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Understanding Violence: A Prerequisite to Prevention

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In the spring of 2009, a physician showed us an anonymous note that had been left on his car. It was a short note, handwritten on a child's "Little Mermaid" stationary:

> Dear Doctor,
>
> Now that spring is officially here, I thought

to stop someone from committing murder, they have probably applied the wrong strategy.”[ii]

In our own community several years ago we heard the restraining order debate play out on front page news. On October 8, 2012, Zina Haughton walked into the courthouse and applied for a restraining order against her husband, who she feared would kill her for leaving him. She was right, and on October 21, 2012, after purchasing a .40-caliber gun on-line the day before and three days after the court granted the restraining order, he did just that, also killing two of her colleagues and injuring three others at the spa where th-

patient's dismissal, we would have advised against it, offering other recommendations instead such as transferring to another provider and addressing his comments as well as expectations for behavior. Our open medical campus is simply not conducive to effectuating no contact, as demonstrated by his appearance after dismissal from care.

Won't my organization's "Zero Tolerance" Policy toward violence prevent any problems?

To be effective, zero tolerance policies, like restraining orders, require cooperation from the very individuals who show themselves to be most uncooperative. While OSHA and Joint Commission continue to use this outdated terminology, violence prevention experts do not, in part because research shows zero tolerance policies deter reporting of incidents[v]. If your organization has a Zero Tolerance/Incidents/Harm Policy, extra educational effort may be needed in order to convey the message to employees that reporting incidents is encouraged, and that "zero tolerance" does not necessarily in every circumstance contemplate the harsh justice it implies, such as when patients behave inappropriately due to a temporary or permanent brain condition.

Moreover, "zero" as relates to human interactional violence is almost certainly an unachievable goal, the continued adherence to which reflects the organizations' lack of understanding of violence. If one realizes no more than the fact that acts of violence can be unintentional or intentional, instrumental or reactive, perceived as the only alternative or one of many, and that healthcare facilities cannot realistically intervene to affect all possible contributing factors to violence in the lives of all people who enter their facilities or come onto their premises, than this should be apparent.

However, the recent Joint Commission Sentinel Event Alert mentions many different acts of violence committed against healthcare personnel yet also notes, "The most common characteristic exhibited by perpetrators of workplace violence is altered mental status associated with dementia, delirium, substance intoxication, or decompensated mental illness."[vi] Seven recommendations then follow that begin with a call to leadership to establish a goal of zero harm.

Healthcare organizations that more fully comprehend such concepts as the differences in types of violence (general, affective or reactive, and targeted) and the different approaches they call for are better equipped to [illegible]