INTRODUCTION

Aggressive behavior is a complex phenomenon that may occur in clients with schizophrenia, mood disorder, borderline personality disorder, conduct disorder, and substance use disorders. Aggression may be related to a lower level of activity in the cingulated gyrus and the frontal cortex, resulting in an under active executive system. The result is alack of inhibition messages and an inability to moderate aggressive thought and behaviors ***(Frankle et al., 2005; Perusse and Gendreau, 2005; Pihl and Benkelfat, 2005).***

Aggression affects every person in the environment in which it occurs. A violent client may be in juried directly from aggressive behavior or during a restraining procedure. Other clients and staff members may be purposefully or accidentally injured. psychiatric nurses are at the highest risk of violence compared with other hospital nurses. Out-of-control behavior frightens every one, and violence disrupts the unite or home environment Physical aggression and destruction of property are among the most severe and frightening behaviors, which occur in the treatment settings, as well as in the home. Violence is often directed at family members, friends, and acquaintances and may result in physical injuries. When violence occurs in treatment settings, professionals or other clients are often victims. nurses are threatened, verbally abused, and physically assaulted at higher rates than other professionals. ***(Chen,Hwu, and Williams, 2005; Kindy, Petersen, and Parkhurst, 2005).***

When an individual learns that acting on aggressive impulses brings kind of relief, that person can get "addicted" to aggression as a way to solve problems and relief frustration. This makes it very difficult

for she or he to control angry outbursts, even when they want to. Other factors related to societal violence include personal pressures such as lack of social support, employment difficulties, or financial problems; an easy access to weapons; and the tendency in U.S. culture to condone violence as a solution to problems ***(Woodside and McClum, 2006).***

Environmental factors often contribute to aggression and violence such as exposure and learned behavior either prenatally, due to childhood abuse; witnessing violence either through ones family, culture, or the media; or owing to socioeconomic factor such as poverty and family disorganization. Prenatal influences include exposure to toxins, such as alcohol and resultant brain damage that results a high propensity for neurobehavioral anomalies, cognitive deficits, and impaired executive function ***(Hazen et al., 2006)***.

Home Environments play a prominent role in shaping behavior and are continuously mediated by genetic and other environmental influences. Childhood frustration, violence in home, oppression, and hostility have been linked to various psychiatric conditions where individuals are at high risk of aggressive behaviors, such as intermittent explosive disorder. Accessibility to guns and exposure to violent media, videos and television are linked to violence among children ***(Bartholow et al., 2005)***.

Psychological factors associated with aggression include in adequate social skills required to resolve conflicts. This belief suggests that anger is morally and social acceptable or expected. Numerous studies link ineffective anger management with violence, particularly among persons with intellectual disabilities, and psychiatric and medical

disorders that involve impaired cognitive and executive functioning **(*Novaco and Taylor, 2004; Simth et al., 2006).***

It is important for nurses to notice the early verbal and behavior signs indicating that the patient is becoming increasingly agitated. By understanding where a patient may be on the continuum of escalation and the meaning of the patients behavior, they can assess the potential danger and provide the necessary intervention to assist the patient to deescalate. Strengthening the therapeutic alliance is an important part of the process ***(Chabora et al., 2003).***

Speaking in a calm, low voice can help decrease a patients agitation. Agitated patients often speak loudly and use profanity. It is important that nurses not raise their voices in response because this can be perceived as competition and further escalate the volatile situation. The nurse should use short, simple sentences and avoid laughing or smiling inappropriately. in a survey of 59 mental health consumers, the importance of being treated with respect by staff members, being listened to, and being included in treatment decisions was strongly emphasized. Of these patients, 74% stated that they would like to complete an advance directive if given the opportunity ***(Allen et al, 2003).***

Medication that are most frequently used in emergency violent situation are atypical antipsychotic(e.g., intramuscular risperidone, olanzapine, ziprasidone)or high – potency typical neuroleptics(e.g., haloperidol) they are both first-line treatments for acute aggression and psychosis-induced violence ***(Maxmen and Ward,2002)***.

Atypical antipsychotic have fewer side effects, although most don't have short acting IM injectable if the patient refuse to take oral medication. Olanzapine short acting IM has many caveats for use and

should be used only if a person has hah previous dystonic or severe extra pyramidal symptoms from IM haloperidol, or need antipsychotic but has preexisting stable cardiac disease, or there has been no response an hour after giving IM lorazepem ***(Gaskell, 2006).***

The psychiatric nurse often can prevent a crisis situation through the use of early verbal and non verbal intervention. This is some times called" taking the patient down". Because it is much less dangerous to prevent a crisis than to respond to one , every effort should be made to carefully monitor patients who are at risk for violent behavior and tntervene at the first possible sign of increasing agitation ***(Johnson and Hauser, 2001).***