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# The emergence of violence as a public health problem in Argentina

*Martín Hernán Di Marco*

Since the 1980s two simultaneous processes took place that reflect the emergence of violence as a public health problem in Latin America. First, these decades witnessed an increase in the volume of scientific literature related to violence, as well as in a wide range of publications by national and international organisations (such as the World Health Organization, the Pan American Health Organization and the United Nations Office on Drugs and Crime). Second, institutions focused on the monitoring and intervention in violence-related situations were designed and gained relevance and momentum within public institutions. As a result of these processes, and the consequent thematisation of violence as a matter of public health, young populations started to be associated with this phenomenon and identified as the main ‘public’ of the state’s actions. More specifically, young men from vulnerable neighbourhoods became the target of policies oriented to address violence, and the ‘young poor men’ formula became a central aspect in the construction of violence as a public problem.<sup>1</sup>

The nature of the relationship between public problems, government, international organisations and social phenomena has long been a concern for social scientists and researchers from the health field. What is considered a problem in the public sphere, how it came to be conceived as a matter of public concern and which problem populations are framed as ‘problem publics’ are key aspects in order to unveil its particular history. As this book illustrates, throughout the empirical examination of a wide range of topics, public problems and ‘publics’ are essentially contested: violence is not different. Therefore, this chapter considers the contingent (yet

social and political) nature of violence in the public sphere. In this context, the objective of this chapter is to analyse and discuss the emergence of violence as a public health problem in Argentina, from a constructivist approach. In particular, tensions between the different explanations of the constitution of this phenomenon are considered. Is the establishment of this topic in the public sphere explained by the rise of statistical indicators of violence? To what extent do statistical fluctuations explain the construction of social, scientific and public problems? Is violence inherently a public problem? Which 'publics' are the outcome of public policies focused on violence? To answer these questions, a document analysis was conducted, reviewing scientific papers, international organisation publications, NGO reports and newspaper articles.

This chapter analyses two mainstream approaches which explain the emergence of violence as a public health problem. On the one hand, objectivist perspectives are described, characterised by interpreting public problems as a mechanical consequence of violence patterns in society. On the other hand, perspectives which relativise the relation between the existence of a problem and its manifestations are studied. Both discourses illustrate transformations in the public health field, such as the incorporation of youth as a key actor in the understanding of violence, the conceptualisation of violence as a health issue and a shift from top-down to bottom-up policies to address this phenomenon.

## Context

The link between violence and health has a recent history in Western societies. Violence, as an academic and lay term, has been traditionally associated with the fields of justice, security and the state.<sup>2</sup> It was only in the 1980s that violence started to be considered a public health issue; a wide range of documents, scientific and policy-related events and specialised institutions indicate the expansion of this topic in international and regional landscapes. The impact of violence on public health was officially put on the international agenda in 1996 when the World Health Assembly adopted resolution WHA49.25 declaring violence a leading worldwide public health problem. In 2002, the *World Report on Violence and Health*

triggered a series of campaigns and initiatives that focused on violence and health, such as the *World Report on Road Traffic Injury Prevention*, which started in 2004, and the Global Campaign for Violence Prevention. These initiatives, institutional efforts and documents shared a common understanding of violence:

Violence affects both individual and collective health, causing death, injury, and physical and mental traumas. It also decreases the quality of life of individuals and the community and creates an increased burden on healthcare services, revealing the need for an interdisciplinary, multiprofessional, intersectoral, and socially-engaged approach to treatment and prevention. However, the emergence of this theme in health care practice and research is recent.<sup>3</sup>

Several broader trends were associated with the growing recognition of violence as a public health issue. These include the change in the health profile of Western societies due to the occurrence of the epidemiological transition; the greater acceptance in the public health field of the importance of social and behavioural factors in the comprehension and prevention of mortality; the pressure of social actors (activists, social scientists and health care workers, amongst others) to include certain forms of violence (such as child abuse, suicide and more recently femicide/feminicide) in the health agenda.<sup>4</sup>

Nonetheless, the reasons why violence emerged as a public health problem, and the effect that actual epidemiological trends had on this process, are still extensively discussed in current academic debates.<sup>5</sup> From a constructivist approach, this chapter focuses on the construction of violence as a public health problem in Argentina. The main objective is to briefly outline and discuss the emergence of violence as a public issue in Argentina and to typify and describe the main discourses explaining its emergence in the public arena. By doing so, this chapter intends to contribute to a broader discussion about the framing of ‘problem publics’, the emergence of new topics as ‘public problems’, the institutional rearrangements that constitute current states and, therefore, the enquiry about the ‘publics’ associated with these problems.

