

# HEALTH AND VIOLENCE

## Synonyms

Well-being and abuse

## Definition

The World Health Organization (WHO) defined [health](#) in 1948 as a 'state of complete physical, mental and social well-being', and not merely absence of disease or infirmity (World Health Organization 1948) while in 1996 defined [violence](#) as 'the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation' (Krug *et al.* 2002). The medical and the social science's literature has demonstrated that violence and their different types have negative consequences on the health of whom is victim of violence and on his/her more general [quality of life](#).

## Description

From the 1960s, violence has been recognized by WHO as a [public health](#) issue, although in many countries violence prevention is still a new or emerging field in public health (Krug *et al.* 2002). Violence is a very complex, multifaceted, and multidimensional phenomenon. According to the sociological literature and to the more recent WHO reports on health and violence (Krug *et al.* 2002, World Health Organization 1996), there are different theories and factors at different levels (micro, meso, and macro) which explain violence (World Health Organization 1996).

First of all, the etiological and psychological perspectives grounded on Freud's aggression theory (Freud 1979) ([aggression](#)), focus on the single individual. These theories identify specific biological factors, psychological disorders and identity structure (such as stress disorders, or perverse narcissism) and deviant behaviors such as being alcohol or drug addicted ([addiction](#)) in explaining why a person becomes violent against another one (victim of violence). From this theoretical frame, violence is understood as a "natural" behavior of human beings with the function to assure survival and subsistence of the species in defending his/her territory (Rebughini 2004).

A second group of theories at a meso level with the aim of explaining violence focus on the nature of the relationship between two persons interacting in different social ambits such as inside the family, at the workplace, and at school (meso level). The relationship, which leads to violence, is the one in which the persecutor of violence does not recognize the other person (victim of violence), with whom he/she interacts, as "equal" to him/herself in terms of acceptance and recognition of his/her identity and subjectivity (Honneth 2002), in terms of needs and [human rights](#) (Rebughini 2004, Emerson *et al.* 1998). Moreover, the sociologist Norman Denzin analyzing the [domestic violence](#) shows that the negative symbolic interaction between the persecutor and the victim is a complex process that starts with an emotional outburst of the persecutor, continuous with an initial denial of what occurred by the victim, and with a complete denial of any responsibility from the persecutor. Finally, it ends with the moral and personal destruction of the victim as a person (Denzin 1984), involving also negatively all other members of the family (children, elderly)([family stress](#)) (Tognetti Bordogna 2010).

A third category of theories explaining violence at a macro level focuses on [social inequalities](#) existing in society in terms of economic, social, cultural resources but also in terms of power relation. For example, in intimate relationship, the partner with a lower income, with less [social capital](#), and with lower level of

[education](#) and power is more likely to become victim of violence due to his/her sense of inferiority and his/her reduced capacity to defend him/herself from violent attacks (physical, verbal, economic)(Unicef 2000, Greco 2008).

