
6. Cultural insensitivity
7. Adaptation of research methods
8. Longer research period & requirement for more funding
9. Adaptation of the informed consent process
10. Unsuitable healthcare services and education

Lack of trust in researchers and cultural insensitivity are potential consequences for both inclusion and exclusion. If the researchers do not adapt their methods and approaches, this demonstrates insensitivity whether young people are included or excluded. If the researchers do adapt their approach and methods in a manner that shows respect to cultural norms and preferences, this could enable sensitive inclusion and promote trust. Can you think of any ways that the research team might address structural & cultural barriers to facilitate participation in the study?

Vulnerability in Research

The word 'vulnerability' can be broadly used to describe a state or condition of being susceptible to harm, exploitation, or other adverse outcomes due to various factors or circumstances. It is difficult to define precisely because multiple and diverse factors can contribute to vulnerability such as systemic inequalities, health status, social dynamics, environmental conditions, or individual characteristics. Additionally, it can affect individuals, groups, or communities and manifest in various ways. Furthermore, the word vulnerability does not have a precise equivalent in many languages. Still, it is important for researchers to have an understanding of the concept of vulnerability because it has significant implications for research ethics.

Historically, revelations about the exploitation of vulnerable people in the name of science have motivated the development of ethics codes and governance mechanisms in research. For instance, revelations about dishonesty and withholding of treatment in the notorious Tuskegee Syphilis Study prompted the development of the highly influential Belmont Report in the US in 1978.

Point to ponder

In what ways were the participants in the Tuskegee Syphilis Study vulnerable?

List as many as you can and then check our suggestions on the next page.

Participants in the Tuskegee Syphilis Study were from a predominantly poor, rural community, and particularly vulnerable due to their race and socioeconomic status. Most did not have access to adequate healthcare due to economic constraints and systemic barriers such as racial segregation and discrimination in healthcare services. They also had limited education and access to information, which made them more vulnerable to deception and manipulation. Additionally, they were not fully informed about the purpose of the study, the risks involved, their right to refuse participation, or alternative treatment options when they became available. These multiple intersecting factors rendered the participants vulnerable to exploitation in research.

Vulnerability in research ethics codes

While many research ethics codes and guidelines have something to say about the inclusion of vulnerable people in research, in general they promote the same two messages: first, that most vulnerabilities are associated with voluntariness, and second, that certain groups should be awarded more protection than others.

When vulnerability is mentioned in research ethics codes, it is primarily in relation to the ability to provide informed consent. This can be associated with innate characteristics (for instance, young children or adults with severe cognitive dysfunctions). It can also be associated with circumstances that might impact upon the voluntariness of their consent (for instance, with prisoners or employees).

Some codes also mention risk-based vulnerabilities whereby vulnerability stems from being at an increased risk of mental or physical harm (for instance, pregnant women).

Point to ponder

What sorts of harm might a research participant be vulnerable to? List as many as you can think of and then look at the feedback to see some suggestions.

List as many as you can and then check our suggestions on the next page.

The Australian National Statement (2023, p12) provides an extensive list of the sorts of harm to which a research participants might be vulnerable including:

- physical harm: including injury, illness, pain or death;
- psychological harm: including feelings of worthlessness, distress, guilt, anger, fear or anxiety related, for example, to disclosure of sensitive information, an experience of re-traumatisation, or learning about a genetic possibility of developing an untreatable disease;
- devaluation of personal worth: including being humiliated, manipulated or in other ways treated disrespectfully or unjustly;
- cultural harm: including misunderstanding, misrepresenting or misappropriating cultural beliefs, customs or practices;
- social harm: including damage to social networks or relationships with others, discrimination in access to benefits, services, employment or insurance, social stigmatisation, and unauthorised disclosure of personal information;
- economic harm: including the imposition of direct or indirect costs on participants;
- legal harm: including discovery and prosecution of criminal conduct.

It is generally agreed across ethics codes that the involvement of people with these types of vulnerabilities requires special justification and special protections. Indeed, the Declaration of Helsinki states that medical research with a vulnerable group is only justified if the research is responsive to the health needs or priorities of this group and the research cannot be carried out in a non-vulnerable group (Article 20).

Does this mean that people with advanced dementia can't be involved in research?

