Violent Incidents among Psychiatric Inpatients

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Abstract

122 violent incidents were recorded in the Psychological Medicine Hospital of Kuwait in the period from 1st July 1996 to 30th June 1997. The case notes of 96 patients who committed these violent incidents were analysed and compared with those of 78 non violent patients selected randomly .

The most common victims were patients followed by staff . The majority of injuries were of mild to moderate severity . The violent patients were more likely to have diagnosis of substance abuse, history of previous violence and past criminal record . The clinical and research values of the results were discussed.

Introduction

Most clinicians have encountered an aggressive patient at some point in course of their clinical careers . Indeed , violence spans the entire spectrum of mental disorders, commonly appearing in the behavior of patients with schizophrenia, bipolar disorder, agitated depressive states, and alcohol\ substance abuse disorders.

Rages are prominent features of characterlogical disorders such as borderline and narcissistic personality disorders, and temper proneness and aggressive outbursts can be seen in disorders such as personality change due to a general medical condition aggressive type, mental retardation and intermittent explosive disorder (Lion 1996) .

Violence has considerable implications for the organization of services as well as for the individuals involved (James et al 1990) . Different studies show some variation in what is meant by violence - some include verbal abuse or threatening behavior (Warner et al 1983) . Others damage to the property (Armond 1982) and self harm (Fortell et al 1978) .

Some investigators are concerned with physical attacks on persons (Tardiff 1984) while others limit their interest to attack on staff (Aiken 1984) . However , recent studies tend to define violence as any behavior which could physically damage the individual himself , another individual or property (Larkin et al 1988 , James et al 1990) .This definition will be adopted in our study .

There is a growing concern that a number of violent incidents , including assault on the staff is generally increasing (Walker and Seifert 1993) .

The aim of this study is to investigate the nature and the incidence of violent behavior among psychiatric in-patients and to compare the characteristics of violent with the non violent patients .

Method

This study was performed in Kuwait Psychological Medicine Hospital which is the only psychiatric hospital in Kuwait .Thirteen wards : nine acute admission wards , two open wards , four long stay wards , one forensic ward , and two addiction wards were included .

All incidents of violence occurring in the wards during July 1996 - June 1997 were examined using retrospective design .

The number and nature of violent incidents

were ascertained from the standard Unusual Occurrences Reports which provide information on the name , sex ,and age of the patient initiating the incident , the time and date , any injuries to people or damage to property ,and the nurses assessment of any precipitating events and action subsequently taken .

All forms are reported to the ward doctor , or duty doctor , who must examine and report on any injuries which have occurred .

We applied Fortell's three stages classification of the seriousness of injuries to the data (Fortell 1980) .

Violence of first degree was present when no physical injury was detectable or suspected in the victim when examined by the doctor .

Second degree violence was when minor physical injuries such as bruises , abrasions , and small lacerations were present .

The third degree, where physical injury was found or suspected in the victim ,included large lacerations , fractures , loss of consciousness or any assault of which the victim had special investigations irrespective of the findings , as well as injuries resulting in permanent physical disability or death .

Socio-demografic and relevant clinical data of violent patients were determined from case notes .

For reason of comparison a control group of non violent patients were selected randomly from daily reports of non violent incidents. Chi square statistical test was used for analysis of the data .

Results

Over the 12 months study period , 122 violent incidents were recorded , together with 78 non violent incidents . Ages of violent patients ranged between 16 and 65 years with a mean age of 31.4 (SD(11.05).

The characteristics of the violent and non violent groups are listed in table (1) .

Most of the violent patients were Kuwaiti (81:3%) ,and male (82:3%) . (94:8%) were aged below 50 ,and (38:5 %) had been admitted compulsory .

Comparison between violent and non violent groups showed a number of significant differences .

Violent patients were more likely to have been admitted involuntary ($p< 0.03$), to be diagnosed as alcohol \ substance abuse ($p<0.05$), to have more history of previous violence ($p<0.000$),and to have past history of criminal record ($p<0.000$) .

Though violent patients tend to be younger in age , the difference did not reach a significant level .

Table (2) showed that the majority of violent incidents were of first and second degree while only one incident was of third degree .

Most violent incidents occurred in addiction wards (n=48) , acute wards (n=39) , and forensic wards (n=20). Violence against the staff (n=36) ,and patients (n=44) ranged from pushing to fist fights table(3) .

50.8% of violent incidents occurred at day time from 2 p.m. to 10 p.m. table (5) .

Figure (1) showed the different diagnostic categories of the sample .