The following section addresses the relevance of constructivist theories of social problems and specifically highlights the work of the sociologist Joseph Gusfield. In the third section, the amorphous and polysemous conceptual nature of violence is tackled. In the

fourth section, some methodological considerations of this research are specified, as well as the documentary sources. The fifth section addresses a description of the double process that indicates the emergence of violence as a public (health) problem: an increase in the scientific literature and the creation of specialised institutions that monitor and intervene in violence-related situations. The sixth section describes the two mainstream discourses which explain the growing recognition of this topic in the public sphere. Finally, the last section presents some closing remarks about the overall emergence of violence as a public health problem and the configuration of youth as a ‘problem public’.

### **The emergence of public problems**

The justification of the relevance of the studied topic – or the statement of the problem – is considered a key component in academic research. This component tends to point to the social, political and/or scientific necessities of a given society and specific context. Thus, what is regarded as a social or institutional need at a certain time has a crucial role in guiding, shaping and limiting the way in which researchers and scientific institutions in general analyse the phenomena and, therefore, the target populations they address. Nonetheless, this presents an epistemological conundrum: an underlying tendency to naturalise social problems and, consequently, to believe that topics on the agenda are intrinsically problematic.<sup>6</sup>

A wide range of studies from the social and human sciences – or, at least, some critical perspectives within these broad fields – have pointed out the dilemma of justifying the social relevance of a research topic: every topic is invariably linked to a process of double hermeneutics.<sup>7</sup> Each research problem is politically produced, configured and defined by the interaction of a network of actors in culturally specific ways and simultaneously it is an analytical object constructed by researchers in their own rationality.<sup>8</sup> Therefore, it becomes clear that what is addressed and analysed in social sciences has been previously interpreted and shaped by other actors in society.

The ‘reality’ and relevance of the construction of research topics have been questioned and discussed thoroughly in academia. One

of the main aspects pointed out is the fact that the relevance and urgency of a topic might be considered social products.<sup>9</sup> Stemming from the discussions about the transformations in the scientific agenda and the nature of research, several concepts have been formulated: the aforementioned double hermeneutics, epistemological surveillance, the differentiation between politics and science and between value judgements and fact judgements, among other terms.<sup>10</sup> While being formulated from different theoretical backgrounds, these concepts have been framed with a similar intention of questioning how research topics are considered, what processes and actors shape their emergence, what aspects condition how they are studied and which populations become the centre of attention in terms of public policies.

The 1970s witnessed the increasing formulation of empirical studies which investigated the processes by which research topics are selected and tried to answer how public problems emerge.<sup>11</sup> Several theoretical frameworks have been formulated ever since, including the different variations of the agenda-setting theory and mediation theory.<sup>12</sup> Joseph Gusfield's constructivist framework about the social construction of public problems has become particularly relevant in this discussion, due to its emphasis on the mechanisms with which a certain topic is established as a problem. In his classic study of 1984 on the emergence of drink-driving as a public problem, Gusfield points out that it is not an inherent feature of this phenomenon that makes it immediately of social relevance and incorporates it into the public agenda. On the contrary, what conditions the establishment of drink-driving as a public problem is a range of other socio-political factors: expert and non-expert knowledge, the complex relationships between key actors within the state and the strategic manoeuvres and negotiations between these actors. In this sense, Gusfield states that 'the process of emergence, configuration, stabilization and institutionalisation of public problems can be seen as the result of a correlation of forces or conflicts of interest'.<sup>13</sup> The outcome of this political process is not only the emergence of the problem itself, but also the 'creation' of specific problem populations.

Gusfield's theory stresses both the cultural and structural dimensions of these phenomena. On the one hand, it points out that the processes of construction and reconstruction of a public problem

are inseparable from the production of meanings. On the other hand, in order to understand the attribution of meanings, it points out that it is necessary to analyse the social structure that underpins a specific problem, i.e. the actors and institutions that interact in its construction, as well as the practices oriented to raising awareness about the topic. As he states:

A constructivist approach ... drives a wedge between the elite in the know ... and the practical people who attempt to achieve programmatic and personal victories. The sense of reflecting a natural, science-validated view of real conditions is undermined by a focus which brackets out the reality of the conditions around which the problem exists. It takes the affective starch – the driving sense of mission – out of social problems by viewing them as matters of partisan or professional *choice* rather than conclusions forced upon by the nature of things.<sup>14</sup>

Among the main aspects emphasised by the theory of social construction of public problems, the use of statistics to legitimise the predominance, magnitude and features of a phenomenon stands out. Scientific and technical research has played a central role in prioritising the need to address a topic. The use of statistics (for example, road traffic accidents and related injuries) played a crucial role in validating and guiding public traffic campaigns, blood alcohol levels, etc., as has also been shown by Amy Best regarding teen driving in the USA.<sup>15</sup> The strategic use and reference to this data work as a rhetorical strategy to legitimise this topic in the public sphere and, in the same process, focus the state's policies on target populations. As Palma Lima and Pádua Carrieri have shown, the way statistical data is constructed and presented has a direct impact on how the phenomenon is perceived and administered in the public sphere.<sup>16</sup>

