

Oral presentation

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Epidemiology of inpatient violence and coercive measures

Tilman Steinert

Address: Center of Psychiatry Weissenau, Postfach 2044, D88190 Ravensburg, Germany
from WPA Thematic Conference. Coercive Treatment in Psychiatry: A Comprehensive Review
Dresden, Germany. 6–8 June 2007

Published: 19 December 2007

BMC Psychiatry 2007, **7**(Suppl 1):S15 doi:10.1186/1471-244X-7-S1-S15

This abstract is available from: <http://www.biomedcentral.com/1471-244X/7/S1/S15>

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Objective

To give an overview of the current knowledge on the epidemiology of in-patient violence and coercive measures in clinical psychiatry.

Methods

Many studies have been conducted on the epidemiology of in-patient violence by use of standardized scales such as the SOAS-R. Much research on patient and environment characteristics has been compromised by methodological flaws such as sample selection bias. Epidemiological data on the use of coercive measures is scarcely available in most countries, and different ways of reporting render comparisons difficult.

Results

Comparisons between countries indicate higher rates of in-patient violence in the Netherlands and in Sweden. The best predictors of in-patient violent behavior seem to be history of violent behavior, involuntary treatment, disturbed behaviors on the ward and severity of psychotic symptoms. To control such behavior, coercive measures of different types are widely used in apparently all countries. In Germany, full records of a set of hospitals are available for the recent years. 9% out of about 50,000 admissions were exposed to some kind of coercive measure. Figures from Switzerland and Finland show some differences in the patterns of frequency and duration of measures such as seclusion and mechanical restraint.

Conclusion

From the view of research, policy, public interest, and ethics, there is an urgent need to improve the data base particularly about the use of coercive measures in clinical psychiatry in many countries.