What do you think? Decide which of the following options you agree with and then check the feedback on the next page.

Options

a. Not under any circumstances

b. Yes, as long as their legal representative provides consent.

c. Yes, as long as the research is intended to benefit them.

Feedback

Both b AND c are considered necessary. For people who lack capacity, consent must be sought from a legally authorised representative (e.g. next of kin). Plus, as a general rule, people who lack capacity should not be involved in any research that is unlikely to be of benefit to them as an individual. However, under some circumstances, they can be included if the research is of potential benefit (such as health benefits) to the population who are represented (others with advanced dementia), AND this research cannot instead be performed with people who are able to provide consent, AND the research entails only minimal risks and burdens.

For example, testing of a new treatment for advanced Alzheimer's could be a reasonable justification for the inclusion of people suffering from advanced Alzheimer's disease as long as the research entails minimal risks and burdens. Nevertheless, while a person with Alzheimer's may not be able to provide their legal consent, they may be able to express assent (agreement of someone who is unable to give full informed consent) for participation and/or dissent (disagreement through verbal or non-verbal indication of unwillingness to participate in the study), both of which must be respected in an ongoing manner throughout the study.

Of course, we need to protect people from exploitation in research but ethics codes and processes that aim to protect vulnerable populations might inadvertently lead to the exclusion of certain individuals if they are wrongly labelled as vulnerable, or the researchers do not understand how to mitigate their vulnerability in research.

Who is Vulnerable in Research?

Point to ponder

Do you think you could identify who is vulnerable in research?

Take a moment to think about this question and then check the feedback on the next page.

Feedback

The most striking commonality across research ethics codes is the suggestion that vulnerability can stem from belonging to a certain group. When vulnerability is mentioned, it is commonly accompanied by examples of the sorts of groups to whom this applies. A problem with the naming of particular groups, even as examples, is the implication that people are to be considered vulnerable simply by virtue of belonging to a certain group. This can render the term unhelpful and patronising. Nowadays, there is acknowledgement across many codes and guidelines that determining who is vulnerable requires a nuanced approach because vulnerability can stem from a range of factors, for instance, power differentials between researchers and participants, capacity to understand, unrealistic expectations and so on. We need to be careful not to jump to conclusions about who is vulnerable.

Vulnerability and Justice

So far in this module, we have considered two types of vulnerabilities, those related to the ability to provide informed consent and those related to an increased risk of harm. But there is another type of vulnerability that is related to fairness and stems from being vulnerable to unfair inclusion or exclusion from research. This type of vulnerability is the least frequently mentioned across the codes and guidelines even though fairness-related vulnerabilities can have implications for entire groups.

In the past, groups considered vulnerable were excluded from participation in research because it was considered the most expedient way of protecting those groups (for example, children, women of reproductive age, pregnant women) …… This has resulted in a serious

injustice. Since information about the management of diseases is considered a benefit to society, it is unjust to intentionally deprive specific groups of that benefit (CIOMS, 2016:8).

When entire groups are excluded from research on the grounds of vulnerability, they are also denied the benefits of research. Fairness-related vulnerability can also take the form of unfair inclusion in research.

Inclusion in research can also be unfair in circumstances where there is no, or limited potential for benefit. For instance, the conduct of pharmaceutical research in regions where the local population would have no access to the resultant medication.

Inequity is created when particular groups fail to receive fair benefits of research or when groups, or their data or their biological materials, are excluded from research arbitrarily or for reasons unrelated to the research question (TCPS, 2022:9)

Unfair inclusion can occur when research is undertaken with a group to whom the research is not relevant.

There must be a fit with local health needs and priorities plus access to the results. In the 21st century, this should be taken for granted.

There are undoubtedly times when a blanket approach to protection is warranted for certain entire groups like babies and young children, or for adults with severe cognitive impairment. However, this protectionist stance is often applied to entire groups of people who do have the capacity to provide consent (like impoverished persons, for example). So why does this happen? To answer this question, it is helpful to remember that research ethics codes originated in the biomedical domain and were intended to prevent the kinds of abuses that occurred in the Tuskegee Syphilis Study, whereby people might be subjected to a high risk of harm in research, without their knowledge or consent. The resolve to protect people from exploitation in research runs deep, but we need to be careful not to patronise participants by well-meaning exclusions that serve to perpetuate systemic inequalities and disadvantages.