From a constructivist and historical approach, the naturalisation of social problems should be deconstructed following two premises: a) there are no intrinsically problematic social phenomena which have not been shaped by the direct or indirect actions of social actors; and b) the role of scientific knowledge is, in modern societies, a crucial aspect to reconstruct the emergence of public problems.<sup>17</sup> For instance, the use of epidemiological surveys, the delineation and fragmentation of population into groups (socio-demographic, risk factors, etc.) illustrates how both publics and problems are ultimately a result of a socio-scientific process and interaction, among

other aspects.<sup>18</sup> These aspects are specifically addressed in this collection through various and contrasting examples, such as HIV-positive gay men in the German Democratic Republic (GDR) or people consuming low-fat food products.<sup>19</sup> The critical perspectives on social problems (mainly derived from the sociology and anthropology of knowledge and science) have demonstrated the heterogeneous and even contradictory processes in which public problems appear. From this perspective, the discussions about violence should be less focused on violence *per se*, and more centred on how violence and ‘violent’ groups have achieved their current status.

### The definition of violence: between polysemy and inflation

The definition of the concept of violence is still a subject of heated debate. While some researchers have tried to establish and defend a transcultural and even universal definition of violence, this proposal still evokes discussions in academia, government and civil society.<sup>20</sup> Two conceptual dimensions help us to better understand the emergence of violence as a public problem. The first analytical aspect of violence is its elusive nature. Violence has been defined as an intrinsically polysemous and contested concept, in a similar way to ‘publics’.<sup>21</sup> It may appear that violence and violent actions are self-evident, yet in reality this is ‘a slippery term which covers a huge and frequently changing range of different physical and emotional behaviors, situations and victim-offender relationships’.<sup>22</sup>

In the health field, this has also triggered a set of scholarly discussions. A long-studied case is the International Classification of Causes of Mortality and Morbidity (ICD). In the ICD, violence has traditionally been included in a specific yet heterogeneous group of causes coined External Causes of Mortality and Morbidity.<sup>23</sup> External causes, which are also known as violent causes, include homicides (lethal injuries), suicides (self-harm), accidents (unintended injuries) and events of undetermined intent. Thus, it has been referred to as the category that groups together non-biological conditions and circumstances of death. The homogenisation of all these causes into one unified group in the ICD has been interpreted as a lack of understanding of the complexities and specificities of social determinants of health, and yet it implied the inclusion of

violence in the health agenda. The technocratic discussions regarding the inclusion and exclusion of violence in the health field had a particularly relevant moment regarding the concept of accidents and their randomness.<sup>24</sup> By incorporating these causes of morbidity and mortality by this name, the social conditions that shape the likelihood of these events occurring are concealed.

A second analytical aspect of violence is what has been defined as conceptual inflation.<sup>25</sup> Since the 1980s, the term 'violence' has suffered a rhetorical expansion that has implied its dissemination in numerous domains of social life. Systematically, new forms, dimensions and meanings are included in a broader definition of violence. This process of expansion has reached the extent to which it is hard, or practically impossible, to find an area of social life where violence is not seen as endemic or at least present. Political violence is used as a term to indicate armed conflicts and attempts between rival groups; social violence is used as a term to stress socio-economic inequalities, poverty and exclusion; criminal, work, institutional, family, gender, racial and ethnic violence have been created as specific categories revolving around a subfield. Such rhetorical inflation is related to the concept's elasticity.<sup>26</sup> This conceptual 'stretching' has been criticised for the fact that it implies that violence can be found everywhere and at the same time nowhere, losing, as a consequence, its intellectual coherence.<sup>27</sup> For example, *femicide* or *feminicide* has emerged as a relatively new way of understanding violence against women and, at the same time, homicides. Over the past two decades, it has been included in the public health agenda in Latin America while retaining regional particularities.<sup>28</sup> Yet this concept has recently triggered discussions about its operationalisation, theoretical specificities and ability to be translated into specific public policies and measures.<sup>29</sup>