Table (1)
A comparison of characteristics of violent and non-violent patients.

	violent patients (n=96)		non violent patients (n=78)		2 X
	n	%	n	%	
Age					
<25	29	30.2	16	20.5	
25-49	62	64.6	58	74.4	NS
>50	05	05.2	04	05.1	
Nationality					
Kuwaiti	78	81.3	64	82.1	
Arab	14	14.6	10	12.8	NS
Foreigner	05	04.1	04	05.1	
Sex					
Male	79	82.3	64	82.1	NS
Female	17	17.7	14	17.9	
Length of hospitalization					
<month	65	67.7	52	66.7	
1-6 months	23	24.0	16	20.5	NS
>months	08	08.3	10	12.8	
Diagnosis					
schizophrenia	31	32.3	20	25.6	NS
mania	08	08.3	08	10.3	NS
depression	04	04.2	06	07.7	NS
personality disorder	05	05.2	06	07.7	NS
Alcohol/drug abuse	35	36.5	16	20.5	4.22(1df.,p<0.05)
Organic disorder	08	08.3	14	17.9	NS
others	05	05.2	08	10.3	NS
Legal state on admission					
compulsory	37	38.5	16	20.5	4.44(1df.,p<0.03)
informal	59	61.4	62	79.5	
Previous violence	69	71.9	12	15.4	37.9(1df.,p<0.00)
Criminal record	51	53.1	12	15.4	17.6(1df.,p<0.00)

Table (2)
Number of violent incidents and their seriousness.

	n	%
1st degree	63	51.6
2nd degree	44	36.1
3rd degree	01	00.8
Aganist property	14	11.5

Table (3)
Victims of patient violence.

	n	%
Staff	36	29.5
Patient	44	36.1
Staff & patient	05	04.1
Self	11	09.0
Others	11	09.0

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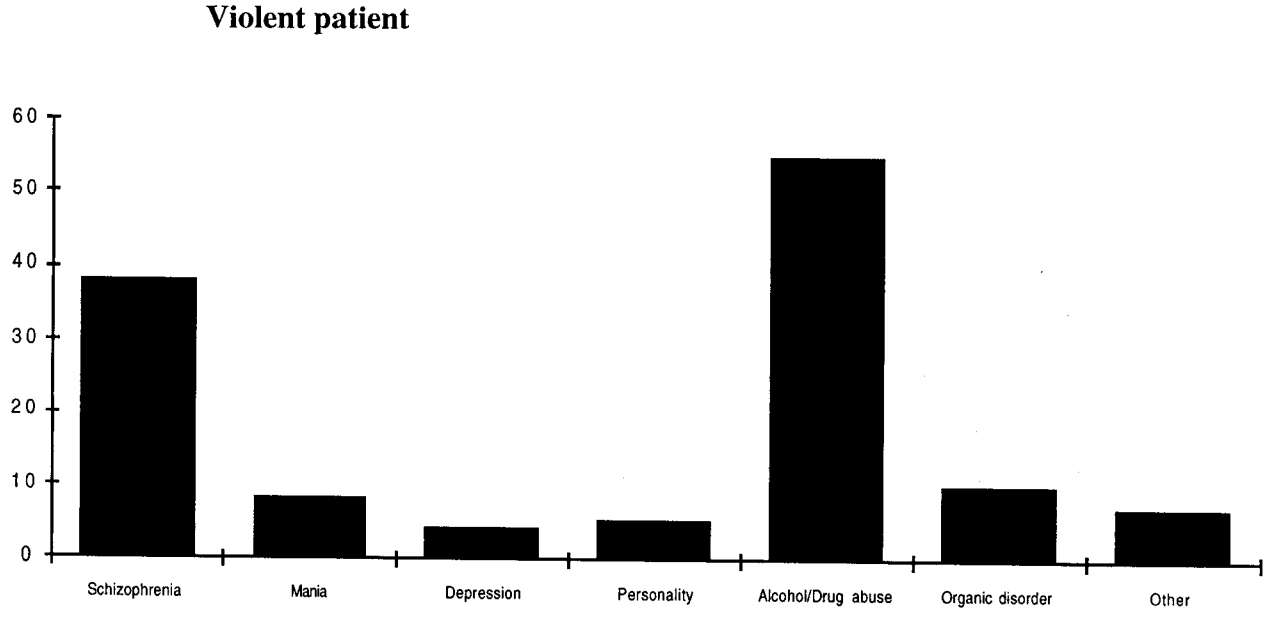
Table (4)
Number of violent incidents from various wards.

	n	%
Acute ward	39	32.0
Open ward	02	01.6
Forensic ward	20	16.4
Addiction ward	48	39.3
Long stay ward	13	10.7

Table (5)
Violent incidents by times of the day and night.

	n	%
7 a.m.-2 p.m.	38	31.1
2 p.m.-10 p.m.	62	50.8
10 p.m.-7 a.m.	22	18.0

Fig. (1)



Discussion

In recent years there has been a marked increase in interest and publications concerned with violence in psychiatric hospitals and in-patient units . There were 122 incidents reported in Psychological Medicine Hospital in Kuwait over twelve months duration .

