A Study of Assaults Against Psychiatric Residents

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There are few studies of assaults against psychiatric residents. The only two domestic studies specifically investigating assaults against residents each surveyed a single residency program. In the present study, 333 psychiatric residents in 11 training programs in Pennsylvania were surveyed about assaults and threats on them during residency. One hundred fifty-five questionnaires (46%) were completed and returned. Of the respondents, 41% experienced a physical assault and 48% were threatened at some time during their training. Ten percent of the respondents were assaulted more than once, and 30% of the respondents were threatened more than once. There was no significant correlation between rates of threats or assaults and age, sex, or training sites. The majority of threats and assaults occurred in either an inpatient setting (56%) or a psychiatric emergency service (31%). The authors found that residents were provided with minimal training in aggression management during their residency.

The risk of injury from patient violence is a major concern for psychiatrists. Studies have found that 20–50% of psychiatrists will be assaulted by a patient sometime during their career (1–6). Although most of these studies focus on psychiatrists who had completed their training, two early studies suggest that residents are also at risk for assaults (1,3). Of the 110 psychiatrists surveyed by Madden, Lion, and Penna (1), 65% of the respondents who had been assaulted were residents in training. In the first study to specifically address residents at risk for assault, Ruben, Wolkon, and Yamamoto (3) sent questionnaires to 31 second- and third-year residents. They found that 48% of the respondents had been attacked at least once during their training. They also found that residents who are highly irritable, who speak up when angry, and who are likely to fight when faced with a physically threatening situation were more likely to be assaulted than residents who did not have these attributes. Until recently, however, there were no follow-up studies to these reports that systematically evaluated the incidence or characteristics of assaults against residents.

Two recent studies (7,8) have attempted to expand on these early findings and further explore the risks of violence against psychiatric residents. Gray (7) surveyed residents at all levels of training at the Los
Angeles County University of Southern California Medical Center and found an assault rate of 54%. Of the respondents, 31 (67%) were men and 15 (33%) were women, with a median age of 30 years. Thirty-five (76%) of the residents were white, 4 (9%) were black, 5 (11%) were Asian, and 2 (4%) were Hispanic. The child and adolescent service, followed by the emergency service, were the sites of highest risk. The outpatient service had the lowest risk of assault. Relative risk of assault was slightly higher in women, nonwhite, and younger residents, but the relative risk difference between groups was not statistically significant. The most common assailant was a white, psychotic, young adult male previously unknown to the resident. The most common method of attack was being hit with the hand or kicked. Among the most serious assaults, one resident was threatened with a knife and one resident was the victim of an attempted strangulation.

Chaimowitz and Moscovitch (8) surveyed all of the members in training of the Canadian Psychiatric Association. Of the 136 respondents (64.5%), 40.2% indicated that they had been assaulted by a patient at least once. The mean age of the residents assaulted was 32.8 years. Of those assaulted, 33.3% were male and 44.8% were female. Although the majority of those assaulted were assaulted only once (60.4%), 31.3% were assaulted twice and 8.3% were assaulted three or more times. Of those assaulted, 24.5% felt that the incident was due to an error on their part, 45.3% felt the attack was totally unpredictable, and 32.1% felt the assault was related to unsafe facilities. Although 50% of all residents surveyed stated that they had received training in dealing with violent patients, only 25% felt that they were adequately trained.

These studies suggest that approximately 50% of residents will be assaulted at least once during their training. However, it is still unclear whether the results of these studies can be generalized to all residents in training. The surveys by Ruben, Wolkon, and Yamamoto (3) and Gray (7) were limited to their own particular residency programs, both in Southern California. The study by Chaimowitz and Moscovitch (8) represents only Canadian psychiatric residents, and societal differences might limit the inferences one could make about American residency experiences.

Therefore, in an effort to further access training site assaults, we surveyed all the psychiatric residents in Pennsylvania. We sought to establish the frequency and severity of violent threats and assaults and to determine the amount of residency training time devoted to the understanding and clinical management of the violent patient.

METHODS

A 31-item questionnaire was sent to 333 psychiatric residents training at the 11 training programs in Pennsylvania; 7 programs were in Philadelphia, 1 was in the outlying metropolitan area, 1 was in Harrisburg, and 2 were in Pittsburgh. Each residency program had trainees working at several sites with a range of clinical responsibilities. The questionnaire was sent to the chief resident of each program after an initial telephone contact had been made and the aims of the project explained. The questionnaire was distributed by the chief resident to each trainee with a cover letter explaining the goal of the survey.

We divided assaults into three categories based on the extent of physical harm incurred during the incident. A serious assault was defined as an incident such as stabbing, biting, or blows to the head resulting in concussion and requiring medical attention. A moderate assault was defined as an incident characterized by aggressive intent in which some physical contact was made, i.e., scratches, pokes, shoves, or being hit with objects. An assault with potential for harm was defined as any action with aggressive intent in which no physical contact was made, such as thrown objects and attempted