

# Identification of the Different Forms of Violence and Their Vulnerabilities in Society: Scoping Review

Identificação das Diversas Formas de Violência e Suas Vulnerabilidades na Sociedade: Revisão de Escopo  
Identificación de las Diversas Formas de Violencia y Sus Vulnerabilidades en la Sociedad: Revisión de Alcance

## RESUMO

**Objetivo:** Identificar na literatura os principais tipos de vulnerabilidade e sua ligação com a ocorrência de violência na população. **Método:** Trata-se de uma revisão de escopo, seguindo o protocolo PRISMA-ScR, visando responder a seguinte pergunta: "Quais são as principais vulnerabilidades associadas à ocorrência de diferentes formas de violência na sociedade?" Foram utilizados como fonte de dados a Biblioteca Virtual em Saúde (BVS), LILACS, PubMed, Medline e SciELO. **Resultados:** Dos 12 artigos selecionados ao final das buscas, verificou-se que a violência está relacionada diretamente com a vulnerabilidade socioeconômica e estrutural, gênero, infância, adolescência, violência intergeracional e limitações institucionais. **Conclusão:** A violência concentra-se em determinados grupos sociais que configuram padrões de vulnerabilidade, evidenciando a necessidade de avanços na assistência em saúde e em políticas públicas voltadas à redução da exposição à violência.

**DESCRIPTORIOS:** Vulnerabilidade Social; Violência.

## ABSTRACT

**Objective:** To identify in the literature the main types of vulnerability and their connection with the occurrence of violence in population. **Method:** This is a scoping review, following the PRISMA-ScR protocol, aimed at answering the following question: "What are the main vulnerabilities associated with the occurrence of different forms of violence in society?" Data sources included the Virtual Health Library (VHL), LILACS, PubMed, Medline, and SciELO. **Results:** Of the 12 articles selected at the end of the search, it was found that violence is directly related to socio-economic and structural vulnerability, gender, childhood, adolescence, intergenerational violence, and institutional limitations. **Conclusion:** Violence is concentrated in certain social groups that configure patterns of vulnerability, highlighting the need for advances in health care and public policies aimed at reducing exposure to violence.

**DESCRIPTORS:** Social Vulnerability; Violence.

## RESUMEN

**Objetivo:** Identificar en la literatura los principales tipos de vulnerabilidad y su relación con la ocurrencia de violencia en población. **Método:** Se trata de una revisión de alcance, siguiendo el protocolo PRISMA-ScR, con el objetivo de responder a la siguiente pregunta: "¿Cuáles son las principales vulnerabilidades asociadas a la ocurrencia de diferentes formas de violencia en la sociedad?" Se utilizaron como fuentes de datos la Biblioteca Virtual en Salud (BVS), LILACS, PubMed, Medline y SciELO. **Resultados:** De los 12 artículos seleccionados al final de la búsqueda, se verificó que la violencia está directamente relacionada con la vulnerabilidad socioeconómica y estructural, el género, la infancia, la adolescencia, la violencia intergeneracional y las limitaciones institucionales. **Conclusión:** La violencia se concentra en determinados grupos sociales que configuran patrones de vulnerabilidad, lo que evidencia la necesidad de avances en la atención en salud y en políticas públicas orientadas a reducir la exposición a la violencia.

**DESCRIPTORIOS:** Vulnerabilidad Social; Violencia.

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## INTRODUCTION

Violence is a phenomenon present throughout history, but only in recent decades has it become widely recognized and studied. It is a multi-causal process, conditioned by an interaction of historical, cultural, biological, individual, social, and economic factors. According to the World Health Organization (WHO), violence can be defined 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 the potential to result in injury, death, psychological harm, developmental disability or deprivation."<sup>(1)</sup>

The WHO classifies violence into three categories, based on the characteristics of the act: self-directed, interpersonal, and collective violence. Furthermore, violent acts can take different forms, such as physical, sexual, psychological violence, and neglect.<sup>(1)</sup> Physical violence is understood as any conduct that offends the physical integrity or health of an individual. Sexual violence is any conduct that coerces someone to witness, maintain, or participate in unwanted sexual relations through intimidation, threats, coercion, or the use of force. Psychological violence is any

conduct that causes emotional harm and diminishes self-esteem, impairs and disturbs the full development of the individual, or aims to degrade or control their actions, behaviors, beliefs, and decisions. And neglect is the omission by which basic needs and care for the physical, emotional, and social development of the person being cared for/victim are not provided.<sup>(2)</sup>

