

Special Editorial

Violence: an issue at the interface between health and society

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In Brazil, as in the rest of the world, violence has been recognized both as a social issue and one of the main issues in health (Krug et al., 2002). It grows paradoxically in relation to human and social rights. Violence currently covers many areas, from violence committed by the State itself, such as war crimes and abuse within its institutions, to a variety of public spaces, and even extends to emotional, sexual or family relationships in the private sphere. In order to control it, it is not enough to merely address individuals and their personal behavior, emphasizing individual responsibility on an ethical, social and political level. First, it means dealing with the legal and moral reconstruction of social life itself, reorienting interpersonal relationships as well as those of the State itself with civil society. Likewise, it is not enough to deal with health, or promoting health, in the search for better quality of life, without redefining and making explicit this quality with regards sociability, way of being and being together in society. Violence as an issue, therefore, is located on the interface between health and society.

It is extremely plausible that, for this reason, aggressive behavior such as victimization, does not, at first glance, appear to pertain to Health. It does not seem to make up the same spectrum of issues for falling ill or suffering, as smoking, being sedentary, unhealthy diet or even alcoholism or drug abuse. If in studies dealing with homicides, as well as for other Health vulnerabilities, socio-economic status provides a causal reference in falling ill and suffering, in the case of violence it does not fit in the same way. As it also constitutes a condition of socio-cultural vulnerability, in gender, ethno-racial or age inequalities, violence ends up posing an additional challenge to health care professionals' knowledge and practice. Indicators of socio-economic differ-

ences do not completely explain the causal chains of events, or repercussions in the form of injuries and health problems.

One can, then, take violence as a special object within the Health field, difficult to place within a theoretical-methodological and practical-operational framework, indicating that it is a significant, complex and sensitive differential to study or intervene in. For all of these reasons, it is commonly identified in a professional sense, although with gradations between the different branches making up the field of Health, as an object primarily outside the scope of Health, belonging to sectors of social production, such as law or public safety.

It is no coincidence, then, that both the invisibility of violence in the health care services, or even a stigmatized and prejudiced visibility, such as the association with poverty, and the integration between Health actions and those of other sectors of social production recommended either in the form of inter-sectorial or inter-disciplinary networks, are topics that have a strong representation within the field of Health. And, showing the huge repercussion violence has on Health in relation to populations and individuals, studies indicate how important it is to register it definitively as an issue and include it in both quantitative and qualitative studies, thus overcoming the obstacles stemming from professional or technical denial of violence in Health practices, "blind" to the markers of social differences that effectively constitute its determinants.

On the other hand, there are many possibilities to get close to violence as an object of production in the sciences and for social intervention; there are also many possible ways for it to be studied empirically, as violence expresses itself in a wide variety of concrete situations. Some studies or proposals for action highlight its different forms: physical attacks, sexual abuse, emotional offences, harassment or negligence. Other seek to identify the agents - whether they are individuals, groups or institutions, finding clear evidence that the acts represent, above all, behavior and ways of acting of

individual subjects or institutions that, as such, are responsible for the acts committed. Still others seek to better examine the contexts or spaces in which these acts occur: whether they have more domestic characteristics or not. And many, especially in the field of Health, are concerned with the type of injury caused: whether the event was lethal or non-lethal: chronic or acute: in what age range or time of life it occurred.

The articles contained in this edition of *Saúde e Sociedade*, as a dossier, aim to show this diversity to the reader. They are grouped into three blocks.

The first, containing three articles, is made up of studies that, with different approaches, examine issues of urban violence and homicides. It begins with the presentation and discussion of the “case” of a young man, summarily executed, dealing with the violence of organized crime in large cities and also with institutional violence practiced by the police, showing how vulnerable young people are. Starting with the case seems to be a fairly realistic perspective, as it is the case that reaches us, in the health care services, also in non-lethal violence; it is the case that creates large statistics of population groups; it is the case that is always, simultaneously, the individual-society articulation, the sign of the pluralism of concrete situations and of the contingency in professionals’ practice and, likewise, part of what happens to a whole population subgroup in collective contexts. The second article in this block introduces a “violent territory” and the construction of different interpretative references, giving us the above mentioned different viewpoints of violence and even of the “blindness” and “stigmas” in these constructions. The block ends with some thoughts on the city, also indicating possible actions concerning the vulnerability of young people.