End of module quiz

You can try these questions to see whether your learning from this module addresses the intended learning outcomes and then check the answers on page 22.

1. Why is it important for researchers to consider social justice when planning and conducting research?
A) To increase funding opportunities for their research projects.
B) To mitigate the risks of exacerbating inequalities and to foster trust in research outcomes.
C) To expedite the publication process of their research findings.

2. What is the key distinction between equality and equity?
A) Equality focuses on providing the same resources to everyone, while equity ensures resources are distributed based on individual needs.
B) Equality emphasises fairness in outcomes, while equity prioritises equal opportunities for all.
C) Equality aims to eliminate all forms of discrimination, while equity seeks to address socioeconomic disparities.

3. What does marginalisation in research entail?
A) Systematic inclusion and representation of all individuals and groups throughout the research process.
B) Exclusion, underrepresentation, or neglect of certain individuals or groups based on various identity markers such as ethnicity, gender, sexual orientation, socio-economic status etc.
C) Providing equal opportunities and resources to all researchers regardless of their background.

4. What ethics issues are associated with exclusion of certain vulnerable groups?
A) Excluding vulnerable groups minimises potential risks and complications in projects.
B) Excluding vulnerable groups protects them from distress.
C) The perpetuation of inequalities and potential harm due to limited representation.

5. How can researchers ethically include vulnerable populations in their studies?
A) By avoiding discussions of sensitive topics to protect participants' emotions
B) By conducting research in controlled settings to minimise risks
C) By employing culturally sensitive approaches, ensuring informed consent, and offering appropriate support.

Answers to the quizzes

What is Social Justice?

1. b
2. b
3. c
4. b
5. c
6. b
7. c
8. b

Inclusion and Exclusion in Research

1. Exclusion
2. Exclusion
3. Inclusion and exclusion
4. Exclusion
5. Inclusion
6. Inclusion and exclusion
7. Inclusion
8. Inclusion
9. Inclusion
10. Exclusion

End of Module Quiz

1. B
2. A
3. B
4. C
5. C

Glossary

Equality
Equality implies that people are treated equally in terms of rights, or access to services etc. without discrimination or unfair advantage. In the context of social justice and human rights, equality involves equal access to resources and opportunities, as well as ensuring that individuals are not disadvantaged or marginalised. This can include efforts to address systemic inequalities, discrimination, and barriers to full participation in society.

Equity
Equity refers to fairness in the distribution of resources, opportunities, and rights. It involves ensuring that everyone has access to what they need to thrive and reach their full potential, regardless of their background, identity, or circumstances. Unlike equality, which aims to treat everyone the same, equity recognises that different individuals or groups may require different levels of support or resources to achieve equal outcomes.

(Adobe No 515008199)

Human dignity
Human dignity can be thought of as the inherent value and worth that every individual possesses. It encompasses the idea that each person is deserving of respect, honour, and ethical treatment, regardless of their background, identity, or circumstances. Respect for human dignity requires fostering environments that value diversity, protect human rights, and ensure the wellbeing and dignity of every individual within society.

Inclusion
Inclusion in research requires the active and meaningful involvement of individuals and groups from diverse backgrounds, identities, and experiences. It requires the creation of research designs, environments, systems, and policies that value and respect the contributions and perspectives of every individual, regardless of differences such as gender, ethnicity, religion, sexual orientation, disability, or socioeconomic status and so on.

Solidarity
Solidarity refers to cooperation and mutual support amongst individuals or groups, especially in pursuit of common values or goals. Solidarity recognises the interdependence and interconnectedness of all members of society and emphasises the importance of

working together to create positive change and promote the wellbeing and dignity of all individuals.

Structural violence
Unlike the more obvious physical violence, structural violence refers to a hidden violence that is embedded within the structures of social, economic, political, and cultural systems. It is rooted in unjust systems and power imbalances and operates through unequal power dynamics, systemic injustices, and institutionalised inequalities that provoke and perpetuate harm and suffering. Addressing structural violence requires challenging and transforming the underlying structures, systems, and ideologies that perpetuate inequality and oppression.

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