These represented 4.6% of all admissions to the hospital during the same period .This rate of violence is comparable to that reported in other studies (Fortell 1980 ,Tardiff & Sweilam 1980 & Aiken 1984) . Incident forms were used to ascertain the number of incidents of violence . Failure to report violent incidents might be a reason for this low rate .

Lion et al (1981) suggested that there is a significant under-recording of violence on incident forms . Aiken (1984) failed to confirm Lionís et al finding , reporting discrepancy of only 5% between the number of incidents recorded on his research questionnaire and the number recorded in routine ward documentation . In another retrospective study using incident forms 23% of those patients admitted during 15 months had engaged in acts of violence (James et al 1990) . So it seems that these studies reflect the rate of violence in different areas .

Only one violent incident lead to serious injury in our study . This finding is in keeping with most other studies (Fortell 1980 , Armond 1982 , and Pearson et al 1986) .However , Aiken (1984) found six incidents leading to third degree injury to staff on 17 bed locked admission ward at the Maudsely Hospital over six months period .

Though the age of violent patients was lower than that of non violent patients ; the difference was not significant . Fortell (1980) and Pearson et al (1986)reported most incidents of violence in young adults However Tanke and Yesavage (1985) found no relationship between age and a

saultive behavior . The relationship between age and violence is not simple . Other factors might be contributing to violence including diagnostic category and history of previous violence .

We found no gender differences between violent and non violent ptients . Other studies showed similar findings (Tardiff 1981 and Tardiff & Sweilam 1982) . Fortell (1980) found that females predominated in his physically assaultive patient group . However he did not have a control group .

In our study , alcohol/drug abuse patients were more likely to be involved in violent behavior . Violent and antisocial behavior was commonly associated with alcohol/ drug abuse diagnosis . Tardiff and Sweilam (1979) , Fortell (1980) ,Lion et al (1981) , and Pearson et al (1986) noted that the majority of their assaultive patients were schizophrenics. A major problem of those studies was that the primary diagnosis of the non assaultive patients in each sample were not reported . Discovering that most of the assaultive patients in a particular sample were diagnosed schizophrenic was of very little value if most of the non - assaultive patients in that sample were also diagnosed as schizophrenic.

Patients admitted compulsorily were significantly more likely to engage in violent acts . This finding was similar to that of James et al (1990) . This probably reflected the fact that danger or harm to the self or others is one of the main causes for admitting patients to the psychiatric hospital by the family or by the police .

Fortell (1980) found that staff were the commonest victims at all the three hospitals he studied , whereas Pearson et al (1986) found that patients more commonly assaulted fellow patients than member of the staff . We found in our study that staff and fellow patients were almost equally attacked by violent patients . This probably reflected the differences in the types of ward populations studied .

The findings of excess violence on addiction and acute wards were expected . These findings were similar to the results of other studies (Fortell 1980 , and Pearson et al 1986) .

Many aspects of acute wards were conducive to violence . Some patients took offense at the behavior of acutely disturbed patients and react violently towards them . Also compulsory admitted patients might respond in a violent way when prevented from leaving . Several violent incidents occurred while patients were trying to escape from addiction wards .

50.8% of incidents occurred between 2 p.m. and 10 p.m. This finding was similar to that of Fortell (1980). The increase of incidents during this period might be attributed to decreased number of nursing staff .

As a rule the number of nursing personnel was halfed at afternoon and night shift in our wards . Also the absence of ward activities could be a reason . Several studies suggested that patients behave aggressively when they are bored and not involved in therapeutic activities (Ekblom , 1970 ; Fortell,1980; Pearson et al 1986) .

Prediction of violence among psychiatric in-patients was always a difficult task . Werner et al (1983) showed that 15 psychiatrists and 15 psychologists were inaccurate in predicting which of 40 male inpatients would commit assault within one week of admission .

Monahan (1984) advocated the development of actuarial techniques with objective demographic data to assist in making clinical judgment . Socio-demographic variables failed to distinguish between violent and non violent patients in our sample .

Rossi et al (1986) concluded that demo-

graphic variables might be less useful in understanding and predicting violence than variables relating to the severity of pathology (e.g. diagnosis ,number of previous admissions) . We found no difference between violent and non violent patients as regards history of previous admissions .

