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## Survey of Threats and Assaults by Patients on Psychiatry Residents

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# Survey of Threats and Assaults by Patients on Psychiatry Residents

## **Authors**

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## ABSTRACT

**Objective:** To determine the current life time professional prevalence of threats and assaults by patients on psychiatry residents, their consequences, perceived adequacy of supports and institutional responses.

**Methods:** An anonymous survey of 519 psychiatry residents in 13 psychiatry programs across the United States was conducted between March and June 2008.

**Results:** The response rate for this survey was 38% (n = 204). Sixty one percent of the responders were female, and 30% were members of a visibly identifiable ethnic minority. The majority (72.4%) of those involved in an incident reported experiencing mild to severe psychological distress. Almost a third (31.6%) made requests to the hospital or department to improve safety. Most residents (93.8%) felt policies on psychological support after an assault would be helpful.

**Conclusion:** This study calls attention to the high numbers of residents that are affected by violence during their training, and underscores the need for clear policy and training, in order to prevent and adequately respond to assaults, threats, and their consequences among psychiatry residents.

## BACKGROUND

•Violence towards psychiatric residents is an issue of importance in psychiatric training. Threats and assaults made by patients towards residents are a serious aspect of training experiences for some residents. Residents work long hours, sometimes at night and in emergency and acute settings. In the beginning of their training, they have often had little experience in managing assaultive or threatening patients.

•There have been past studies of ranging prevalence of the rate of assault against psychiatric residents between 36 to 64%. However, there are limitations to the data: some studies have reported data from a single site or training program, and some studies are no longer current.

•One difficulty in reviewing the literature is the variability in definitions of threats and assaults in different studies. Some studies have separated their data into threats and assaults, and others have focused only on physical assaults.

•There may be both professional and psychological sequelae.

## METHODS

•An anonymous, web-based, voluntary survey was distributed to 13 psychiatry programs across the United States between March to June 2008.

•Given the variability of definitions of assault in the literature, those used were taken from Coverdale *et al.* study.

•Residents were also asked if they had been harassed with unwanted comments or advances, sexually harassed with inappropriate touching, or if a patient has ever stalked, monitored, or followed them.

•Finally, residents were asked to describe their experience with violence, any psychological sequelae, and the adequacy of supports available. Residents were asked to describe the institution's response to the incident and asked for suggestions on how the response could have been improved, if at all.

## RESULTS

Figure 1: Professional Lifetime Prevalence of Various Types of Threats and Assaults Against Residents by Patients

