

# What to do after a patient assaults you

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**P**hysical assaults by patients are an occupational hazard of practicing medicine. Assaults can happen in any clinical setting, occur unexpectedly, and have a lasting impact on all involved. In an anonymous survey of 11,000 hospital workers, 18.8% reported being physically assaulted.<sup>1</sup> Psychiatric clinicians may be at greater risk for violence than those who work in other specialties. In a survey of 380 health care employees who worked in a psychiatric setting, 40% of physicians reported being victims of a physical assault.<sup>2,3</sup> Although there are no guidelines on how to manage the aftermath of being assaulted by a patient, we offer the following advice based on our experiences.

**Remain calm.** Although it may be difficult to do so immediately after being assaulted, remaining calm is essential. You may experience a myriad of emotions, such as anger, fear, vulnerability, shock, or guilt. Although these responses are normal, they can hinder your ability to accomplish subsequent tasks.

**Recall the assault.** Despite the unpleasantness of replaying the incident, recall as many details as you can and immediately write them down. Because of the copious amount of paperwork you may be required to file (eg, incident reports, employee health forms) and statements that you will likely repeat, having an accurate version of what happened is paramount to determining a course of action. You also may be required to give a statement to law enforcement officials.

**Report the assault to your supervisor(s).** Informing supervisors and colleagues of

what happened could begin the implementation of corrective measures to decrease the risk of future assaults.

**Talk about the incident** with coworkers, supervisors, and friends to help process what happened, normalize what you are experiencing, and allow others to learn from you. Being assaulted can be traumatic and can result in experiencing post-assault symptoms, such as disruptions in sleep patterns, changes in appetite, and nightmares of the incident. These can be normal reactions to what is an abnormal situation. If necessary, seek medical assistance.

**Evaluate the circumstances.** Although you may not be at fault, consider if there may have been contributing factors:

- Were there signs of escalating aggressiveness in the patient's behavior that you may have missed?
- Would the presence of a chaperone during interactions with the patient have reduced the risk of an assault?
- Did you maintain a safe distance from the patient?
- Were existing safety policies followed?

continued

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**Disclosures**

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**Examine your surroundings.** Could the surroundings where the assault occurred have hindered your ability to escape? If so, can they be altered to increase your chance of escaping? Are there items that could be used as potential weapons and should be removed?

**Expect changes to processes and procedures** as part of the reverberations after an assault. Your firsthand account of the assault can limit staff overreactions by analyzing

whether existing policies were appropriately implemented, before deeming them ineffective and enacting new policies.

**References**

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