The impact of violence on population morbidity and mortality in recent decades has significantly altered the profile of health problems, both in Brazil and worldwide, transforming violence into a pressing public health issue.<sup>(3)</sup> The consequences of violence affect not only physical integrity, but also the psychological and emotional health of individuals, compromising their quality of life. Furthermore, violence generates an increasing demand for health services and entails high social costs, which justifies its consideration as a concern in the field of health. This implies not only the treatment of injuries, but also the need to develop and implement preventive actions.

The concept of risk presents a plurality of theoretical frameworks in which vulnerability appears as a result of isolated or accumulated risk factors, and involves biological, social, cultural, material, relational and subjective

components.<sup>(4)</sup> According to Soares et al., between 2009 and 2017 there was a 667.5% increase in reports of violence against vulnerable populations in Brazil, including women with low levels of education, people with disabilities, LGBT individuals, indigenous people, and the elderly.<sup>(5)</sup>

Identifying vulnerability to specific health problems is therefore a fundamental axis of the analyses that underpin preventive health practices. In the context of public health, the centrality of the risk and vulnerability paradigm in the study of violence is consolidated in the World Report on Violence and Health.<sup>(6)</sup> Thus, the aim is to identify the vulnerabilities (individual, social, and institutional) associated with different manifestations of violence. This identification is crucial for establishing effective preventive actions, although focusing on certain populations and locations that are more affected may, in turn, generate negative effects. Therefore, identifying the main factors that lead a group or individual to a situation of vulnerability is necessary to discover ways to minimize this situation in the population.

## METHOD

This is a scoping review aimed at

# Literature Review

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identifying the main vulnerabilities associated with the occurrence of different forms of violence in society. The guiding research question was: "What are the main vulnerabilities associated with the occurrence of different forms of violence in society?"

The review was conducted based on the guidelines of the Joanna Briggs Institute (JBI), following these steps: defining the research question, identifying inclusion and exclusion criteria, selecting studies, extracting and analyzing data, and presenting the results. For the formulation of the search strategy, the Population, Concept, and Context (PCC) model was used, where: P (Population): People in vulnerable situations; C (Concept): Main indicators of vulnerability; and C (Context): Society.

The searches were carried out in the databases Virtual Health Library (VHL) – including articles from the Latin American and Caribbean Literature in Health Sciences (LILACS) –, PubMed – including articles from the Medical Literature Analysis and Retrieval System Online (Medline) – and Scientific Electronic Library Online (SciELO). Inclusion criteria included studies that addressed any type of violence (physical, psychological, sexual, domestic, or social) and that presented the vulnerabilities associated with its occurrence. Articles had to have been published within the last 10 years, be available in Portuguese or English, and have free full text access.

Studies that did not have a direct relationship with the theme of violence and its vulnerabilities, that did not provide an analysis of the factors that contribute to exposure to or perpetuation of violence, or that did not meet the inclusion criteria were excluded. Monographs, letters to the editor, and abstracts from proceedings were also excluded.

The search strategy used the Boolean operator AND with the following intersection of descriptors: "Social Vulnerability" AND "Violence".

**Table 1 - Expressions from database researches**

Database	Research expression
LILACS	"Social vulnerability" AND "Violence"
SCIELO	"Social vulnerability" AND "Violence"
BVS	"Social vulnerability" AND "Violence"
MEDLINE	"Social vulnerability" AND "Violence"