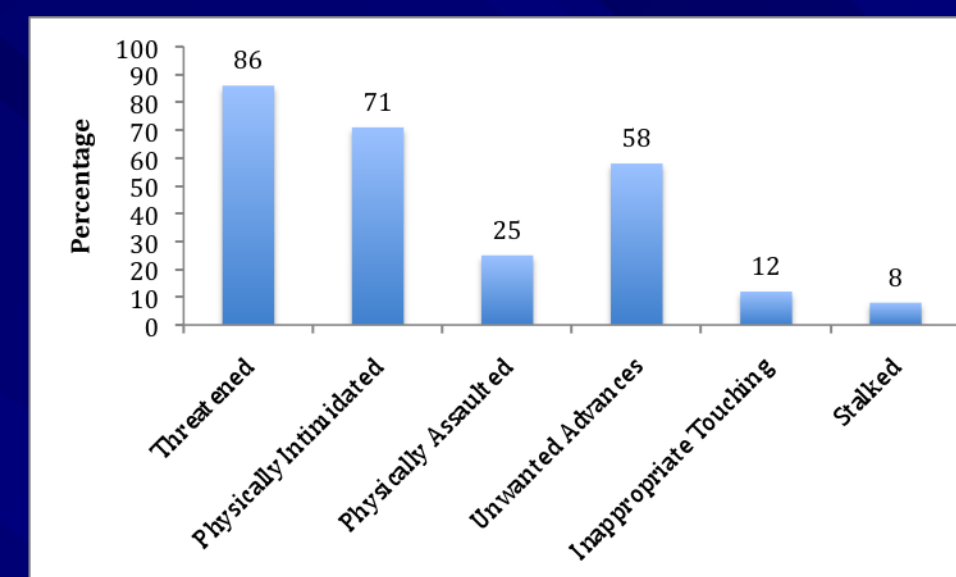


Figure 3: Residual Effect of Threats and Assaults

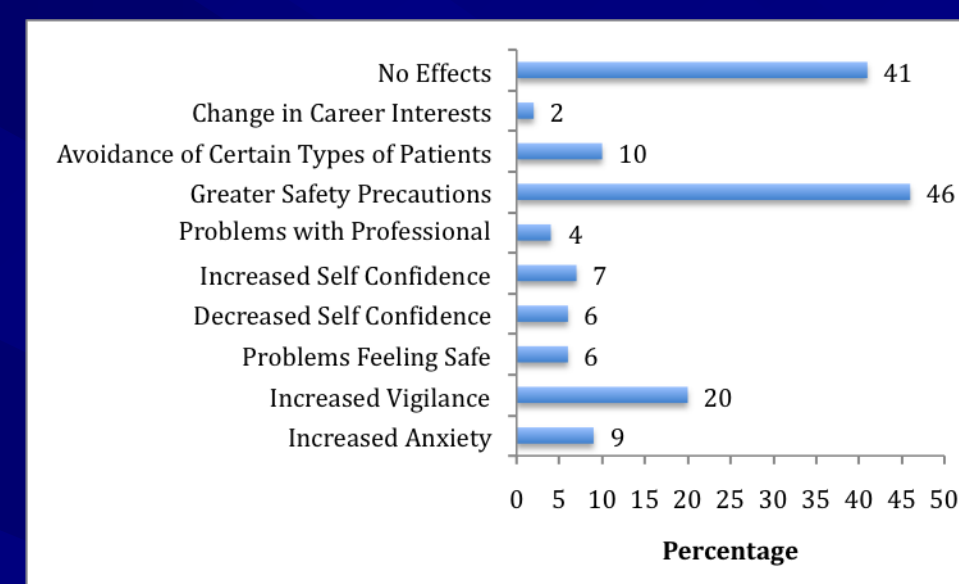


Figure 5: Reasons Residents Did Not Report an Incident

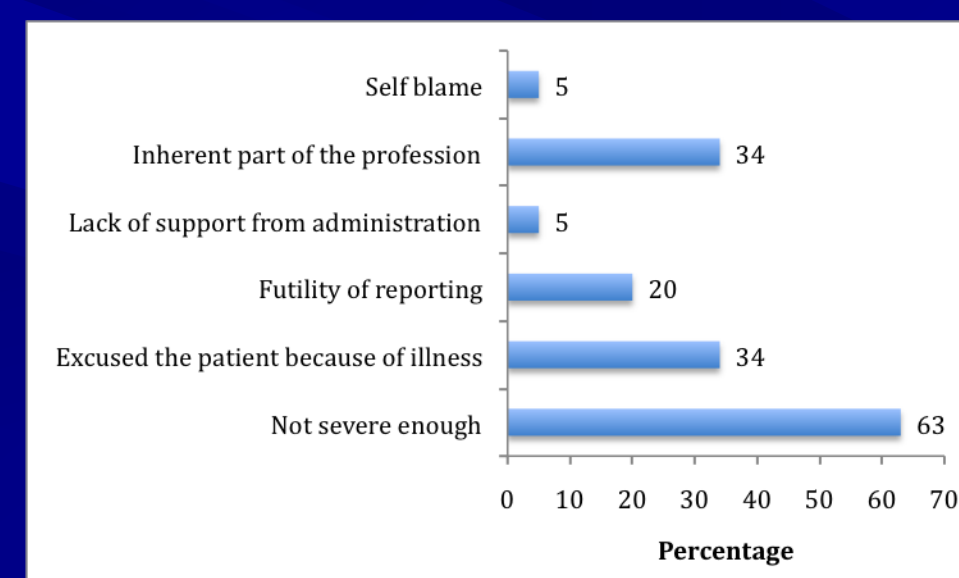


Figure 2: Location of the Event

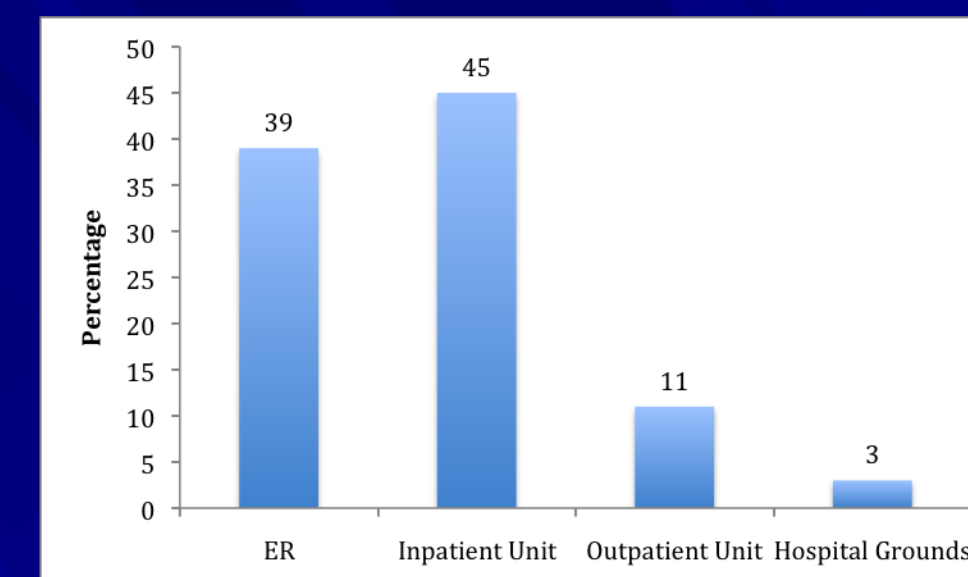
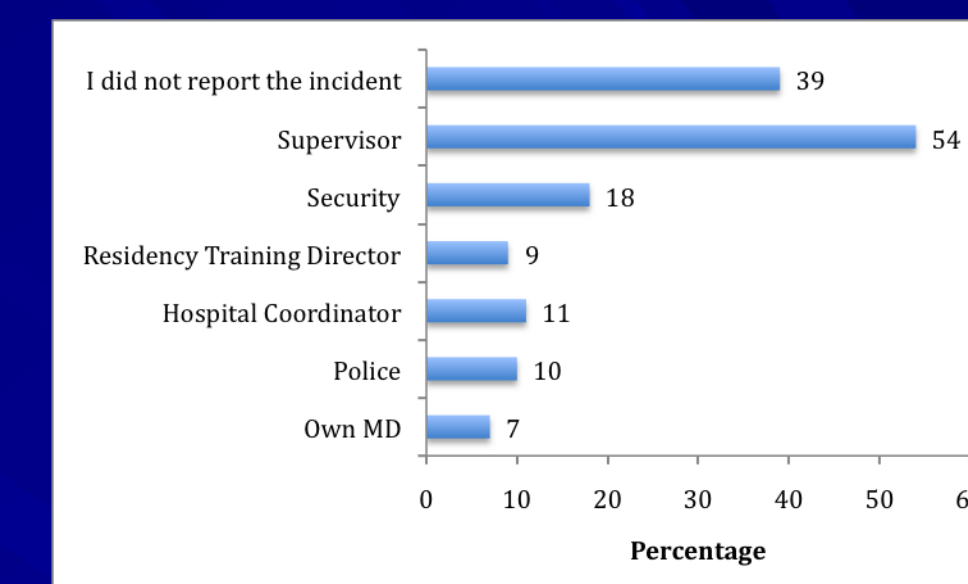


Figure 4: People Residents Reported to After an Incident



•“The idea for starting out my career in such circumstances is very distressing. I ended up taking a leave of absence in the aftermath.”

•“Feelings of isolation as these types of issues are so closeted. Ongoing silence among those who I anticipated would be able to help work through all these thoughts and emotions. Disappointment.”

•“Safety can be improved with better training of residents about safety awareness, de-escalation, getting out of dangerous situations.”

## CONCLUSION

•Threats and assaults are common in psychiatry training.

•These events are under-reported and minimized.

•There are enduring psychological sequelae.

•Prevention, support, education, and policy are key interventions to reduce violence for psychiatric trainees in the workplace.