Design Council

Perpetrator characteristics: profiling traits of violent and aggressive behaviour in A&E

Introduction

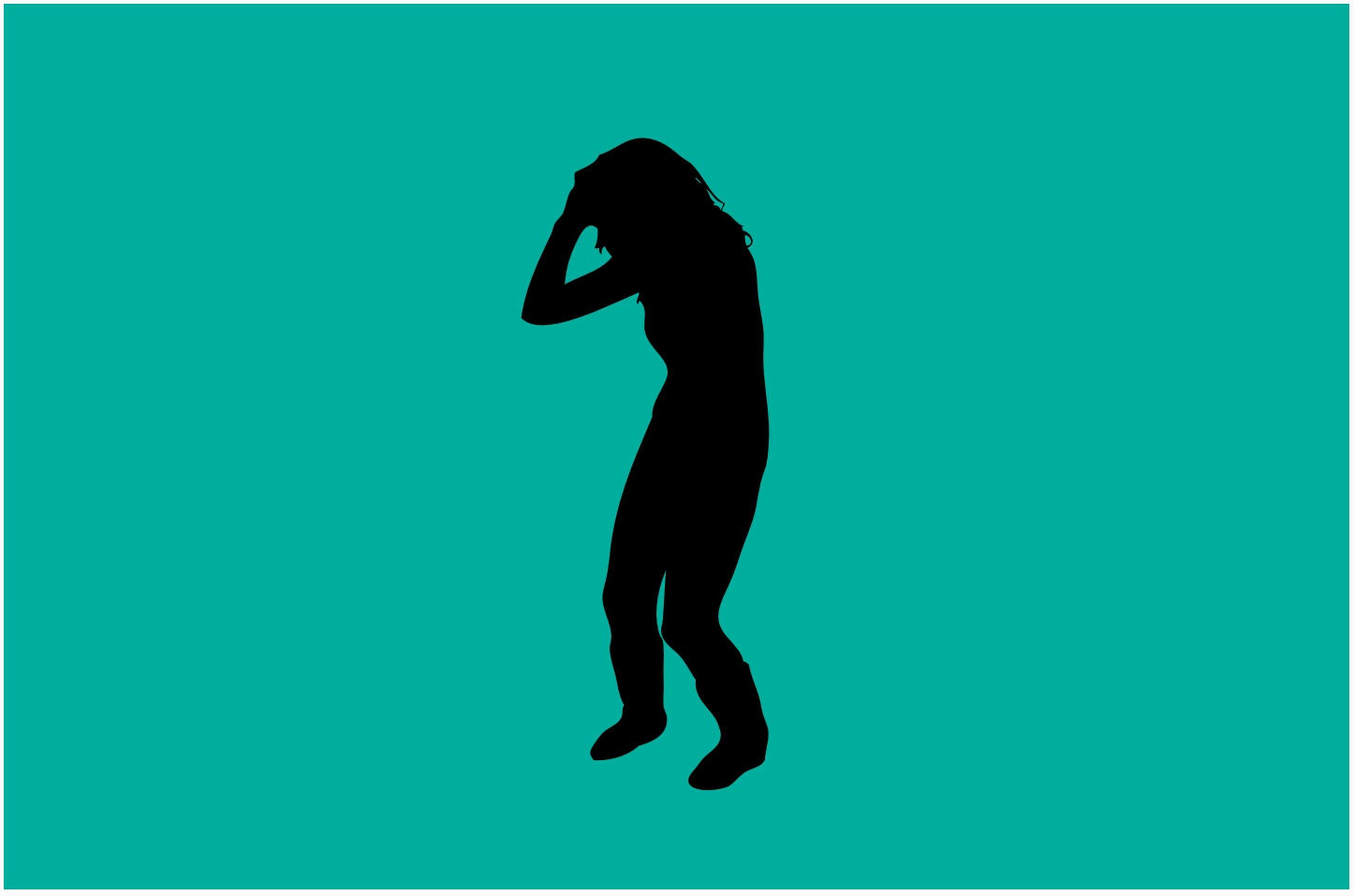
In our programme *Reducing violence and aggression in A&E: Through a better experience*, ethnographic research teams conducted several hundred hours of interviews with a wide range of NHS staff, as well as patients and their friends and family, the police, mental health experts and A&E design experts. They identified six sets of perpetrator characteristics, highlighting the diversity of individuals who become violent and aggressive in A&E.

The six profiles introduced in this guide are:

- Clinically confused
- Frustrated
- Intoxicated
- Anti-social/angry
- Distressed/frightened
- Socially isolated.