### Sources and methodological considerations

Adopting a constructivist approach raises several questions about the topic of violence: how has it been associated with health and public health in particular? Why has it been thematised as a specific public health issue in Latin America? Which processes have taken place in the region and in particular in Argentina that might explain

the link between violence and health? Which ‘publics’ are problematised in this process? Among these different aspects, this chapter attempts to answer the following question: how is the link between violence and public problems usually explained and comprehended in Argentina? This question is answered ~~answer~~ through two main methodological approaches which have been particularly fruitful when using theories of the social construction of public problems.<sup>30</sup> On the one hand, document analysis was carried out, as it allows the reconstruction of socio-political processes and provides a panoramic view of the genealogy of a phenomenon. These documents included: scientific papers, NGO reports, international organisation reports, newspaper articles and internal memos written by officials of national ministries and organisms. On the other hand, an integrative literature review was carried out in several electronic libraries. Through a stringent search in six electronic libraries (SCOPUS, PubMed, Redalyc, SciELO, DOAJ and BVS) papers addressing violence were gathered, following de Souza Minayo’s definition of violence and translating it to descriptors and search terms.<sup>31</sup> The selection of these electronic libraries followed the following criteria: (a) relevance in the health field; (b) relevance in the social sciences field; (c) academic pre-eminence in the Latin American region. This process allowed for the analysis of trends in the publication of papers related to violence, its specific topics and some other bibliometric features.

### **Two processes in Argentina: science and state**

Two simultaneous processes reflect the emergence of violence as a public health problem in Argentina, as well as in Latin America. First, the past three decades witnessed an increase in the volume of scientific literature related to violence, as well as in a wide range of publications by national and international organisations (such as the World Health Organization and the United Nations Office on Drugs and Crime). Second, institutions focused on monitoring and intervention in violence-related situations were designed and gained relevance and momentum within public institutions and, simultaneously, young populations became the target of policies in this field.

### A boom in the scientific literature

The first process that indicates the emergence of violence as a relevant topic in the public health field in Argentina, and the region, is the increase of this topic in the peer-reviewed scientific literature. Figure 6.1 shows the absolute number of papers published related to violence in Argentina, between 1990 and 2017. These decades witnessed an increase in the volume of scientific literature related to violence.

Similar increasing trends were also found in other contexts, such as Brazil, the USA and Latin America as a whole.<sup>32</sup> Nonetheless, two aspects should be mentioned. First, the general trend of scientific production of papers has dramatically increased since the 1980s, in parallel with the multiplication of scientific journals and the expansion of indexing systems.<sup>33</sup> Therefore, this time-series graph should be interpreted in the context of a more general increase in publications in general, which might distort the analysis. Second, while this graph might indicate the growing interest of the scientific field in this topic, this does not imply that all topics related to violence are equally addressed. For instance, Figure 6.2 shows the publication trends of two sub-topics within the field of violence: child abuse and suicide.

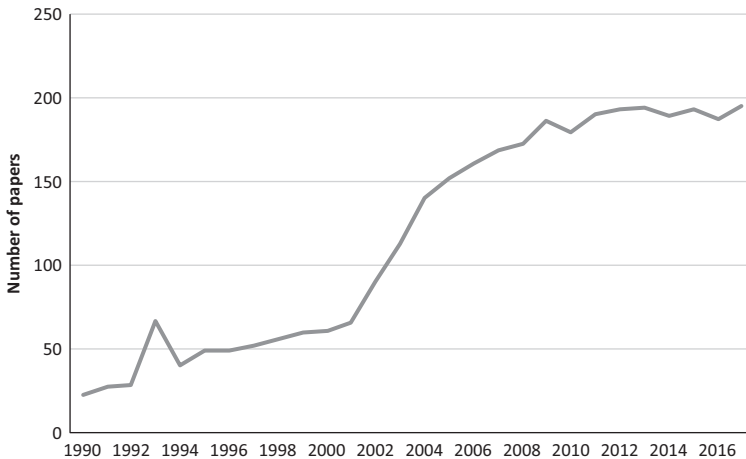
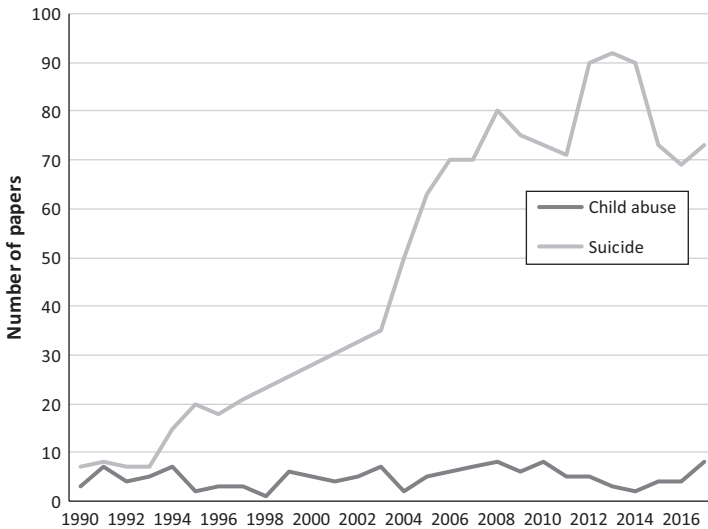


Figure 6.1 Number of papers about violence in Argentina in selected electronic libraries, 1990–2017



**Figure 6.2** Number of papers about child abuse and suicide in Argentina published in selected electronic libraries, 1990–2016

This figure shows that, throughout this period, papers about suicide increased in a relatively similar trend to violence in general. However, the number of papers about child abuse remained considerably constant in this time period, at low levels. Therefore, this initial enquiry shows a dual process: an increase in the publications on the topic and, simultaneously, variations in the topics of interest during these decades. This duality in the broader process of scientific production triggers questions about the topics, agendas and populations that are considered, analysed and constructed.