The second block contains the debate concerning public policies or inter-sectorial networks in dealing with violence, approaching the topic of violence against women. Compared with homicide, this issue is not only of more recent concern in the field of Health, but also has important differences: violence against women is mostly characterized as domestic or family, in contrast to homicides, which occur in public spaces; it concerns emotional-sexual relationships, in which the partner is the principal

aggressor, whereas homicide has been shown to be violence by men against men. A final, particular text closes this block. It is an extremely diverse and innovative study in Health, with a double approach to violence: on the policies and networks of professional practice and of Health issues for those that are inter-sectorial, focusing on one of the most traditional concerns of Health itself, sexual violence against children and adolescents. Presenting and analyzing the discourses of judges, the study confronts them with one of the greatest challenges of inter-sectoriality, that is, the articulation between actions by different sectors of the health care and legal systems and the interaction of intervention projects, a scene in which we can perceive convergences and divergences of issues, scales of value and language in professional action. And, although the text indicates the important clarifying role of Health, I believe that there is much to be learned from each other.

The final block of articles examines professional practices. Giving voice to Family Health Strategy teams and to mental health services, these texts place before us the possibilities and limits of interventions in day-to-day health care services. The final dimension in creating public policies to deal with the diverse type of violence, as well as in carrying out organizational proposals for producing and distributing care services in society, the study of professional practices enables us to understand the many disconnections occurring between the technical-scientific sphere of action and the aims of the policies and the care models designed. We find ourselves, therefore, not only faced with the difference between these instances as social practices but also with the need to construct mediation between them (Schraiber, 2012).

In view of these articles, and moreover, in view of everything considered, up to now, to pertain to violence leads us to refer to it in the plural: violences and not just violence.

However, if the diversity of experiences and situations should be taken into account, we also need to ask: What enables us to think of the articles published here as a “dossier”? In the end, what allows us to speak of violence in the singular? What is capable of conferring unity on situations so diverse as the

social lives and experiences of the subjects involved?

I believe that the response can be found in the fact that all of these different situations represent a violation of rights for those who experience them and for society: human rights and social rights. Institutional violences are a violation of the right to health and to citizenship, in which those who suffer them lose the chance to be subjects and citizens. Their needs and opinions are annulled, as are their chances to participate, judge and decide (Costa, 1986; Foucault, 1995), almost always when faced with old, socially recognized authorities that lose their legitimacy on using violence to dominate or control a situation (Arendt, 1994). Acts of aggression, humiliation or insults are violations of physical and mental integrity; rapes and all other forms of sexual harassment or abuse are a violation of dignity. Negligence, private jails or excessive control of another person and homicides constitute a deprivation of care, liberty and the right to life.

As a violation of rights, situations of violence, in their different concrete expressions always constitute a domain without authority on the part of the perpetrator, as well as annulling the condition of being a subject for the victim. And if experiencing such a condition says a lot about the subjects involved, as well as about society, it is, without a doubt, a relationship that does not seek consensus or negotiation, for which a common language, dialogue, interaction between subjects is necessary (Arendt, 1994; Habermas, 1989; Ricoeur, 1995). It is because of this condition of interactive rupture that all violent situations are unified, in the com-

mon meaning of an act which is neither ethical nor inter-subjectively communicative.

I believe that in each of the articles in this “dossier”, the reader can observe this more generic qualification they have in common, despite their internal diversity: in denouncing the loss of, as well as appealing for the rescue of, a sociability overlaid by ethics and politics that can also become, in terms of human action, a humanized construction.

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