In creating these perpetrator profiles, the aim was not to stereotype or pigeonhole, or to presume the guilt of innocent people. Rather, it was intended to highlight distinct challenges and 'aggression pathways' that can be used to focus or test design ideas. It is also noteworthy that many of the perpetrators of violence and aggression exhibit two or more of the identified characteristics. These kinds of overlaps were deliberately ignored in the interests of clarity, but in practice make managing perpetrators and reducing acts of violence and aggression far more complex and difficult.

Clinically confused



Medical staff make a distinction between incidents with clear intent and those which, lacking intent, may have occurred as a direct result of the patient's illness or medical condition, particularly where that condition results in impaired cognition. Hypoxic pain can lead to all manner of severe confusion, for example, while a head injury can result in an individual behaving 'out of sorts', or dementia can lead to disorientation and child-like behaviour.

In practice, a subjective distinction and judgement is often made about whether the person would 'normally' conduct themselves in this way, and allowances are often made for extenuating circumstances (grief, pain, anxiety, fear).

How can we spot them?

More often found in the 'majors' side of A&E, these individuals may either be in an unresponsive state or behaving oddly.

How will they behave?

For whatever reason, these individuals may not be in control of their behaviour or their reaction to stimulus. Behaviour is most likely to be directed towards nurses or other clinicians who are trying to assess or treat them.

Frustrated

Frustration is a well-documented cause of aggression. The 'Frustration-Aggression' theory (Dollard et al, 1939) describes the journey towards aggression when a person feels that he or she is being blocked from achieving a goal. For the majority of attenders to A&E, the goal is simple: to receive the attention they need, as quickly as possible. Our research clearly demonstrated that anything perceived to be contributing to a delay or blockage in achieving that goal could become a source of annoyance, agitation or frustration.

Perpetrators who fall into this group were extremely wide-ranging, encompassing anyone and everyone who could present at an A&E department. In fact, it could be argued that the majority of people who visit A&E departments feel frustrated at one point, or come into contact with one or more trigger factors.

At that point, an individual's conduct simply comes down to their level of self-control and their beliefs regarding acceptable behaviour. Other factors that may affect an individual's move from 'frustrated' to 'aggressive' or 'violent' may include their level of socialisation, tolerance threshold, the solidity of their beliefs and respect for others, their ability to remain composed under stress, and their predisposition to violence.

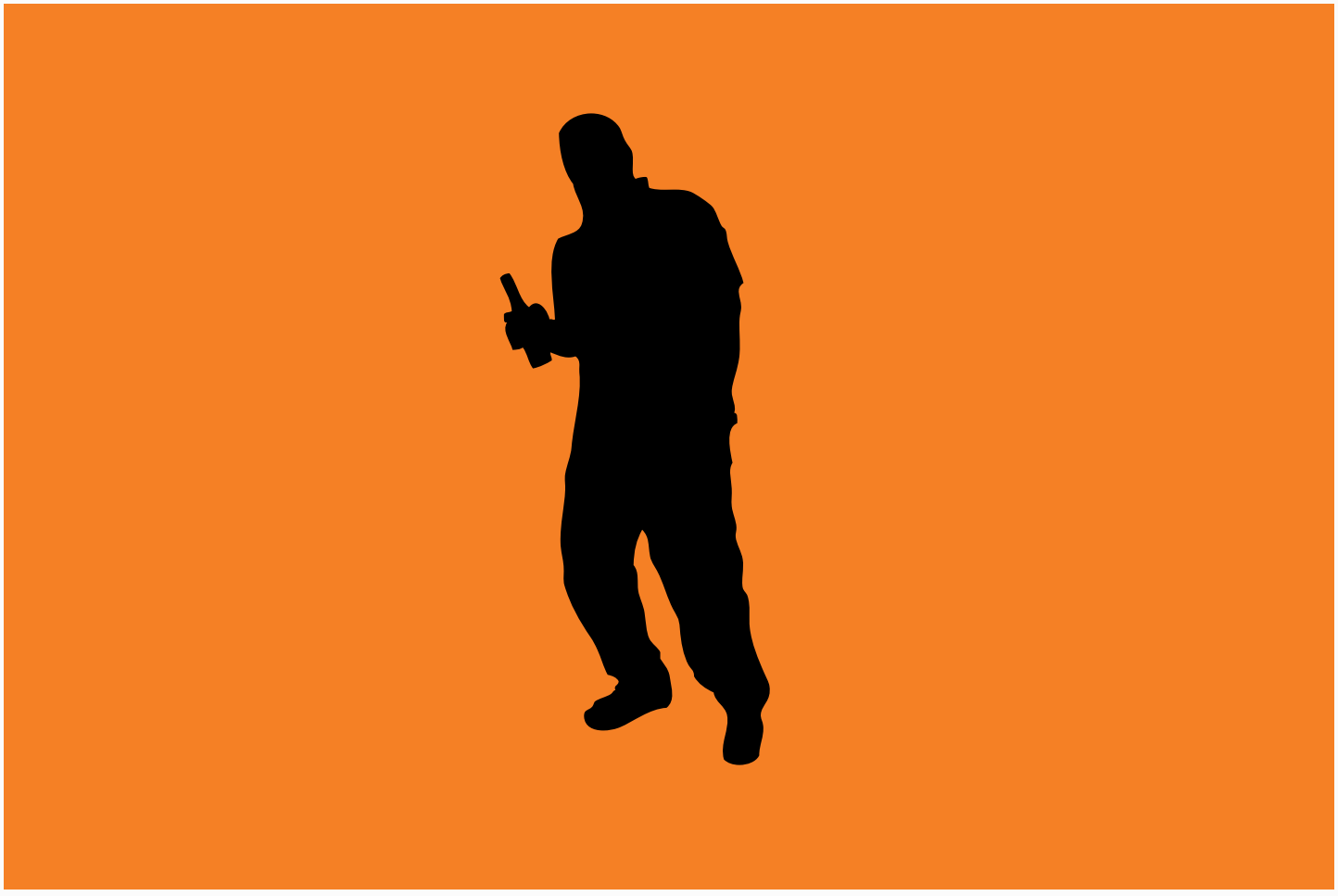
How can we spot them?