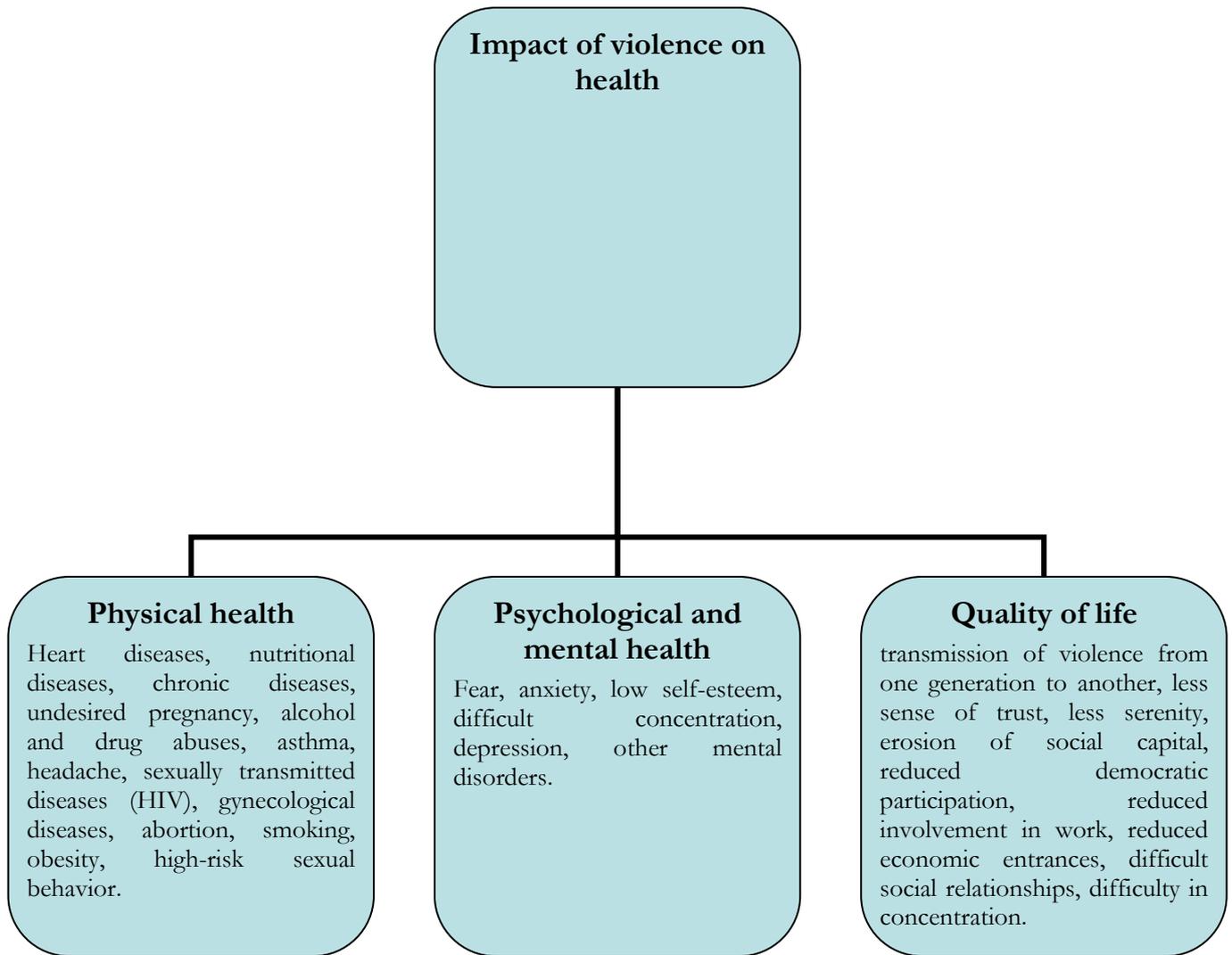
violence in its different forms -physical, sexual, psychological, economic, emotional, and symbolic- has a negative impact both on physical, psychological, and [mental health](#) and, moreover, on the quality of life (see figure 1).

First of all, for what concerns the physical health, violence can produce wounds, heart diseases, nutritional diseases, chronic diseases, undesired pregnancy, alcohol and drug abuses, [asthma](#), headache, sexually transmitted diseases (HIV), gynecological diseases, [abortion](#), smoking, [obesity](#), and high-risk [sexual behavior](#). Secondly, the medical and sociological literature has identified the following diseases concerning the psychological and mental health due to violence: fear, [anxiety](#), low [self-esteem](#), difficult concentration, [depression](#), other mental disorders, and alcohol abuse.

Third, the literature points out how violence affects negatively the quality of life. More precisely, the more widespread effects on the quality of life are the transmission of violence from one generation to another, less sense of trust, less serenity, erosion of social capital, reduced democratic participation, reduced involvement in work, reduced economic entrances, difficult social relationships, and difficulty in concentration.

Forth, in the more extreme cases of violence the impact on the individual can be fatal: suicide or homicide and, death due to fatal disease such as HIV (Greco 2008) ([HIV/AIDS](#)).

### **Fig. 1 - Impact of violence on health**



## Cross-References

- Health
- Violence
- Quality of life (QOL)
- Public health
- Aggression
- Addiction
- Human rights
- Domestic Violence
- Family stress
- Social inequalities
- Social Capital
- Education

- Mental health
- Asthma
- Abortion
- Obesity
- Sexual behavior
- Anxiety
- Self-esteem
- Depression
- HIV/AIDS

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