

by Leslie Stainton

# THE AFTERMATH

**The assault itself was just the beginning—then came the nightmares, the panic attacks, the endless cycle of doctors’ and lawyers’ appointments, the terrifying realization that something in her had vanished on January 31, 2011, and she couldn’t get it back.**

## STRESS

**Nearly a half-million nurses a year report being the victims of violent crimes in the workplace.**

### FORGETTING

At first she thought she had died. She could hear people around her crying, “Oh my God, oh my God, where’s all the blood coming from?” But she felt no pain and couldn’t open her eyes. Her head seemed to be detached from her body.

“Maybe I’m dead,” she thought. “But how did I die?”

She felt hands working to stabilize her back, felt herself being turned over and then a terrible burning in her head. Her elbow throbbed. Someone placed ice packs around her, loaded her into an ambulance, and drove her to a trauma center. She spent the day in the hospital, undergoing tests, begging to be released. Finally in the late afternoon they sent her home. Her 24-year-old son and only child, an airline pilot, flew in from Canada and kept watch over her that night.

For the next 24 hours she didn’t know “which way was up.” After 48 hours she was able to peek at herself in the mirror. Her eyes were all but swollen shut, two inky balls. A knot the size of an orange sat at the base of her skull. Black marks ringed her neck: the imprint of human hands. She was

in so much pain she didn’t know whether to be angry or scared. She could remember nothing of the events that had caused all this. Maybe, she thought, God was being kind to her by making her forget.

### REMEMBERING

One week later, on a frigid February 8, 2011, 49-year-old Elenita Congco and her son were driven to a courthouse in Brooklyn, New York, to appear before a grand jury. Congco met briefly with the assistant district attorney and was then led into a room full of jurists and told to remove her glasses so that they could see her injuries: the grotesquely swollen eyes, the bruised neck and battered forehead. “I felt like a slab of meat, like I’m up for auction,” she would remember. “Like I just got socked again in the stomach.”

