

Gun Violence a Biopsychosocial Disorder

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Introduction

Gun violence must be understood and treated from a multidisciplinary perspective since it is a complex biopsychosocial disorder. When framed as a sickness, gun violence falls well under the purview of medicine and public health. It is possible to investigate the host, agent, and environment in which gun violence occurs by using the disease model to study it, as well as to pinpoint risk factors for prevention. This strategy also offers a chance to correct unfounded scientific presumptions concerning gun violence. Additionally, there are numerous potential for medical communities to address the biological, behavioral, and social elements of gun violence as an illness. Recent demands for the medical community to get involved in gun violence prevention must be heeded, and using this model of gun violence as a biopsychosocial disease offers a framework for doing so.

In the United States, gun violence is a persistent public health burden. The medical community has occasionally called for framing gun violence as a public health/medical issue. Given the impact of gun violence on health and longevity others have suggested that physicians have a moral obligation to address gun violence. More recently, others have called upon physicians to integrate firearm related education about safety with their patients. Every year, over 36,000 Americans die from firearm related events; tens of thousands are injured.

Description

As more medical groups call for action, there are more calls for engagement. Gun violence will continue unchecked until we invest in research to find efficient ways to reduce it, similar to how HIV rates grew unchecked until we recognized that it was a biopsychosocial disease that could be prevented and controlled, and scientifically we moved past the social stigmas of a disease first recognized as primarily affecting homosexual men. We need to portray gun violence as a biopsychosocial disease in order to effectively engage doctors and

other areas of the healthcare community. We are aware that, like other illnesses and infectious diseases, gun violence has predictable patterns. For instance, younger African-American males are more likely to commit homicide with a firearm than older white males, who are more likely to commit suicide with a firearm. We can find methods of illness control and prevention by studying the risk factors.

The disease model strategy was developed for the first time in the 19th century and is still used today. Medical professionals and other civic leaders were in a better position to find vaccines thanks to a science driven understanding of disease etiology, changing the environments that breed disease vectors and identifying high risk groups for preventative interventions. All of this was made possible by the science of discovery. This is what the Zika virus and other communicable diseases like HIV and tuberculosis prevention methods, which continue to benefit from the strict application of the disease model, are showing us today. All facets of civil society, including healthcare, public health, businesses, educational institutions, and fire and police agencies, can collaborate to implement interventions that lower morbidity and mortality by correctly identifying and comprehending the disease agent, its vector of transmission, and the high risk hosts and environments. These actions could stop the spread of the disease causing agent, lower the risk of getting sick if exposed, or lessen the harm once the disease has been caught.

Scientific research has improved the disease model to take into account more cellular/organ damage due to various etiologic factors. Clinicians and public health experts have been taught for many years that the four elements of disease are etiology, pathogenesis, morphologic alterations, and clinical relevance. We now know that the etiologic agents of diseases are divided into physical and biologic agents that interact with cells and organs, disrupting cell walls and releasing chemicals that further damage the body. For instance, the pathogenesis of the Ebola virus illness takes place over a number of days and might emerge up to 21 days after exposure. As the virus multiplies, morphologic alterations in the cells and organs cause a variety of symptoms, including nausea, vomiting, and diarrhea, which can cause dehydration, organ failure, and even death.

Conclusion

Similar to this, the physical cause of gun violence is the kinetic energy from a bullet. The breaking of cellular membranes caused by the bullet's kinetic energy causes edema, fractures, and bleeding, which ultimately leads to organ failure, shock, and death. The bullet's energy is transferred to the host/patient by penetrating the skin, entering the body, and transmitting the energy. This causes the patient to sustain a sterile injury as well as temporary and permanent cavity formation. Because the agent (kinetic energy) causes destruction so swiftly, little research has been done on the pathophysiology of this disease. For this quickly spreading disease, the "microscope" is a high speed video camera. This "lens" allow us to observe the transient and permanent cavity creation that characterizes the biology of this illness. This very quick pathophysiology is unique because most diseases caused by agents like viruses and bacteria take days or weeks to manifest clinically. It also restricts acute therapies during the release of kinetic energy.

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