Two patient characteristics - criminal record , and previous history of violence - were associated with violent behavior . Similar observations were made by Walker & Seifert (1993) , and Palmistierna & wistedt (1989) , who found that from all tested risk factors for aggressive behavior , only drug abuse and previously known violent behavior correlated significantly with violent behavior during an acute involuntary admission .

We might conclude from our findings that violent patients were more likely to be diagnosed as alcohol \ drug abuse , to be admitted compulsorily , with past history of criminal record , and with history of previous violence.Finally special attention to violent and criminal history can help to identify those patients who are more likely to become aggressive .

In addition there is a need for better and sufficient staffing especially in acute and addiction wards where a higher risk of violence may occur.

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References

Aiken G.J.M. (1984) **:** Assaults on staff in a locked ward : Prediction and consequences . Medicine , Science , and the Law ,34 ,199-207 .

Armond A.D. (1982): Violence in the semi-secure ward of a psychiatric hospital Medicine , Science , and the Law , 22, 198-209 .

Ekblom , B. (1970) **:** Acts of violence by patients in mental hospitals . Upsala : Scandinavian University Books , Almquist and Wiksella Bokycheri A. B.

Fortell E. (1980) **:** A study of violent behavior among patients in psychiatric hospitals . British journal of psychiatry ,136 ,216-221

James V.D. , Finbery A.N., Shah K.A. ,and Priest G.R. (1990) : An increase in violence on an acute psychiatric ward .A study of associated factors , British Journal of Psychiatry ,156, 846-852 .

Larkin E. ,Murtagh S., and Jones S. (1980): A preliminary study of violent incidents in a special hospital (Rampton) . British Journal of Psychiatry ,153, 226-231 .

Lion R.J. (1996): Aggression .In : Comprehensive Text Book Of Psychiatry .

Kaplan ,H.I. and Sadock, B.J.(eds),Baltimore,Williams and Wilkins ,pp 310-317.

Lion ,J.R.,Snyder,W.&Merrill,G.L. (1981): Underreorting of assaults on staff in a state hospital. Hospital and Community Psychiatry,32,497-498.

Monahan ,J. (1984): The prediction of violent behavior : toward a second generation of theory and policy .American Journal of Psychiatry ,141, 10-15

Palmistirna, T. & Wistedt , B. (1989): Risk factors for aggressive are of limited value in predicting the violent behavior of acute involuntary admitted patients . Acta Psychiatrica Scandinavica ,81,152-155 .

Pearson,M.,Wilmot,E.&Padi,M. (1986): A study of violent behavior among psychiatric in-patients in a psychiatric hospital. British Journal of Psychiatry,149,232-235.

Rossi ,A.M. , Jacobs, M.,Monteleone, M.,Olsen,R.,Surber,R.W.,Winkler,E.L.& Womack,A. (1986): Characteristics of psychiatric patients who engage in assaultive or other fear- inducing behaviors. Journal of nervous and Mental Disease , 168,154-160

Tardiff (1984) : Characteristics of assaultive patients in private hospital . American Journal of Psychiatry ,141,1232-1235 .

Tardiff & Sweilliam,A. (1982): Assaultive behavior among chronic psychiatric inpatients. American Journal of Psychiatry,139,212-215.

Tanke,E.D.&Yesavage,J,A. (1985): Characteristics of assaultive patients who do and do not provide visible cues of potential violence. American Journal of Psychiatry,142,1409-1413.

Walker Z. , and Seifert R. (1993): Violent incidents in a psychiatric intensive care unit . British Journal of Psychiatry , 164 , 826-828 .

Werner P.D.,Vesavage J.A. ,Becker J .M. et al (1983): Hostile wards and assaultive behavior on acute inpatient psychiatric unit Journal of Nervous and Mental Disease ,171,385-387 .

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حوادث العنف بين المرضى النفسيين

تم تسجيل ١٢٢ حادثة عنف في مستشفى الطب النفسى بالكويت في الفترة بين يوليو ١٩٩٦ و يونية ١٩٩٧ و قد روجعت ملفات ٩٦ مريضا قاموا بهذه الحوادث و تم مقارنتهم بعينة من ٨٧ مريض اختيروا عشوائيا و اظهرت النتائج ان اكثر الضحايا هم المرضى يليهم افراد هيئة التمريض. وان معظم الاصابات الناتجة كانت بسيطة او متوسطة الشدة و قد تبين ارتفاع نسبة المرضى المصابين بالاعتماد على العقاقير و المخدرات بين المرضى القائمين بحوادث العنف كما ان لهؤلاء المرضى القائمين بحوادث العنف ميلا اكثر لوجود تاريخ سابق من العنف و من السجل الاجرامى و قد نوقشت دلالات و مغزى هذه النتائج.