VIOLENCE

An Essay Submitted For The Partial Fulfillment
Of Master-Degree in Neuropsychiatry.

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INTRODUCTION

INTRODUCTION

Violence is defined as the use of strong physical force against another person, sometimes impelled by aggressive motivation, criminal violence involves directly injurious behavior which is forbidden by law (Howells and Hollin, 1992).

The rationale of this essay is to drive attention to violence and its disastrous consequences. Violence is becoming an increasingly pressing problem and injury resulting from violence is now recognized as an important health problem. Assessing the extent and context of this problem needed to be urgently addressed as it is a growing problem and at least three and a half million people on our planet die every year as a result of injuries caused by accidental or intentional violence which sometimes could be prevented (Nakajima, 1993).

As a result of acts of violence millions of people each year require medical care. At a time when economic crisis are jeopardizing efforts to improve the health of mankind, injuries of all kinds cost the world community almost US \$ 500 thousand million a year in medical care and lost productivity, which forms an enormous social and financial burden. It is time to show that in contemporary society safety is a matter of individual and collective responsibility (Nakajima, 1993).

It is sure that aggression and violence intrude more and more into our daily lives, the instantaneous and worldwide coverage by the media makes sure of that. In the industrialized world and in many third world countries violent death, which includes suicide, murder and accidental death, heads the list of causes of death specially in young men (Manciaux, 1993).

It was found that violent behavior could result from disturbances in certain neurotransmitters, hormones and their receptors. Brain injuries, tumours and other naturally occurring coarse brain lesions may elicit violent behavior as well. Violent behavior may be due to dysfunction of the limbic system, temporal lobes, thalamus, hypothalmus and frontal lobes or multisite brain dysfunction (Ellitt and Frank, 1992).

There are some people that believe that violence and violent crime are attributable solely to societal factors such as poverty, unemployment and racial discrimination. On the other side of the controversy, other well-meaning people believe that violence and violent crime are attributable to a large extent to societal factors but biological factors are also involved and interact with societal factors in complex ways. In their view understanding these interactions may enhance our ability to reduce some types of violent behavior (Volavka, 1995).

Some claim that violent behavior develops over a long period of time and its antecedents can be either congenital or environmental. Environmental influences that interact with the child's congenital endowment include family, school, peers and community. It was found that the child's association with similarly deviant peers leads to substance abuse and Juvenile delinquency which later gives rise to an antisocial

adult. Violent parents may also lead to later aggression of their child by their neglect to their offspring (Patterson et al., 1992).

Personality disorders as antisocial and borderline personality disorders could predict violent behavior. This is because impulsive behavior is included among the diagnostic criteria for antisocial and borderline personality disorder (American psychiatric association, 1994).

Mental disorders were also associated with violent behavior. Mood disorders prevalence was three times higher among violent respondents than among non violent respondents. Schizophrenia showed similar ratio (Swanson et al., 1990).

The first part of the clinical assessment task with violent individuals is thus to identify critical triggering for the person. Using formal and criminological histories, psychiatric structured interviews, observations by significant others, direct observation methods and psychometric tests are also important for clinical assessment (Howells, 1989).

The key to managing violence is to use a flexible, individualized approach for each patient. Evaluation to the role of the hospital social system must be continuous in order to offer support to the staff and avoid provoking the violence-prone patient. Recognizing the limitations of the assessment and remaining vigilant and careful throughout the process of assessing violent behavior will do much to minimize violence in patients (Hughes, 1994).

AIM OF THE WORK

The aim of this work is to study:

- *Causes and determinants of violence.
- *Epidemiology of violence .
- *Patterns and manifestations of human violence.
- *Prediction of violence and identification of risk factors.
- *Different strategies for the management, intervention and prevention of violence.
- *Medicolegal aspects of violence.