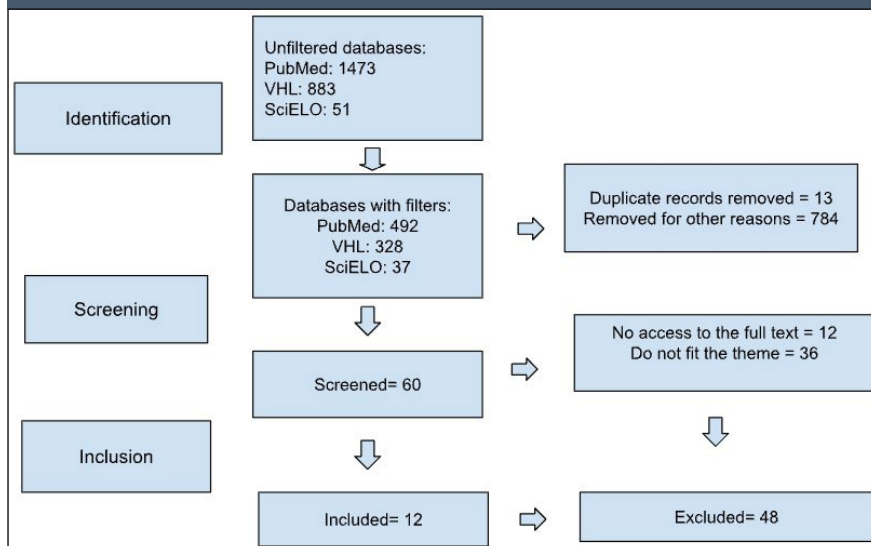
Source: Author's own elaboration.

## RESULTS

The search resulted in a total of 857 articles, which were exported to the Rayyan platform for screening. During this stage, titles and abstracts were read,

and duplicates were excluded. Nine duplicates were identified in VHL, four in PubMed, and none in SciELO. After the initial screening, 60 articles were selected for full-text reading, resulting in the final inclusion of 12 articles in this review.

**Figure 1 - Identification of studies through databases and records.**



Source: Research data; 2025

Table 2 presents the main results of the included studies, which highlighted a diversity of vulnerability factors associated with the occurrence of different forms of violence in society. The identi-

fied vulnerabilities were organized into thematic categories that are interrelated and express structural, social, and institutional determinants.

Table 2 - Table characterizing the main results by author.

RESULTS	AUTHORS	YEAR
Socioeconomic and structural vulnerability	Silva MEB, Anunciação D, Trad LAB	2024
	Rose E, Mertens C, Balint J	2023
	Carlos DM, Campeiz AB, Oliveira WA, Silva JL, Wernet M, Ferriani MGC	2020
	Ombija S, Wao H, Esho T	2024
Gender, inequality, and violence against women	Posada-Abadía CI, Marín-Martín C, Oter-Quintana C, González-Gil MT	2021
	Cardoso LF, Gupta J, Shuman S, Cole H, Kpebo D, Falb KL	2016
	Borburema TLR, Pacheco AP, Rodrigues LS, Oliveira JRC, Souza NA, Lemos LC	2017
Childhood, adolescence, and intergenerational violence	Silva AJN, Costa RR, Arles MR	2019
	Peterman A, Neijhoft AN, Cook S, Palermo T	2017
	Warpechowski MB, Conti L	2018
	Souza PSR, Sousa GS, Lima MMMA, Lima YMS, Galvão EFC, Ferreira MGS	2022
Institutional limitations in addressing violence	Vieira Netto MF, Deslandes SF	2016

Fonte: Elaboração própria.

### Socioeconomic and structural vulnerability

Poverty, unemployment, food insecurity, and poor access to basic services such as drinking water and sanitation were identified as central elements in the production and intensification of violence.<sup>(7,8)</sup> Studies indicate that economic instability directly contributes to an increase in domestic and community violence, generating stress, family conflicts, and the breakdown of support networks.<sup>(9)</sup> This vulnerability is also reinforced by historical inequalities of class, race, and territory, as observed in Black and marginalized populations of Recife and Fortaleza, who experience symbolic and structural violence on multiple levels.<sup>(10)</sup>

### Gender, inequality and violence against women

Gender-based violence was a recurring theme in the studies analyzed. Women in situations of socioeconomic vulnerability, precarious housing, or homelessness face multiple forms of violence, often from childhood. Vulnerabilities identified included the continuous cycle of aggression, forced separation from children, and the absence of effective protection and rehabilitation policies.<sup>(11)</sup>

Factors such as unemployment,

substance use by partners, and changes in gender roles, especially in contexts of economic crisis, have been associated with an increase in domestic violence.<sup>(12,13)</sup> The low demand for help in health services, coupled with underreporting of cases and institutional weaknesses in the reception and referral of victims, point to systemic failures in addressing violence against women.<sup>(13)</sup>

