Introduction:

Violence is an extremely sensitive issue. Many people have difficulty confronting it in their professional lives because it raises uncomfortable questions about their personal lives. All forms of violence have increased in recent decades nationally, internationally, and in 1996 were declared a public health concern of epidemic proportion with extensive health care ramifications. It has been well recognized in the literature that doctors and nurses in any health care setting can be the target of some form of violence at some stage during their career. The importance of research on the topic of violence against healthcare workers has been highlighted in numerous international publications and declarations.

No country or community is untouched by violence. Images and accounts of violence pervade the media; it is on our streets, in our homes, schools, workplaces and institutions. Violence is a universal scourge that teaches us that the fabric of communities and threatens the life, health and happiness of us all. Each year, more than 1.6 million people worldwide lose their lives to violence. For everyone who dies as a result of violence, many more are injured and suffer from a range of physical, sexual, reproductive and mental health problems. Moreover, it is commonly considered a “law and order” issue, in which the role of health professionals is limited to dealing with the consequences. But these assumptions are changing, encouraged by the success of public health approaches to other environmental and behaviour-related health problems such as heart disease, smoking and human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS). The focus is broadening, with increasing emphasis on prevention and addressing the root causes of violence.

A substantial proportion of the costs of violence results from its impact on victims’ health and the burden it places on health institutions. This gives the health sector both a special interest in prevention and a key role to play. The report stated that the consequences of violent behavior could not be ignored in the effort to improve the nation’s health, and made tackling the roots of violence a top priority for the health community. The issue was put on the international agenda when the World Health Assembly, at its meeting in Geneva in 1996, adopted a resolution declaring violence a leading worldwide public health problem. Raising awareness of the fact that violence can be prevented is, however, only the first step in shaping the response to it. Talking about violence means touching upon complex matters of morality, ideology and culture. There is, thus, often resistance at official as well as personal levels to open discussion of the topic. The purpose of the first World report on violence and health is to challenge the
secrecy, taboos and feelings of inevitability that surround violent behaviour, and to encourage debate that will increase our understanding of this hugely complex phenomenon. While individual initiative and leadership are invaluable in overcoming apathy and resistance, a key requirement for tackling violence in a comprehensive manner is for people.

Violence is a subject that is being pinpointed nowadays and discussed in many public health care congresses and debates in Brazil. The health area has been emphasizing the theme due to the fact that violence impacts the morbidity and mortality indexes within the population, besides causing great expenditures for the Unified Health Care System (UHCS) with actions of recovering and rehabilitation of individuals who suffered violence. Violence has been expressed by epidemiological and criminal indexes through lethal and non-lethal events greater than countries in war. Nowadays violence represents a challenge to health professionals due to the fact they base their procedures in cause-effect relationship, consequence of biomedical model of their background.

Healthcare settings are notorious for exposing their employees to high levels of violence; with violence related injury rates reported to be four times higher than any other employment setting. Violence encompasses verbal abuse, physical assault the most commonly reported type of violence. There is a consensus in literature that emergency department workers have a disproportionately higher exposure to violence compared to other hospital departments and that nurses are the most vulnerable to violent incidents. Exposure to violence precipitates serious physical, psychological and professional consequences on doctors and nurses, including: impaired job performance, moderate to severe and long-term psychological effects, burnout and turnover.