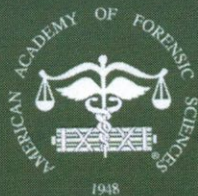


*P*roceedings

*American
Academy
of Forensic
Sciences*



*68th Annual Scientific Meeting
Las Vegas, NV
February 22 - 27, 2016*



1948

AMERICAN ACADEMY OF FORENSIC SCIENCES

410 North 21st Street
Colorado Springs, CO 80904
Phone: (719) 636-1100
Fax: (719) 636-1993
E-mail: membership@aafs.org
Website: www.aafs.org

PROCEEDINGS

of the American Academy of Forensic Sciences 68th Annual Scientific Meeting

The Proceedings of the American Academy of Forensic Sciences is an official publication of the American Academy of Forensic Sciences (AAFS). It is devoted to the publication of the abstracts of technical oral papers and posters presented at the AAFS annual scientific meeting. These include various branches of the forensic sciences such as pathology, toxicology, anthropology, psychiatry, immunology, odontology, jurisprudence, criminalistics, questioned documents, digital evidence, and engineering. Similar submissions dealing with forensic oriented aspects of the social sciences are also included.

Please note that some of the abstracts included in the Proceedings deal with topics, results, and/or conclusions which are controversial. The publication of abstracts does not imply that the AAFS, its sections, or the individual section program chairs/committee members have verified or agree with the studies, results, and/or conclusions of each abstract. During the process of planning a scientific program, it is impossible to "peer-review" each abstract and presentation to the degree that is accomplished during manuscript review. Abstracts and presentations are accepted, in part, so that they can be critiqued and reviewed by other scientists. Thus, a forum is created to discuss controversial issues.

The views expressed in this publication are not those of the AAFS. The data and opinions appearing in the published material were prepared by and are the responsibility of the contributor(s), not of AAFS nor its respective employees, employers, officers, and agents. The AAFS does not supply copies of meeting papers. Please write directly to individual authors to obtain copies of specific papers. Presentation of some abstracts may have been scheduled or canceled after the publication of this document.

English is the official language of the AAFS and its meetings; neither oral nor written translations will be provided.

Copyright 2016 by the AAFS. Unless stated otherwise, noncommercial photocopying of editorial material published in this periodical is permitted by AAFS. Permission to reprint, publish, or otherwise reproduce such material in any form other than photocopying must be obtained from AAFS.

128 The Risk of Assault by Patients in Psychiatry Settings: A Case Report and Review of the Literature

Giancarlo Di Vella, MD, PhD*, University of Torino, Dept Public Health Sciences, Sezione di Medicina Legale, Corso Galileo Galilei 22, Torino 10126, ITALY; Lucia Tattoli, PhD, Sezione di Medicina Legale, University of Turin - Corso Galileo Galilei, 22, Torino 10126, ITALY; Fiammetta Marella, Via Cassini 57, Torino 10129, ITALY; Mary Sullivan, MSN, 4553 E Buist Avenue, Phoenix, AZ 85044; Roberto Catanesi, MD, p.za G. Cesare, Bari 70124, ITALY; and Ignazio Grattagliano, PsyD, University of Bari, Piazza Cagnola, 3/B, Casamassima, Bari 70010, ITALY

After attending this presentation, attendees will understand that assaults by psychiatric patients against mental health care providers is a significant occupational risk for health care staff in private and public acute psychiatric facilities and rehabilitation wards. The review of literature shows that aggressive behavior, in most cases, involves verbal aggression and that physicians and nurses reported the highest prevalence of violence. Several surveys revealed that younger patients (=25-30 years of age) with multiple diagnoses, including substance abuse, psychotic behavior, and non-compliance to treatment are at the greatest risk of violent behavior, without a great gender difference.

This presentation will impact the forensic science community by emphasizing that mental health professionals can become victims of lethal assault by psychiatric patients, with minor injuries being more common (i.e., resulting in missed days of work or assignments to limited duty). Multiple or life-threatening injuries (i.e., fractures, lacerations, bruises, or a loss of consciousness) are sustained by a smaller percentage of staff members.

A case of a 53-year-old female psychiatrist who was found stabbed in her office in a mental health center was reported. A 44-year-old male was charged with this fatal assault. He had been previously admitted to the hospital with suicidal ideation and confusion. A 14.5 centimeters-long kitchen knife (single cutting edge) was found in the office. The autopsy revealed 70 stab wounds: four superficial wounds of the supraclavicular and cervical areas; three abdominal wounds penetrating the liver; eight wounds of the thorax penetrating the lungs; forty-two wounds of the back (twenty-eight of which penetrated pleural cavities); six superficial wounds of the lumbar region; and seven superficial wounds of the upper arms. The same knife found in the crime scene caused all of the wounds. Death was attributed to massive hemorrhagic shock. The forensic psychiatric expert highlighted a borderline-antisocial personality disorder; the perpetrator was judged competent to stand trial and the prosecutor asked for 30 years in prison.

Results from the literature review indicate that patient aggression toward mental health care professionals is common and worldwide. These incidents raised the controversial debate regarding the potential danger posed by individuals with mental illness, as psychiatrists have a 5% to 48% chance of experiencing a physical assault by a patient during their career. According to the United States Department of Justice's National Crime Victimization Survey conducted from 1993 to 1999, the annual rate of non-fatal, job-related violent crime was 12.6 per 1,000 workers in all occupations. Among physicians, the rate was 16.2 per 1,000 and among nurses was 21.9 per 1,000; however, for psychiatrists and mental health care professionals, the rate was 68.2 per 1,000, and for mental health custodial workers the rate was 69 per 1,000.¹ The most common type of aggression has minor consequences (mostly psychological as symptoms suggestive of post-traumatic stress disorder) and has usually occurred in crowded and unstructured settings without weapons, but a few cases of serious injuries or death are reported.

Mental health care practitioners have to be aware that risk factors for violence are divided into two categories: static (psychiatric diagnoses of major mental illness and prior history, young adulthood, lower intelligence, history of head trauma or neurological impairment, dissociative states, history of military service, and weapons training) and dynamic (substance abuse or dependence, persecutory delusions, command hallucinations, treatment non-compliance, impulsivity, homicidality with a feasible homicidal plan, depression, hopelessness, suicidality, and access to weapons). A multidisciplinary continuing education curriculum focused on recognizing aggressive or violent behavior between mental health practitioners and their patients is of paramount importance for preventing violent assaults is suggested. The ability to recognize the key "warning signs" (psychomotor agitation, combative posturing, guardedness, paranoid remarks, low frustration tolerance, emotional lability, and irritability) that may precede violence will increase staff safety and may save the lives of all involved.

Reference(s):

1. Anderson A., West S.G. Violence Against Mental Health Professionals: When the Treater Becomes the Victim, *Innov Clin Neurosci*, 2011 Mar; 8(3): 34-39.

Homicide, Psychiatric Safety, Violence