### The rise of specialised institutions

A second process took place in Argentina: the creation of specialised institutions to monitor, evaluate and intervene in situations related to violence. This process can be analysed in three dimensions: the creation of laws and resolutions, the design and establishment of public institutions and, finally, the rise of civil-society associations (i.e. NGOs, professional associations, patient/victims organisations, etc.). While the institutional changes in Argentina echoed broader

processes and policies developed regionally and worldwide, they also had specific features and trajectories.

As an example, this process can be clearly analysed in the case of suicide, as a specific topic within the vast field of violence. In Argentina, suicide has a long history as an issue in the public sphere that started at the turn of the twentieth century and during the 1990s gained relevance as a public health problem. Until then, suicide was largely addressed as a private matter. Yet in 1966, the creation of the Centres for Suicide Attention (*Centros de Asistencia al Suicida* in Spanish) was a pioneering landmark in the public problematisation of the topic.<sup>34</sup> This turn to the health field – the medicalisation of suicide – was related to the relevance that it had as a topic on the agenda of four international organisations: the World Health Organization (WHO); the Pan American Health Organization (PAHO); the United Nations (UN); and the United Nations International Children's Emergency Fund (UNICEF).<sup>35</sup> These organisations established this topic as an international priority and urged member states to incorporate it into their public policies and strategies.<sup>36</sup>

In 2003, suicide was declared a public health problem by the WHO and the UN, together with the International Association for Suicide Prevention (IASP), and 10 September was declared World Suicide Prevention Day. In 2007, the Argentinian National Health Ministry formed a consultant commission of experts to elaborate a national program to tackle this issue, which ended up in the creation of the National Program of Severe and Prevalent Mental Health Pathologies and, within this program, the sub-program of Suicide Attention and Prevention. In 2009, the Argentinian government promoted a series of interventions, regulations, documents and public policies which marked the consolidation of suicide as a topic in the official public agenda. Two of the most relevant events took place in the legislative system: on 31 August 2010, the Chamber of Deputies (*Cámara de Diputados de la Nación*) supported the World Health Organization's proposal for World Suicide Prevention Day and incorporated it into Argentina's calendar. Then in April 2015 the National Law N° 27.130 of Suicide Prevention was unanimously passed in the Chamber of Deputies. Furthermore, in 2012 attention to patients who had attempted suicide was incorporated into the National Program of Mental Health (SUMAR in Spanish). Later,

the National Health Ministry, via the National Mental Health and Addictions Direction and the National Program of Integral Health of Teenagers, published the first protocol for medical attention to patients with suicidal ideation and intention.

This brief chronology shows the array of actors, laws and protocols which were created around the increasingly important topic of suicide. The medicalisation and thematisation of suicide as a public health problem also shows how a new 'public' was configured as a consequence of the new laws and techno-political views: young people as a population at high risk of suicide.<sup>37</sup> The fact that views on suicide were mainly restricted to younger people illustrates the more general phenomenon that youth became associated (both in lay and technocratic discourses) with different forms of violence, whilst other age groups were initially not. After the 2000s a range of laws, regulations and institutions indicated the formalisation of violence within the agenda of the State and the National and Provincial Health Ministries. These included, for example, Law 1/2004 'Integral Protection Measure against Gender Violence'; Law 26.485 'Integral Protection for the Prevention, Penalisation and Eradication of All Forms of Violence Against Women'; and Law 26.791 which aggravates the punishments for femicides.

### **Typified discourses: mechanistic and relational views**

The processes that were previously described show some of the institutional transformations and shifts in academic orientations revolving around violence in Argentina. Not only did violence start occupying a central role in public health policies, but also youth was targeted as a 'problem public' and, hence, associated with this topic. However, to comprehend the current situation regarding the inclusion of violence on the public health agenda, this description needs to be complemented with the discourses that attempt to explain it, and that by doing so, extend its reach. As Gusfield stated, the cultural dimension of the public problem needs to be reconstructed, to understand the ways in which the problem is seen and signified by social actors.<sup>38</sup> Ideal types of discourse are presented in the following, as hypothetical concepts which help to synthesise empirical phenomena by stressing the most distinctive feature. The fact that

the following description refers to discourses instead of theories, frameworks or explanations is related to two main reasons. First, these discourses transcend the academic field and a formal/theoretical level: they can be traced back to social movements and actors where the formalisation of these views cannot be described as scientific. Second, by calling them discourses, the performative or political nature is acknowledged. In order to approach this matter, two ideal types of explanatory discourses have been constructed. These refer to discourses or views that focus on explaining why violence became a public problem. While these discourses stem from a heterogeneous network of actors who promote the expansion of this topic on the public agenda, the views of academic actors are emphasised.