### Childhood, adolescence, and intergenerational violence

Children and adolescents are highly vulnerable to violence. Exposure to physical and emotional violence, as well as family neglect, has been identified in several studies, highlighting the role of family breakdown, drug use, parental absence, and poor nutrition.<sup>(14,15)</sup>

Cases of intergenerational violence and a history of family violence are factors that contribute to the reproduction of violent behaviors and school dropout, leading, in some cases, to involvement in illegal activities.<sup>(16)</sup> Research involving adolescents in conflict with the law reinforces this scenario, highlighting the prevalence of young people with low levels of education, belonging to low-income families and, predominantly, of mixed race.<sup>(17)</sup>

### Institutional limitations in addressing violence

A weakness was observed in the actions of public services, especially the Family Health Strategy (ESF), in addressing violence.<sup>(18)</sup> Professionals reported difficulties in recognizing and reporting cases, attributing this to technical-assistance training centered on the biomedical model, a lack of institutional support, and an absence of coordination with other sectors, such as social services and the justice system.<sup>(18)</sup>

Even when they acknowledge the vulnerability of adolescents to violence, many primary healthcare professionals do not understand the phenomenon as a public health issue, which compromises the comprehensiveness of care and the effectiveness of prevention policies.<sup>(18)</sup>

### DISCUSSION

It has become evident that violence in society is a multifaceted phenomenon, deeply rooted in structural, economic, social, and institutional vulnerabilities. The studies analyzed demonstrate that factors such as poverty, gender inequality, precarious housing, fragile social protection networks, and a history of family violence are directly related to the increased incidence of different forms of violence,

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especially affecting populations already marked by historical exclusion, such as women, children, adolescents, and young Black people from urban peripheries. These issues were exacerbated by the COVID-19 pandemic, which contributed to changes in population patterns and behavior, as well as in violence profiles.<sup>(19)</sup>

A recent study presents several intersectional risk factors and vulnerabilities related to sex/gender, race/ethnicity, poverty, migration, disability, age, and humanitarian contexts in conflict and post-conflict.<sup>(20,21)</sup> According to the WHO (2024), gender-based violence remains highly prevalent globally; prevalence statistics indicate that 30% of women report physical/sexual violence by a partner or non-partner.<sup>(22)</sup>

According to the opinions of young people, most of whom are poor and black, regarding the violence directed at them, they unanimously point to a major flaw in the system, and that violence is only one of the consequences of the invisibility they suffer, beginning when access to education, income, and leisure is taken away or never even exists.<sup>(23)</sup> There are limitations in the tools that enable the

tracking and identification of forms of violence against children.<sup>(24)</sup>

In this context, when analyzing the relationship between social vulnerability and violence in Brazil, it becomes clear that municipalities with better social indicators such as access to education, income, work, and infrastructure have significantly lower homicide rates, while those with higher levels of social vulnerability are more exposed to lethal violence. It is also evident that, in scenarios where violence reaches extreme levels, as occurs in territories dominated by militias and drug trafficking, structural precarity is compounded by the absence of the State, further intensifying the dynamics of violence.<sup>(20)</sup> Thus, both the data from this review and the findings of this study point to the importance of intersectoral public policies that address social inequalities as a fundamental strategy in the prevention and control of violence.

The analysis also points to the inadequacy of institutional responses, where community and environmental spaces contribute to situations of social vulnerability, highlighting the limitations found in health services, especially in the Family Health Strat-

egy, which faces difficulties in recognizing these scenarios.<sup>(26,27)</sup>

The collaboration of victims in this process becomes crucial, as many do not seek help or report the abuse out of fear or because they do not understand that they have experienced some type of violence, making the professional's role even more valuable in guiding and supporting the victim.<sup>(21)</sup> These gaps reinforce the need to invest in professional training focused on public health and intersectoral collaboration, strengthening the role of primary care in prevention and care.

## CONCLUSION

Understanding the vulnerabilities associated with violence is essential for formulating effective public policies that not only contain the harm but also address the structural causes of the problem. Combating violence requires coordinated action across different sectors—health, education, social assistance, justice, and public security—and should prioritize the promotion of equity, social justice, and human dignity, aiming to build a safer and more inclusive society.

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