VIOLENCE AGAINST PHYSICIANS

THE ISSUE

Assaults by patients against psychiatrists are both a reality and a concern. The effects of violence can be devastating to the victim. While the victim psychiatrists may rationalize that violence is an occupational hazard, these victims suffer many of the same physical and psychological sequelae as victims of natural disasters or street crime.

According to one study (1), the annual rate of non-fatal, job-related violence is 68.2 per 1,000 for psychiatrists and mental health professionals, compared to 16.2 per 1,000 for all physicians. But we know that violence in healthcare is vastly under reported. Reasons for this can include:

- Victims do not want to "harm" the patient by reporting the violence,
- Victims believe it is just part of the job, and/or
- Victims believe the psychiatric patient's violence is unintentional, so unavoidable.

The same study noted that 40% to 50% of psychiatry residents will be physically attacked by a patient during their residency.

While the violence can take a variety of forms, from verbal abuse to physical harm, including death, there are two significant types of particular concern to psychiatrists - stalking and homicide.

PATIENT STALKING

Stalking involves the repeated infliction on another, in a manner that causes reasonable fear and distress, of:

- Unwanted communications (letters, telephone calls, emails, and social media),
- Unwanted contacts (such as following and approaching),
- And various other harassing behaviors (such as malicious complaints, threats, and assaults).

According to the literature (2):

- Stalking behaviors can be divided into brief intense periods of harassment and episodes lasting more than two weeks. The brief behaviors, while unsettling, are more common and less dangerous. Episodes lasting more than two weeks are more dangerous.
- The most common motives are anger, which could be over anything (such as a diagnosis or an opinion in a forensic case), and infatuation.

Kaplan (3) compiled the following risk management / safety advice:

- Set limits and boundaries with new patients.
- Use a work or post office address rather than home address in directories of professional organizations.
- Remove yourself from online search engines.
- Do not disclose personal information to patients or have personal pictures visible during sessions.
- Perform a risk assessment.
- Pay close attention to how your behavior could unintentionally reinforce the patient's behavior.
- Let colleagues know you are being harassed and alert others in your building.

- Document all incidents.
- Retain all evidence (emails, text messages, letters).
- Seek advice from experts in stalking.
- Contact police, but be mindful of confidentiality, and remember that a restraining order can be seen as an act of hostility, which could increase the risk of violence.
- Get help for dealing with the psychological consequences.

PATIENT HOMICIDE

One study reviewing homicides of mental health workers by patients from 1981 to 2014 (4) found the following:

- 10 of the 33 victims were psychiatrists.
- Of the psychiatrist murders:
    - Schizophrenia was the most common patient diagnosis (60%), followed by bipolar disorder (10%) and no diagnosis listed (30%),
    - Hospital and private office tied for the most frequent location (40%), followed by office in a clinic (20%), and
    - Gunshot was the most common method (70%), followed by beating (30%).
- Perpetrators also often had a history of:
    - Violence
    - Criminal charged
    - Involuntary hospitalization
    - Non-adherence to medications.

Knable (4) offers the following risk management / safety advice:

- Assess new patients' level of dangerousness in the prescreening interview before the first appointment.
- Be particularly careful with evening or weekend appointments or in other situations in which others are not present.
- For patients with a history of violence or poor impulse control, see the patient along with family members or with colleagues.
- Maintain a security barrier between the waiting room and the consultation room.
- Sit behind a desk rather than in a more traditional therapeutic arrangement.
- Ensure an escape route.
- If feasible, have an emergency alarm.
- For patients who become threatening, obtain consultation sooner rather than later.
- Evaluate the need for:
    - Restraining order,
    - Criminal complaint, and
    - Involuntary hospitalization.

CONCLUSION

As stated by Friedman (5):

> The challenge for medical practitioners is to remain aware that some of their psychiatric patients do in fact pose a small risk of violence, while not losing sight of the larger perspective - that most people who are violent are not mentally ill, and most people who are mentally ill are not violent.

(1). Ashleigh Anderson & Sara G. West, *Violence Against Mental Health Professionals: When the Treater Becomes the Victim* (Mar. 31, 2011), available at http://innovationscns.com/violence-against-mental-health-professionals-when-the-treaterbecomes-the-victim/.

(2). Michele T. Pathé & J. Reid Meloy, *Commentary: Stalking by Patients-Psychiatrists' Tales of Anger, Lust and Ignorance* (June 1, 2013), J Am Academy of Psychiatry and L Online, available at http://jaapl.org/content/41/2/200.

(3). Arline Kaplan, *Being Stalked—An Occupational Hazard?* (July 1, 2006), available at http://www.psychiatrictimes.com/articles/being-stalked-occupational-hazard/.

(4). Michael B. Knable, *Homicides of Mental Health Workers by Patients: Review of Cases and Safety Recommendations* (2017), Psychiatric Annals 47(6):325-334, available at https://www.healio.com/psychiatry/journals/psycann/2017-6-47-6/%7B1c2ae3c0-efa54d33-9c60-9d27075f163d%7D/homicides-of-mental-health-workers-by-patients-review-ofcases-and-safety-recommendations.pdf.

(5). Richard Friedman, *Violence and Mental Illness: How Strong Is the Link?* (Nov. 16, 2006), N Engl J Med. 355:2064-2066, available at https://www.nejm.org/doi/pdf/10.1056/NEJMp068229

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