The first discourse is characterised by an interpretation that violence became a public problem as a direct consequence of patterns of violence in society. This discourse can be described as holding a mechanistic view of this topic, as it emphasises and explains that the concern for violent deaths and morbidity is a logical result of the epidemiological situation. In documents included in this category of discourse, references to the recent inclusion of this topic in the health field can be found frequently. Chronologies of historic landmarks that have made visible the relevance and statistical magnitude of violence are common. The actions and declaration of regional and international organisms are frequently quoted as the initial triggers for the problematisation of the topic.<sup>39</sup> Among these are the Regional Plan of Action about Violence and Health by the Pan American Health Organization of 1993; the Violence and Health Report by the Pan American Health Organization of 1994; the Resolution WH49.258 proposed by the 49th Assembly of the World Health Organization of 1996; the declaration of violence as a priority by the World Health Assembly of the World Health Organization of 1997; the recommendation of the Pan American Health Organization to its member countries to include violence in their intervention agenda of 1996; the creation of the Inter American Coalition for Violence Prevention in 2000; and the *World Report on Violence and Health* of 2002. These chronologies are not only given to frame the topic amongst a broader institutional context, but are also an indication of how organisations have started addressing the issue.

The documents and explanations derived from these landmarks have several common aspects regarding their approach

to the topic. First, the declarations, reports and policies on international, regional and national levels are described as a reaction to the increase in the epidemiological indicators of violence. For instance, Alleyne stated: 'Over the past years, the available data started to indicate warning signs, due to the increase in the deaths and injuries caused by intentional external causes in several countries of the Region ... In the early 1990s, the problem ceased to be limited to certain cities and countries, and reached the regional scope'<sup>40</sup> (Desde hace ya más de 10 años, los datos disponibles comenzaban a darnos signos de alerta debido al incremento de las muertes y traumatismos por causas externas de tipo intencional en varios países de la Región ... A principios de los años noventa, el problema dejó de limitarse a ciertas ciudades y países y llegó a tener carácter regional).

A second characteristic of this discourse is the extensive use of statistics. Quantitative data – usually from epidemiological sources – is used in two ways: to show the relevance, magnitude and fluctuation of external causes of morbi-mortality, and simultaneously to indicate the deficiencies, limitations and inaccuracies of the public production of statistics. For instance, these verbatims from scientific papers illustrate that while statistical information is used to define the problem (its scope and urgency, among other aspects), the quality of the data is also critically assessed:

Violence is a social and public health problem that has increased in the Americas in the last decades, producing negative social, health-related and economic effects in countries, communities, families and individuals ... While not all the countries have reliable figures about the different forms of violence, the available numbers are enough to show the alarming situation.<sup>41</sup>

(La violencia es un problema social y de salud pública que ha crecido en las Américas en las últimas décadas produciendo efectos negativos en lo social, la salud y la economía de los países, comunidades, familias e individuos ... Aún cuando no todos los países disponen de cifras confiables sobre la ocurrencia de las distintas formas de violencia, las cifras disponibles son suficientes para mostrar lo alarmante de la situación.)

Another example is presented next, in which statistics are not only linked to the emergence of the epidemiological problem of violence,

but also deficient in conveying a 'realistic' representation of the scope of the problem, by 'hiding' underlying patterns of mortality:

In spite of being a worldwide problem, violence started to be considered a health problem by official organisations only in the late 1980s and early 1990s ... On the one hand, this was initially an exclusive matter of other fields, such as police, military and judicial sectors. But also due to reasons of the health sector itself, which had a strongly biologicist rationality that tended to simplify every human matter to biology. It was necessary that indicators suffered a significant increase ... so that violence was recognised as a public health problem ... In this paper the deaths by undetermined violent cause are analysed, as a way in which the real distribution of causes and circumstances of deaths by firearm homicide is concealed.<sup>42</sup>

(A pesar de constituir un problema mundial, las violencias empezaron a ser asumidas por los organismos oficiales como un problema de salud recién a fines de la década de 1980 y principios de la década de 1990 ... Por una parte, a que éstas fueron inicialmente objeto exclusivo de otros sectores, como el policial, militar y judicial. Pero también a razones propias del sector salud, cuya racionalidad fuertemente biologicista tiende a reducir toda cuestión humana a lo biológico. Fue necesario que los indicadores se incrementaran en forma significativa ... para que las violencias fueran reconocidas como un problema de salud pública ... En este artículo se trabaja sobre las muertes por violencias de causa ignorada (a) como forma de ocultar la real distribución de las causas y circunstancias de muertes por homicidio por armas de fuego.)

