

P02-180

UNDERSTANDING VIOLENCE: A QUALITATIVE STUDY OF VIOLENCE AND TYPES OF VIOLENCE IN NEUROPSYCHIATRY PRACTICE

R. Faruqui^{1,2}, A. Tajer³, B. Moffat³

¹Neuropsychiatry, St. Andrew's Healthcare, Northampton, ²Psychiatry, King's College London, London, ³Neuropsychiatry, St Andrew's Healthcare Group, Northampton, UK

Introduction: Patients with acquired brain injury and other neuropsychiatric conditions may present with a significant risk of violence.

Objectives: To conduct a qualitative evaluation of violence to inform risk assessment, patient management, service planning, and workforce training in neuropsychiatry

Aims: To provide thematic or qualitative categories based exploration of violence to enhance understanding of risk factors and risk presentations while clarifying the nature and types of violence in this patient population.

Methods: A service evaluation exercise was conducted using routinely collected clinical information for patient group admitted at a neuropsychiatric service. Data files were converted in word format and transferred on qualitative analysis software NVIVO-8. This software was used for further qualitative analysis through creating free nodes in order to generate qualitative themes or categories of violence in this patient population.

Results: 65 Male and 23 Female patients were admitted at the time of this review (working age adults). The qualitative data analysis using NVIVO-8 generated qualitative categories of violence in this patient population

1. Violent Offending: Wounding, murder, criminal damage, sexual offending, arson
2. Institutional violence: Directed towards patients and staff included, scratching, biting, slapping, punching, kicking, grabbing, groping.
3. Sexual Violence: Stalking, rubbing, groping, exposing, masturbating, person directed sexual threats.
4. Types of Violence: Impulsive violence, instrumental violence, grudges based violence, opportunistic violence, predatory violence, erotic violence

Conclusions: Qualitative categorisation of violence amongst a neuropsychiatric population is feasible and provides supportive evidence for further clinical practice and guideline development in violence risk assessment for this patient population.