

## **This Should Not Be Normal**

### **Violence and PTSD**

*Originally published by Nurse Together online*

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A July 25, 2016, article in the *Hamilton Spectator* describes a violent attack on a registered practical nurse at St. Joseph's Healthcare Hamilton's West 5th Campus, the hospital to the regional specialized mental health services for South Central Ontario, providing inpatient and outpatient care to those suffering with a severe mental illness or addiction.

Joel OpHardt, reporter for the *Hamilton Spectator*, wrote Domenic Di Pasquale, President of Canadian Union of Public Employees (CUPE) Local 786 said that about 5:30 am Friday a patient requested some medication. The nurse retrieved the medication, and when she gave it to the patient “he proceeded to kiss her.” “The nurse backed away from him, but the patient tackled her and groped her private parts. This nurse was able to get free at that point, and alerted nearby staff nearby. In a

The patient and attacker, Di Pasquale, “learned the nurse wasn’t physically hurt but is concerned about the traumatization of the incident.”

While the attack is infinitely disturbing, I cannot help but acknowledge Di Pasquale for conveying these sentiments, and for being aware of the risks of long-term post-traumatic stress disorder (PTSD) to the victim.

#### **WHAT IS POST TRAUMATIC STRESS SYNDROME?**

According to the National Institute of Mental Health:

PTSD is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event.

It is natural to feel afraid during and after a traumatic situation. Fear triggers many split-second changes in the body to help defend against danger or to avoid it. This ‘fight-or-flight’ response is a typical reaction meant to protect a person from harm. Nearly everyone will experience a

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range of reactions after trauma, yet most people recover from initial symptoms naturally. Those who continue to experience problems may be diagnosed with PTSD. People who have PTSD may feel stressed or frightened even when they are not in danger.

According to the Bureau of Labor, in a 2014 survey almost 80 percent of nurses reported being attacked on the job within the past year. Health care workers experience the most nonfatal workplace violence compared to other professionals by a wide margin, with attacks causing days away from work in the US, according to the data.

Violence in the health care setting affects the employee, the employer and patients. In addition to physical injury, disability, chronic pain and muscle tension, employees who are victims of violence suffer psychological problems such as loss of sleep, nightmares and flashbacks.

One of the critical missives of Stop Healthcare Violence has always been assault is not part of the job.

While I believe many of my colleagues embrace this tenet, how many of us, even including those who have been assaulted, truly grasp the extremity of what workplace violence victims experience?

If I were punched, kicked or choked in a subway tunnel, on the street, or during a home invasion, no one would question the violence or trauma of this event.

Yet healthcare workers battle these same assaults every day, and somehow the situation is different. Somehow, it's "okay."

Let me tell you: it's the same.

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The violence is the same.

The trauma is the same.

The affects are the same.

Yet somehow the public, and the world at large, consider these to be completely different circumstances.

Please tell me: where do we go from here?

Source:

<http://www.scientificamerican.com/article/epidemic-of-violence-against-health-care-workers-plagues-hospitals/>

<http://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>

*Violence against nurses and its impact and stress and productivity*

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