Chapter 01

Workplace Violence Against Medical Personnel. Medico-Legal Analysis, Occupational Risks, and Institutional Response
ISBN: 978-9915-9869-9-9
DOI: 10.62486/978-9915-9869-9-9.Ch01
Pages: 1-4

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Concepts and Types of Violence in Healthcare

Violence

Definition

One of the main problems in studying violence is the lack of a precise definition that accounts for the multiplicity of forms in which it occurs or, at the very least, highlights its most important and common characteristics.

Another difficulty in studying violence is precisely this multiplicity, which is why it is often preferable to speak of forms of violence rather than violence singularly; thus, specific definitions are presented for each form of violence to be studied (Martínez Pacheco & Martínez Pacheco, 2016).

The World Health Organization (WHO) defines violence as follows: "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. " (World Health Organization, 2002)

The WHO definition encompasses interpersonal violence, suicidal behavior, and armed conflict. It also covers a wide range of acts that go beyond physical acts to include threats and intimidation. (World Health Organization, 2002).

Types of violence

Violence can be classified into different types depending on the criteria used for its observation or construction. To consider some of these criteria, it can be noted, in general terms, that violence refers to acts and behaviors that occur within different relationship networks or contexts; it involves at least three types of actors (the aggressor, the victim, and the observers); and it presents an aspect of succession with an origin or cause, development on the basis of certain dynamics, certain characteristics, and certain consequences (Martínez Pacheco & Martínez Pacheco, 2016).

The WHO classification divides violence into three general categories according to the characteristics of those who commit the act of violence (World Health Organization, 2002):

- Self-inflicted violence (suicidal behavior and self-harm).
- Interpersonal violence (domestic violence, including violence against children, partners, and elderly individuals, as well as violence between unrelated individuals).
- Collective violence (social, political, and economic). The nature of acts of violence can be physical, sexual, or psychological, including deprivation or neglect.

Violence occurs in different settings, for example, violence at work, which includes not only physical abuse but also psychological abuse (World Health Organization, 2002).

Martínez Pacheco and Martínez Pacheco classify violence according to the damage or harm suffered by victims of violence into the following types (Martínez Pacheco & Martínez Pacheco, 2016):

a) patrimonial or economic, which affects the patrimonial integrity of individuals or groups;

b) sexual, which affects the sexual integrity of individuals, such as harassment and

rape;

c) psychological, which affects their psychological integrity, causing behavioral and perceptual disorders;

d) physical, which damages the bodily integrity of individuals, causing bruises, fractures, and even death.

Psychobiology of violence

Human violence is present in many situations in our lives and has been present in all societies and throughout history since the dawn of humanity. It occurs at various levels, ranging from the most individual, such as violence between two individuals, to the most collective, such as that which occurs in wars between nations (Moya Albiol, 2010).

Impulsive aggression is generally an immediate response to a stimulus in the environment. This type of violence may reflect emotional hypersensitivity and an exaggerated perception of threats, which may be linked to an imbalance between top-down cortical inhibitory controls and bottom-up limbic impulses. The classical paradigm, which involves the prefrontal cortex and limbic areas such as the amygdala, states that activity in subcortical limbic structures such as the amygdala is modulated by an inhibitory influence from cortical structures such as the orbitofrontal cortex (OFC). An individual who is unable to control their impulsive aggression will have high activity in the amygdala and low inhibitory activity in the OFC, whereas an individual who is able to control their impulsive aggression will have high activity in the OFC. Thus, an individual with an OFC lesion will have increased impulsive aggression (Rojas & Paris, 2017).

Aggression is the result of complex interactions among various neurochemical substances and other factors, including environmental, neuroanatomical, hormonal, genetic, and molecular factors. In addition, all these factors establish a bidirectional or feedback relationship with aggressive behavior.

From this bidirectional perspective, a complex neural system and various interacting chemicals regulate violence, which in turn can modify the neurobiological substrates involved in it. The neural network of aggression and violence comprises various structures, including among others, the hypothalamus, amygdala, temporal lobe, and frontal lobe. On the other hand, the neurochemical substance most closely related to aggression and violence is serotonin, although other substances, such as catecholamines, GABA, glutamate, acetylcholine, nitric oxide, vasopressin, substance P, histamine, and endogenous opioids, are also involved. In addition, the effects of other systems, such as the endocrine and immune systems, must be considered, as both are involved in the regulation of these behaviors. Nor can the role of genetics in the emergence of aggression and violence be ignored, as an increasing number of studies have highlighted the role of specific genes involved in these behaviors. To this complex web of interacting factors, we must add the inescapable effect of experience, which includes factors such as maternal gestation, psychoactive substance use, and abuse (Moya Albiol, 2010).

Today, psychobiological processes are considered not only as possible causes but also as possible consequences of the behavior in question. There is also the possibility that some genes are expressed epigenetically differently depending on the environment in which they are found. Several studies have revealed that growing up in a hostile environment and suffering abuse during childhood increases the risk of antisocial behavior in adulthood. However, not all children respond in the same way to such experiences. Analyzing violence from different perspectives is necessary to provide a greater understanding of the phenomenon at the sociocultural level, an

understanding that can provide tools for comprehensive intervention in people who exhibit such behaviors (Rojas & Paris, 2017; Stahl, 2014).

In the study of aggression and violence, some authors have focused their efforts on investigating their genetic basis.

Moffitt explored the heritability of antisocial behavior and reported that it ranges from approximately 50 %, with 20 % of the total variance explained by variance due to the shared environment and 30 % of the total variance explained by variability, specifically personal experiences (Moffitt, 2017).

Rhee and Waldman, in a meta-analysis that included 51 studies, obtained lower estimates, where strict heritability would explain 32 % of the total variance, nonadditive genetic influences would explain 9 %, shared environmental influences would explain 16 %, and finally, the specific, or nonshared, environment would explain 43 % of the total variance. According to these findings, the heritability of disinhibited or antisocial behavior is moderate, and the main environmental influences are nonshared or specific (Rhee & Waldman, 2002).

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