There are no easy ways to detect these individuals beyond awareness of 'agitated' or 'frustrated' body language. Individuals may frown, stare, fidget, pace or mutter under their voice.

How will they behave?

Some may make their frustration clear long before they would resort to violence or aggression; others may simply 'erupt' with seemingly no advance warning at all. Indeed, this behaviour may also take the individual by surprise – a momentary loss of control or impaired judgement.

Intoxicated



Intoxication, in particular alcohol consumption, is believed by staff to be one of the most significant contributors to violence and aggression in A&E departments.

How can we spot them?

Individuals may have slurred speech, be staggering around, behaving oddly, or in a less inhibited way.

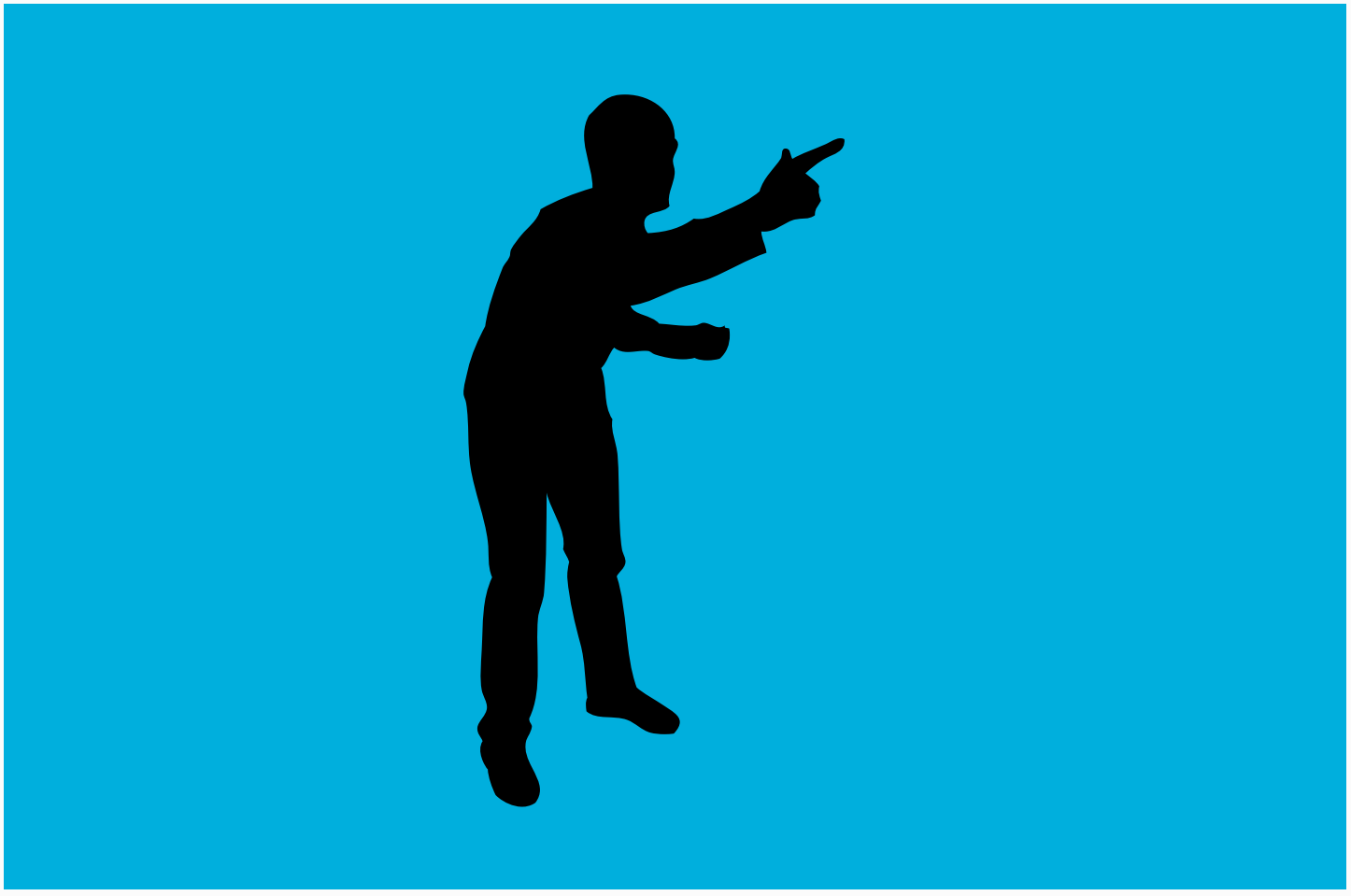
How will they behave?

