



Caring for a person who is Aggressive or violent

Aggression and violence are not unique to mental illness, nor are they necessarily common features or symptoms of mental illness. However they can be associated with mental illness, because of the higher likelihood of experiencing emotional states that can precipitate episodes of aggression or violence (for example, periods of confusion, distress or high emotional arousal). This resource provides an overview of suggestions for responding to aggression or violence, regardless of whether the behaviour presents in the context of mental illness or not.

Case study

Sean has been brought to the emergency department by an ambulance after he was found unconscious in a shopping centre. He is 38 years old and has been misusing alcohol over many years. He is known to some of the medical staff due to many previous visits, usually because of injuries he has suffered as a result of his heavy drinking. Sean has often presented as a very aggressive man, and one occasion hit a staff member and the police had to be called. He lives with his mother, who has frequent visits from community nurses due to her chronic ill health.

The following information could help you nurse a patient like Sean.

Why are some people aggressive or violent?

Aggression or violence can occur when people have inappropriate skills for dealing with feelings of frustration, fear and anxiety, or as an expression of these feelings by people who are unwell. These behaviours may be present in a person experiencing acute or chronic pain, or in a person who primarily has a physical disorder (such as drug or alcohol withdrawal, stroke, head injury or Alzheimer's disease). Aggression or violence may also be a result of the effect of some therapeutic medications (for example, corticosteroids).

Some neurological disorders have been associated with changes in personality that may also result in violence. In some cases, an increased risk of violence and impulsive behaviour resulting in violence may be associated with people with active psychotic symptoms (who may be responding to command hallucinations or delusions), people with substance-abuse disorders and those with comorbid substance-abuse and mental disorders. Both men and women can display aggressive or violent behaviour.

Aggression may give people a feeling of power in order to compensate for feelings of inadequacy and anxiety. Aggressive and hostile people often have limited ability to deal with their frustrations, and their aggression sometimes allows them to have their own way and thereby appear to have their needs met.

About 50 per cent of people with pre-assaultive behaviours (such as verbal aggression, high activity level and invasion of personal space) never go on to assault staff. It is important to develop an awareness of common ‘triggers’ in your work environment that are likely to set off physical aggression. One of the strongest triggers is when the person perceives that he or she is being treated unfairly or without respect.

A person’s perspective on what it is like to experience aggression

‘I just get so angry. People act like idiots and I can just feel myself blowing up — and I’ll give them warning signs to stop but they just don’t. And even when I don’t want to, sometimes I’ll throw my weight around and people end up scared or in a direct confrontation with me. It’s worse too when I’ve been drinking. So at the end of the day, I’ve done the wrong thing because I couldn’t explain or work towards what I wanted in a better way.’

Some reported reactions to people who are aggressive or violent

Nurses who have worked with people who are aggressive or violent have reported the following reactions:

- Anger** Ironically, aggressive or violent behaviours can cause a nurse to experience similar feelings of rage and anger, as they may come to resent being treated abusively by the person. This may result in a subconscious or even a conscious desire to punish the patient.
- Desire to appease** A desire to appease the person may develop as staff attempt to avoid confrontation. This may be the reaction of someone who has personal problems dealing with anger and who may wish to ‘buy peace’ at any price.
- Avoidance** Fear of being hurt or spoken to aggressively can lead to a nurse wanting to avoid the person. However, if staff members do not intervene when appropriate, an aggressive or violent situation may become out of control.
- Inconsistency of care** The fact that some staff may wish to avoid and others appease the person may lead to inconsistency of care. This in turn can lead to conflicts arising between staff members.

Goals for nursing the person who is aggressive or violent

Appropriate goals in a community or hospital setting when caring for a person who is aggressive or violent include:

- ◆ Ensure the safety of one’s self, other staff and other people.
- ◆ Ensure that the person remains free from injury.
- ◆ Develop a relationship with the person based on empathy and trust.
- ◆ Promote effective coping and management strategies for frustration, fear and anxiety, which may be acting as triggers for an aggressive or violent episode.
- ◆ Promote the person’s engagement with their social and support network.
- ◆ Ensure effective collaboration with other relevant service providers, through development of effective working relationships and communication.
- ◆ Support and promote self-care activities for families and carers of the person who is aggressive or violent.

Guidelines for responding to a person who is aggressive or violent

The appropriate response to aggression will depend on a number of factors including: the nature and severity of the event; whether the aggressor is a patient, visitor or intruder; and the skills, experience and confidence of the staff member(s) involved.

Queensland Health (2008) recommends protection strategies when violence occurs or seems imminent. Whilst the prevention of occupational violence is not always possible, should a violent event be imminent the following protection strategies may be considered:

- ◆ Presence, disengagement, negotiation, de-escalation, escape, defense and control techniques such as code black response teams (if appropriate) for the management of occupational violence.
- ◆ Appropriate solutions proportional to the event to be considered in accordance with legislative and organisational requirements.
- ◆ Selection of appropriate protection strategies and techniques must balance clinical, safety and security requirements.

Make sure you are **fully aware of policies and procedures** in your place of work for dealing with potentially dangerous situations in both a community and hospital setting. Part of orientation to any new position is to thoroughly understand the policies and procedures relating to aggressive incidents and to ensure that mandatory training requirements for your area of work are completed.

