

ISRG Journal of Arts, Humanities and Social Sciences (ISRGJAHSS)



ISRG PUBLISHERS

Abbreviated Key Title: ISRG J Arts Humanit Soc Sci

ISSN: 2583-7672 (Online)

Journal homepage: <https://isrgpublishers.com/isrgjahss>

Volume – IV Issue -I (January- February) 2026

Frequency: Bimonthly



Territory, Violence, and Care: Public Health in Contexts of Extreme Vulnerability

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| **Received:** 15.01.2026 | **Accepted:** 19.01.2026 | **Published:** 24.01.2026

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Abstract

This article examines the interconnections between territory, violence, and care, analyzing how extreme social vulnerability shapes health conditions, access to services, and the organization of public health responses. From a critical public health perspective, the text argues that territory is not merely a geographic space, but a socially produced arena marked by power relations, structural inequalities, and historical processes of exclusion. Violence—whether interpersonal, institutional, or structural—is treated as a central determinant of health, profoundly affecting morbidity, mortality, mental health, and trust in public institutions. Through a theoretical academic essay, the article explores how health systems operate within territories characterized by poverty, precarious housing, armed conflict, and state absence, highlighting both the limits and possibilities of care in such contexts. The discussion emphasizes the role of primary health care, community-based strategies, and intersectoral policies in mitigating harm and fostering resilience. Finally, the article reflects on the ethical and political challenges of providing care in violent and marginalized territories, arguing that public health must move beyond biomedical interventions to engage with social justice, human rights, and territorial equity as foundational principles.

Keywords: Territory; Violence; Social vulnerability; Public health; Health equity.

Introduction

Public health has increasingly recognized that health outcomes are deeply shaped by the territories in which people live. Territory encompasses not only physical space but also social relations, symbolic meanings, political arrangements, and historical processes that structure daily life. In contexts of extreme vulnerability, territories are often marked by poverty, segregation, precarious infrastructure, and limited state presence, creating conditions that systematically expose populations to health risks. Understanding health in these settings requires an analytical shift that situates illness and care within broader social and territorial dynamics.

Violence represents one of the most pervasive expressions of territorial inequality. It manifests not only through direct physical harm but also through chronic insecurity, fear, and the normalization of suffering. Structural violence – embedded in unequal social arrangements – limits access to resources, opportunities, and rights, producing cumulative health disadvantages over the life course. In vulnerable territories, violence becomes a routine component of everyday life, profoundly shaping health behaviors, mental well-being, and patterns of service utilization.

Health systems operating in such contexts face significant challenges. Fragmented services, insufficient resources, and rigid institutional models often fail to respond adequately to complex social realities. At the same time, health workers are frequently exposed to unsafe working conditions, emotional exhaustion, and ethical dilemmas, which further constrain the provision of care. These limitations reveal the tension between standardized health policies and the lived realities of marginalized territories.

This article seeks to analyze how territory and violence intersect to shape public health practices in contexts of extreme vulnerability. By examining the structural production of health risks and the possibilities for care, the text aims to contribute to critical debates on equity, social justice, and the role of public health in addressing deeply entrenched inequalities.

Methodology

This study is developed as an academic theoretical essay grounded in critical public health, social epidemiology, and sociological perspectives on territory and violence. The analysis is based on an interpretative synthesis of contemporary international literature addressing social vulnerability, territorial health inequalities, and violence as a determinant of health. Rather than presenting empirical data, the article aims to construct a conceptual framework that elucidates the relationships between space, power, and care. References are presented exclusively at the end of the text.

Development

1. Territory as a Social Determinant of Health

Territory functions as a key social determinant of health by shaping exposure to risks, access to services, and opportunities for well-being. In contexts of extreme vulnerability, territorial conditions such as informal settlements, overcrowding, environmental degradation, and limited sanitation create fertile ground for disease transmission and chronic illness. These conditions are not accidental but reflect historical patterns of urban planning, economic exclusion, and political neglect.

Territorial inequalities also influence access to health services. Geographic isolation, inadequate transportation, and fear of violence often limit the ability of residents to seek timely care. Health facilities located in vulnerable territories may be under-resourced, understaffed, or poorly integrated into broader health networks, reinforcing cycles of exclusion and unmet needs.

Beyond material conditions, territory carries symbolic meanings that affect health. Stigmatization of certain neighborhoods can translate into discriminatory practices within health services, undermining trust and discouraging engagement with care. Territorial stigma thus becomes an additional barrier to health equity, reproducing social hierarchies within institutional settings.

Recognizing territory as a dynamic and relational construct is essential for rethinking public health strategies. Interventions that ignore territorial specificities risk reinforcing inequalities rather than addressing them. A territorialized approach to health emphasizes proximity, community engagement, and responsiveness to local realities.

2. Violence and Its Health Impacts

Violence in vulnerable territories operates at multiple levels, including interpersonal aggression, organized crime, and institutional neglect. These forms of violence are closely linked to social exclusion, unemployment, and weak governance, creating environments where insecurity becomes normalized. The health consequences of such violence extend far beyond immediate injuries.

Chronic exposure to violence is strongly associated with mental health problems, including anxiety, depression, and post-traumatic stress. Children and adolescents growing up in violent territories experience developmental disruptions that can have lasting effects on physical and psychological health. Violence also shapes health behaviors, increasing substance use and reducing adherence to preventive measures.

Institutional violence, expressed through inadequate public services, discriminatory practices, and punitive approaches to poverty, further exacerbates health inequities. When the state is perceived as absent or oppressive, trust in public institutions – including health systems – deteriorates, limiting the effectiveness of interventions.

Addressing violence as a public health issue requires moving beyond security-based responses. It demands policies that tackle structural drivers, promote social protection, and strengthen community networks. Health systems have a critical role in identifying, documenting, and responding to the health effects of violence.

3. Care Practices in Contexts of Extreme Vulnerability

Providing care in violent and marginalized territories involves navigating complex ethical, political, and practical challenges. Health professionals often work under conditions of insecurity, limited resources, and high emotional demand. Despite these constraints, primary health care and community-based approaches have demonstrated significant potential in such settings.

Community health strategies that emphasize longitudinal care, home visits, and local participation can strengthen bonds between services and populations. These approaches facilitate early identification of health needs and foster trust, which is essential in contexts where institutions are often viewed with suspicion.

Intersectoral action is another key component of effective care. Health outcomes in vulnerable territories are closely linked to housing, education, employment, and social assistance. Coordinated policies that integrate health with social services can mitigate the effects of violence and promote more comprehensive forms of care.

Ultimately, care in contexts of extreme vulnerability must be understood as both a technical and a political practice. It involves recognizing the dignity of individuals and communities while confronting the structural conditions that produce suffering. Public health professionals thus act not only as care providers but also as advocates for social justice.

Conclusion

Territory, violence, and care are deeply intertwined dimensions of public health in contexts of extreme vulnerability. Health inequities observed in marginalized territories are not the result of individual choices but of historically constructed social arrangements that systematically expose certain populations to harm. Understanding these dynamics is essential for developing more equitable health systems.

Violence emerges as both a cause and a consequence of territorial inequality, shaping health outcomes and undermining trust in public institutions. Addressing its health impacts requires integrated strategies that combine health care, social protection, and community empowerment. Public health must therefore engage with violence as a structural phenomenon rather than an isolated event.

The article concludes that promoting health in vulnerable territories demands a reorientation of public health toward territorial equity, human rights, and social justice. Only by acknowledging and confronting the structural roots of vulnerability can public health fulfill its ethical commitment to care, protection, and the reduction of avoidable inequalities.

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