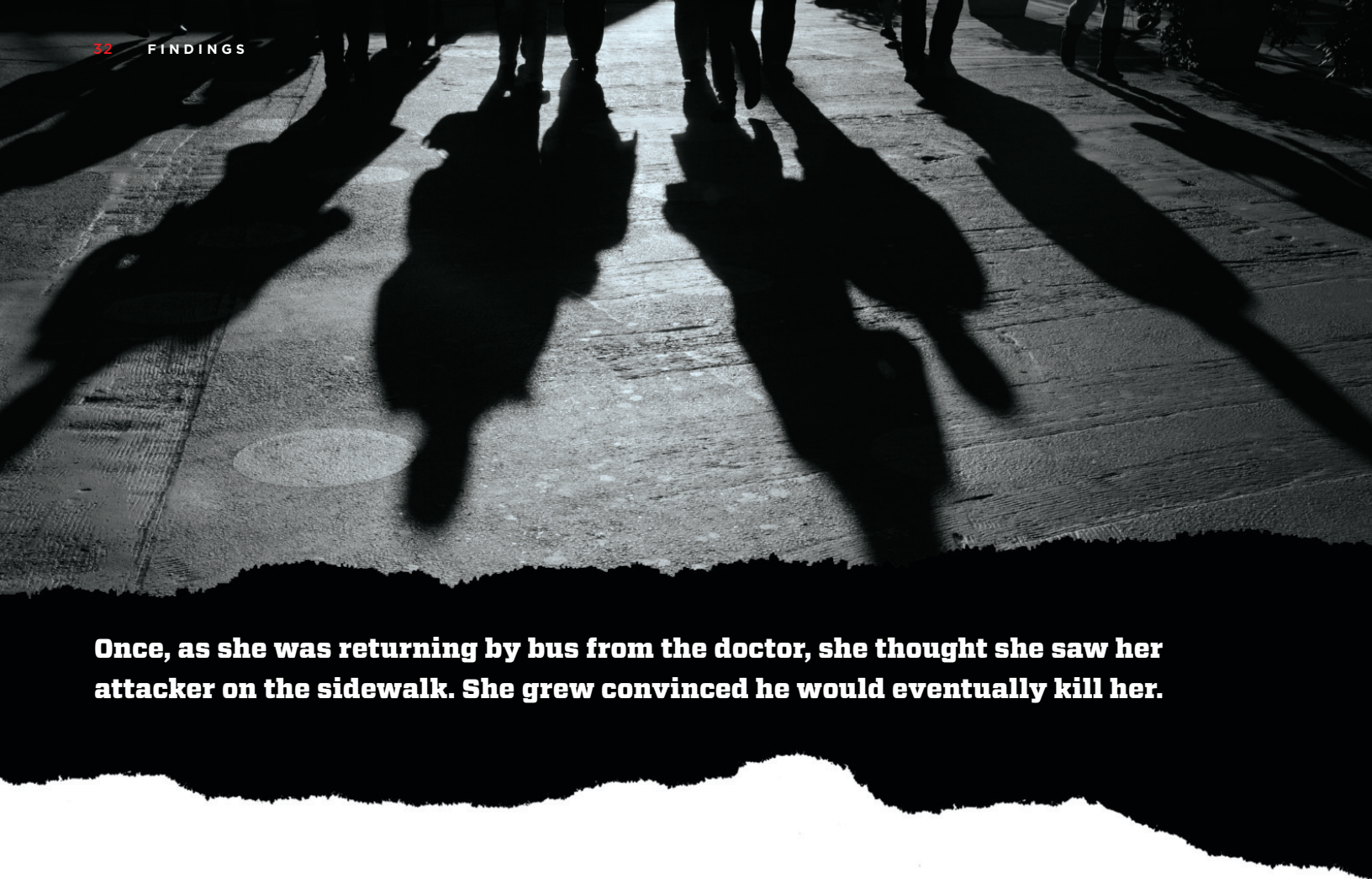
Here, in a room full of people she’d never met before, Congco learned what had happened to her on the morning of January 31. Witnesses told how the 28-year veteran nurse had been dispensing medications to the patients on Ward 22 of Brooklyn’s Kingsboro Psychiatric Center when two male patients got into a fight. Congco

followed protocol, went to a nearby office, phoned for assistance and got authorization to medicate the two men. She gave a shot to the first and was filling the next syringe when the second patient—a 23-year-old with martial-arts training and a history of severe psychiatric troubles—slammed his fist into the back of her head. She fell face-down, unconscious, with such force that witnesses said it felt “like the ward shook.” Her assailant climbed onto her back and began choking her with one hand and beating her with the other.

It took nine people—including a patient who was so fond of Congco he regarded her as a surrogate mother—to pull her attacker off her. Her assailant was subsequently arrested and jailed.

Congco suffered a concussion, a herniated cervical disc, and contusions throughout her body. A physician later told her the injuries she sustained that day were the same as if she’d been lynched.

As she sat in the Brooklyn courtroom listening to witnesses describe the attack, Congco, in her words, “freaked out. It’s like one trauma after another.”



**Once, as she was returning by bus from the doctor, she thought she saw her attacker on the sidewalk. She grew convinced he would eventually kill her.**

## PANIC

Psychiatric nursing had been her worst subject in school, and the outfit they made students wear on the ward—black dress, black pumps, white lab coat—didn't help. But after graduation, as a divorced mother living alone in Brooklyn with her young son, Congco took a job at Kingsboro, a 137-bed state-run facility offering crisis, transitional, and family mental health care. The center was within walking distance of Congco's home, and while she knew the job had its dangers, she felt secure.

In reality, health-care and social-assistance employees are among the most vulnerable in the country. According to the American Nurses Association, nearly a half-million nurses a year report being the victims of violent crimes in the workplace. Last October a health care worker at a forensic hospital in California was killed by a patient. In January, two weeks before Congco's assault, a 25-year-old mental health worker at a state-financed home in Massachusetts was killed on the job. A patient was charged with her death.