Both of these papers show a similar methodological inconvenience with data sources: the under-registration of violence in the public sector and, more specifically, the poor quality of violent deaths data. This remark not only works on a technical level (i.e. regarding the topic of data production itself), but also operates on a rhetorical level: stating that the registered violence-related events are just the 'tip of the iceberg' works as a resource to convince the actors in the field of the relevance of it.<sup>43</sup> Therefore, there is an apparent paradox in the relationship between data, sources and 'the problem': the emergence of violence as a public health problem in Argentina and Latin America was encouraged by technical discourses that stressed the lack of reliable and accurate data.

A third feature of this discourse is how the use of statistics has contributed to and legitimised the development of targeted policies. While stating that violence has become a widespread phenomenon in Argentina and in the region, academic and state actors have also emphasised the need to direct attention to specific groups (youths, particularly). In the case of homicide, for example, this has reached a level of consensus: young men from secluded neighbourhoods are usually the most referred population in this thematic field, owing to the highest homicide rates in this group.<sup>44</sup> In spite of this ambivalent aspect of statistics, its use as a technocratic tool is directly linked to the definition and delimitation of the 'high-risk' socio-demographic groups. A wide range of research documents and institutional reports have stressed the need to focus violence-related policies on young men from secluded areas, due to the high rates of homicide and suicide.<sup>45</sup> Therefore, the use of public data had a central role in the definition of which publics were the prime target of the state's manoeuvres, having as a result a dual process of hyper-vigilantism and stigmatisation.<sup>46</sup>

This way of approaching the topic is also present in other regions and, thus, can be linked to a more general mainstream rationality about violence, international organisations and public health. For instance, the *World Report on Violence and Health* (as a distinctive reference and landmark in this field), which strongly promoted the establishment of violence as a worldwide public health problem, presented this issue as a consequence of the increase in mortality and morbidity rates, and yet also highlighted the endemic lack of quality of statistical data: 'Even when data are available, the quality of the information may be inadequate for research purposes and for identifying strategies for prevention. Given that agencies and institutions keep records for their own purposes, following their own internal procedures for record-keeping, their data may be incomplete or lack the kind of information necessary for a proper understanding of violence.'<sup>47</sup>

A second view on the emergence of violence as a public health problem emphasises the relational and political nature of this process. This discourse tends to highlight the series of specific actions and manoeuvres carried out by actors to establish this issue on the health agenda. As a consequence, this perspective plays down the importance of the relationship between the existence of a problem

and its empirical manifestations, such as epidemiological indicators (rates, proxies, etc.). A first distinctive feature of this discourse is that it stresses the actions of social actors in presenting violence as a topic of pressing urgency. This aspect tends to be related to the different forms of resistance that the topic faced in the health field, especially from the biomedical sector. As de Souza Minayo noticed, during the 1960s and 1970s several intellectual and civil-society movements made an effort in Latin America to understand and define health as a complex matter, which is a result of social conditions.<sup>48</sup> This effort not only consisted of broader conceptual definitions of violence, but also of new operational strategies to measure and intervene in the matter. However, no topic had encountered so much resistance as violence to be included in the regional public health agenda. This resistance is linked to two main factors: on the one hand, the traditional association between violence and the penal system and its rationality and, on the other hand, the aforementioned hegemonic dominance of the biomedical approach in the health field, which tends to incorporate the social dimension as mere environmental aspects of health or secondary data.<sup>49</sup>

In spite of this resistance, which was mainly seen in the initial lack of specific public health policies, the 1960s saw a growing concern for this subject. This process was linked to the establishment and effervescence of certain social movements supported by health care professionals, such as the movement against domestic violence or violence against children.<sup>50</sup> In the 1970s, the mounting concern about the impact of violence on health was strongly related to the feminist movement, especially the demands against the different forms of gender-based violence. This perspective on the topic can be seen in papers and other documents produced by social scientists of the region who, while not completely minimising the social relevance of external causes, have deconstructed its history and, therefore, linked it to the interests of social groups. For instance, the following quotation illustrates this perspective:

Violence is a socio-historical phenomenon and has been present throughout human history. Thus, it is not *per se* a matter of public health. It became a problem in this sector, since it affects individual and social health and demands, for its prevention and tackling, specific policies and organisation of services in this sector [...] The weight of feminism in establishing a diagnosis of the situation and

in presenting actions is clear in the documents produced by international organisms of the health sector, like the one presented as the conclusions of the Conference about Violence and Health, organised by the Pan American Health Organization in Washington, in 1994.<sup>51</sup>