Following are some other suggestions that may be helpful to consider when responding to the person who is aggressive or violent.

To consider prior to face-to-face contact:

- ◆ The fact that a person has been known to be violent in the past is good reason to take extra care. However, it does not mean that the person will be aggressive on any particular occasion. Do not prejudge the situation.
- ◆ Determine whether a male or female member of staff will have a more calming influence on the person. At times, the presence of a man is too threatening. At others, it is reassuring that a male may have greater physical control over the situation. A male may see a female member of staff as nurturing and supportive and be less likely to try to hurt her.
- ◆ Communicate to co-workers when you are entering the person's room or cubicle.
- ◆ Ensure compliance with home visiting policies and procedures when you are visiting a person's home and attend with a colleague if possible.
- ◆ A person's cultural background can influence the way symptoms of mental illness are expressed or understood. It is essential to take this into account when formulating diagnosis and care plans. Indigenous mental health workers or multicultural mental health coordinators and the Transcultural Clinical Consultation Service from Queensland Transcultural Mental Health Centre are available for advice and assistance in understanding these issues.

For more information please visit www.health.qld.gov.au/pahospital/qtmhc/default.asp

During face-to-face contact:

- ◆ Remain calm. This will communicate that you are in control. Speak in a calm, firm voice (slowly with measured tones) without emotional response or yelling.
- ◆ If the person is standing, ask him or her to sit down, and tell you what is causing the frustration.

- ◆ If a person is violent/aggressive, the nurse should immediately contact security and ensure the safety of all people in the vicinity.
- ◆ To protect yourself in a person's room or cubicle, ensure you have clear access to the exit door in case the person becomes agitated or wants to leave. Leave the door to the room open and pull the curtain if privacy is necessary. This will avoid the person feeling trapped and will also ensure your protection. Work with a colleague if possible.
- ◆ To protect yourself when visiting a person at home, you may encourage the person to sit outside to talk.
- ◆ Power struggles can result in violence, so do not force a person who is agitated to have blood taken or to go for tests. Instead, prioritise what care must be administered, and place your focus on that. Ensure that all procedures are explained to the person and that his or her permission has been gained prior to carrying them out.
- ◆ Regularly orientate yourself to the situation and your role. This can help de-escalation and will help you maintain your focus.
- ◆ Encourage the person to articulate his or her feelings by clarifying and reflecting on your own understanding of them. Use non-confronting eye contact, ask questions and restate in your own words what you understand the person is trying to tell you.
- ◆ Reflecting a person's feelings can be very effective, if it is done in a genuine and appropriate way. Saying something like "It seems like this long wait is really frustrating you. Is there anything we can do to help?"
- ◆ Recognise and accept that the person has a right to express anger, and that expression of anger towards you does not mean that you are doing a bad job. Avoid reacting defensively and taking things personally; instead, try to look for the feelings that are behind the behaviour. Reinforce to other staff the person's right to express angry feelings.
- ◆ Avoid verbal confrontations. Reassure the person that you are there to help.
- ◆ Avoid becoming emotional or defensive in your responses. Try to focus, instead, on the current issues. Let the person know that you are interested in what he or she has to say.
- ◆ Recognise that in some situations where people are frustrated or fearful, there may be little a nurse can do to help except to allow expressions of anger and listen empathetically.
- ◆ Distinguish between verbal aggression and a person's customary language. Some people use swear words and slang as part of their everyday language and may not have the intention of being aggressive or offensive.
- ◆ Encourage the person to speak with a mental health worker or social worker, or to accept medication voluntarily, if appropriate. Try dialogue such as: 'It seems that things are a bit out of control at the moment. Will you let us help you? Taking this medication will help calm things down.'
- ◆ Help them to identify triggers and any management strategies, if appropriate. It is important to do this when the person is calm and open to discuss the issues. If the person has a mental illness it may be important to consider to what degree the symptoms are contributing to the tendency towards aggression and violence.
- ◆ Gather other history from family or friends to help understand why the person is acting this way.
- ◆ Provide family members and carers with information about aggression and violence, if appropriate, as well as reassure and validate their experiences with the person. Encourage family members and carers to look after themselves and seek support if required.
- ◆ Be aware of your own feelings when caring for a person who is aggressive or violent. Arrange for debriefing for yourself or for any colleague who may need support or assistance — this may occur with a clinical supervisor or an employee assistance service counsellor.

Post-incident response

If a situation does escalate to an act of violence, when the incident is concluded, staff should be provided with clear guidelines regarding support services and the option of time out from duties. Operational debriefings should be set up and coordinated. For more information visit: <http://qheps.health.qld.gov.au/eap/home.htm>

The Employee Assistance Service provides confidential, short-term counselling free-of-charge to Queensland Health staff to assist them to resolve personal and work related problems. For more information visit <http://qheps.health.qld.gov.au/eap/home.htm>

Further action: Build up your confidence with training

The Queensland Health approved training course is the Aggressive Behaviour Management (ABM) for Healthcare Workers course. The ABM course is available to all staff, it is based on sound risk management principles, designed to support the delivery of health care and improve patient safety through prevention, protection from and treatment control of aggressive behaviour incidents.

For more information see the Occupational Violence site
http://qheps.health.qld.gov.au/safety/occup_violence/home.htm

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