Drinking alcohol and taking some drugs can reduce people's social anxieties (overcoming problems like shyness, for example). However it also has the effect, in some situations, of making the drinker less likely to worry about the consequences of his or her actions.

'Alcohol myopia' is a phenomenon that can also explain aggressive behaviour in intoxicated people. It involves a person becoming focussed on the most prominent cues in the environment (e.g. an attractive woman, a threatening man, or the desire for food). It also results in the person who has been drinking becoming far less sensitive to subtle behavioural cues, such as body language and gestures made by others which are intended to communicate that their interaction is unwelcome.

Alcohol impairs judgment, making people much less cautious (MacDonald et al. 1996). It also disrupts the way information is processed (Bushman 1993, 1997; Bushman & Cooper 1990). A drunk person is much more likely to view an accidental event as a purposeful one, and therefore aggression may be triggered by another person even with no intent (e.g. the 'you were looking at my girlfriend' phenomenon). The effects of alcohol on cognitive functioning may reduce the individual's ability to process or remember even basic instructions or solve simple problems.

Anti-social / angry



The antisocial character is likely to have past experience of being violent or aggressive. In normal everyday interactions they may struggle to control their behaviour, lack a clear sense of what is right or wrong, and actively seek offending opportunities. Some may describe this kind of perpetrator as having a 'borderline personality disorder'.

How can we spot them?

There are no easy ways to detect 'anti-social' people. They may take an aggressive stance, swear excessively, or speak in a loud voice.

How will they behave?

They are likely to be 'antisocial' in a variety of contexts (i.e. it is not just hospital where they express their violence and aggression). They may also act in a negative or abusive way in the absence of triggers. It is more likely that these individuals have little respect for any kind of authority or rules, and may be unafraid of the consequences of behaving badly.

Distressed / frightened

For some visitors and patients, being in A&E can be a highly emotional experience. These emotions can range from stress and anxiety, to shock, surprise or immense grief.

How can we spot them?

Such people often appear frantic or agitated; they may be physically shaking, flushed, or in a visibly panicked state.

How will they behave?

As emotions run high, individuals may be preoccupied, struggle to listen and be difficult to reason with. Individuals may be unusually volatile and unpredictable.

Socially isolated

Open 24:7, A&E can become a strange gathering place for all sorts of people who are lonely or have nowhere else to go. It is surprisingly common for socially isolated individuals to get to know staff quite well. They may be manipulative, identifying weaknesses (e.g. seeking out new starters who are less familiar with the rules and could be convinced to bend them). Quite frequently these individuals don't have any real medical problem and may make up symptoms to get attention from the staff (and avoid being ejected by security).

How can we spot them?

Often regular attenders at A&E, these individuals may look unkempt, unstable, or have poor personal hygiene.

How will they behave?

While often harmless, these individuals can sometimes be manipulative or threatening. Their knowledge of the system can be used to get around basic security measures. Personal knowledge of staff that has been built up over time can make their behaviour more distressing and vivid. Sometimes these characters are good at utilising other patients to act on their behalf. At a basic level, poor hygiene, bad smells and weird objects can make the A&E environment less comfortable for other patients.

Most patients were united by the belief that their condition was urgent and important. This was often accompanied by feelings of anxiety, stress and discomfort – compounded by the fact that their visit to A&E is typically for most people an unusual event and a deviation from their routine.

To find out more about *Reducing violence and aggression in A&E: Through a better experience* please visit designcouncil.org.uk/abetteraande

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