Reasons (not) to report a violent incident in psychiatry to the police

Summary

In psychiatry health care workers are regularly confronted with violence caused by patients. There is evidence that care workers who became victim of such an incident react in divergent ways. Only a minority of the victims do report an incidence to the police. Literature and case studies have been examined to find out which arguments do play a role in the decision (not) to report to the police.

It seems that victims of violent incidents, who decide not to report to the police, may think that violence is an occupational hazard which comes with the job. An argument that is also commonly heard is the fear for retaliation by the offender. In addition, health care workers have often built an intensive therapeutic relationship with the patient and some of them believe that reporting will adjourn this relationship. Some victims also state that the patient cannot be held responsible for his violent behavior because of his mental status. Furthermore, there is fear to break the rules of the professional confidentiality. Feelings of guilt and self-blame are also common reactions of the victim after the incident. And some victims argue that reporting the incident to the police is useless, because the chance of a conviction is negligible. An influential factor of significant importance is the policy of the psychiatric hospital and their attitude towards violence against their staff.

There also appear to be many arguments for reporting violent incidents to the police. First, victims state that reporting can be important in the process of dealing with the incident. Furthermore, by reporting an incident to the police, both victim and hospital make clear that violence towards care workers is not acceptable and may even be punishable. Support of the hospital management shows the willingness to provide a safe work environment for their staff, and can thereby improve staff morale.

In this presentation the arguments for and against reporting to the police are compared with those that have been found in criminological studies on the willingness of victims in general to report to the police. It appears that the Rational Choice Theory, which has usually been used to describe the decision (not) to report an incident to the police, is to a large extent applicable in the context of psychiatry. A model is presented that can help individual victims as well as the hospital management to make a deliberate decision.