(A violência é um fenômeno sócio-histórico e acompanha toda a experiência da humanidade. Portanto, ela não é, em si, uma questão de saúde pública. Transforma-se em problema para a área porque afeta a saúde individual e coletiva e exige, para sua prevenção e enfrentamento, formulação de políticas específicas e organização de práticas e de serviços peculiares ao setor [...] A força do feminismo na abordagem do diagnóstico situacional e nas propostas de ação relativas a gênero aparece claramente nos documentos dos organismos internacionais do setor saúde, como o que apresenta as conclusões da Conferência sobre Violência e Saúde, realizada pela Organização Pan-americana da Saúde (Opas) em Washington, em 1994.)

The link between how violence was prioritised and the shifts in epidemiological indicators is unclear, although an important role in the construction of the problem is given to the national and international agenda-setting processes. Perhaps a more radical perspective within this discourse is the one that states that the social construction of this public problem follows an opposite or at least independent direction than the actual empirical trends of the external causes and injuries. For instance, research about bullying using labelling theory or about the social reactions to famous violent deaths in Argentina tends to minimise the actual increase and incidence of violence in Argentina.<sup>52</sup> Thus, this perspective accentuates the capacity of establishing the topic of violence or insecurity in the public arena: ‘we emphasize the capacity that currently expresses insecurity to absorb and integrate dimensions, a problem which is constituted as a privileged cultural script for the understanding of violence, which synthesizes social meanings of risk and serves as a platform for political demand for large segments of the public’.<sup>53</sup>

### Closing remarks

This chapter presented a brief outline and description of the process of the emergence of violence as a public health problem in Argentina. As mentioned before, studying the process of construction of public

problems and of 'problem publics' allows a better understanding of how different actors (states, international organisations, NGOs, scientific centres, etc.) interact and utilise knowledge to shape what we recognise and thematise as problematic in our societies. Since the 1980s, homicide, suicide and other forms of violence (femicide/feminicide and bullying, among others) have been incorporated into the public sphere as critical issues and, thus, different discourses have explained this emergence. In Argentina, the problematisation of violence implied that youths became the main focus of state policies. While the particular qualities or characteristics of the young population that were attributed as 'problematic' should be further studied, the fact that this public problem was constructed around the dyad violence–youth illustrates the role that identity, class and age have in the public health agenda.<sup>54</sup>

However, two remarks should be made. The first one is that the growing concern about violence and health is subsumed in a more general process of problematisation about violence, security and crime. This brings up an analytical question about the extent of the medicalisation of violence versus the securitisation of society. To answer this question would require further research and a detailed analysis of the social actors which negotiate and collide over the meaning of violence. A second aspect is that, while having its own specific processes, Argentina is invariably linked to other Latin American countries. Thus, structural processes and relationships, such as regional policies and campaigns designed by the World Health Organization, the Pan American Health Organization and the Economic Commission for Latin America and the Caribbean, have general impacts. Regarding the typified discourses as usual ways in which this issue is explained by actors, especially in the scientific field, both views illustrate transformations in the public health field. These changes include, for instance, the conceptualisation of violence as a health issue, the inclusion of new terms to rationalise and measure violence, the incorporation of new social actors as the publics in public health (victims, relatives of victims and victimisers alike, among other groups), an emphasis on bottom-up policies to address this phenomenon and a general interest improving the quality of vital statistics. Despite the differences, both views promote the institutionalisation of violence as a problem, which implies the dominant trend in Latin America. Moreover,

they both give an account of the fact that international institutions (namely, the World Health Organization and the Pan American Health Organization) are key actors in this process, whether they have an active response to the increase in violent deaths or they carry out strategic manoeuvres to set national and international agendas. In both discourses, it is clear that the changes in public health and biomedicine incorporate violence as a novel topic.

On the one hand, the mechanistic discourse stimulated a discussion about the weight that epidemiological indicators have in the public sphere and the type of relationship they might have with public awareness. Furthermore, this view tends to decontextualise the specific socio-political genealogy that this public problem has, conveying a naïve perspective on the topic. On the other hand, the relational discourse detaches public awareness from actual trends of violence. The relativisation starts from the assumption that the level of relative autonomy of the state (and the public sphere in general) is considerable in relation to society's epidemiologic and demographic processes. These explanations about why violence is occupying a central role in the public agenda pose several questions: Why are certain violent events/actions more stressed and prioritised than others? Can the hypotheses of cultural colonisation of public problems and agenda-setting be applicable in this case? To what extent has the construction of this public health problem triggered effective measures against it? These questions speak to ongoing issues with the definition and scope of both public health problems and problem publics.

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