In relative terms, Congco knew she was lucky—she'd survived her beating. But the life she'd known had not. Three days after the attack she began having trouble sleeping. She would doze for two or three hours, then "pop up," terrified. It went on for months. Even with the aid of sleeping pills and valium, she regularly woke with a jolt, heart pounding. Some nights she couldn't get back to sleep at all. A psychotherapist told her it was part and parcel of the hypervigilance that comes with being assaulted.

After four weeks Congco could fully open her eyes; the bruises took months to disappear. A neighbor who'd known her for years grew teary when he saw her. "What did that animal do to you?" he asked.

Her life dwindled to a rotating cycle of doctors' appointments, visits to the lawyer and pharmacy, pain treatments. She became afraid to go out on the street, afraid to take a walk or be alone. Her head stung so badly she thought it would explode. The knot at the base of her skull diminished but didn't go away. She lost her balance.

Then the panic attacks started.

She could be at the laundromat, or at the deli picking up a sandwich, or in her own bed. Her chest would tighten, and she'd start to shake. The sight of teenagers emerging from school at three in the afternoon—many of them dressed like the young man who'd attacked her—could set her off. Congco knew she shouldn't let these episodes take over her life but lacked "the guts" to stop it.

Despite a court-ordered injunction prohibiting contact from her assailant, Congco was certain she saw him next to her in church. "I was in the middle of hearing Mass, and I looked, and there he was. That's how petrified I was. Some part of you tells you, 'That's not him, he's in prison.' But the rest of you tells you, 'Go home.'"

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## THE SYSTEM

Congco's sister kept in touch by phone from Michigan, and her son flew home as often as he could. Friends called. But other than Mikey, a stray cat who'd wormed his way into her life and heart the previous year, Congco was alone. Her parents were dead, and she had no family in the Brooklyn area. With few exceptions, she heard little from her coworkers and managers at Kingsboro. Congco figured they didn't have time, or didn't care, or were too frightened by what had happened to her.

Then there was the "mental torture" of having to navigate unfamiliar systems—workers' compensation, criminal justice—which often seemed to treat Congco as if she were to blame for her attack. Not atypical was the comment from an administrator who told her she had effectively "signed up for this" when she took the job at Kingsboro.

SPH alumnus Jonathan Rosen, MS '95, director of the occupational health and safety department of the New York State Public Employees Federation—the labor union to which Congco belonged—helped her navigate the workers' comp labyrinth, secure the coverage she needed to pay her bills, and cope with criminal-justice authorities. He dealt with the Kingsboro official who insisted there was nothing physically wrong with Congco and ordered her to return to work or face administrative action, and he pushed for doctors to fill out the requisite forms so she could get her benefits. Even with Rosen's help, it took three months before she saw a psychiatrist.

After weeks of advocacy, she finally received workers' compensation. The maximum benefit, \$739.83 per week, was less than she'd been earning before the attack, but Congco needed the money. She grew afraid to go outside for fear someone would see her and report that she was well enough to return to work, and her checks would be cut off.

The criminal-justice system was little better. One day Congco received a call from the assistant district attorney, who wanted to know how she was faring.

"I'm fine," Congco said. "I'm coping."

"Did you have a prior problem with this patient?" the ADA wanted to know. "Because we were going to offer him an attempted-assault charge with six-months probation."

"You've got to be kidding me," Congco stammered. "Have you seen my pictures? Have you read the case brief? Do you know what this boy did to me?" Her stomach was heaving. "What if he'd killed me? What would it be—*jaywalking*?"

That's when she decided to go public with her story. She contacted a reporter from the *New York Daily News*, and on Mother's Day, under the headline "Nurse who was battered at one of city's most troubled psychiatric centers 'in constant pain,'" the paper printed a photograph of Congco's battered face. More than three months after the assault her eyes were still swollen and black and her forehead mottled with bruises.

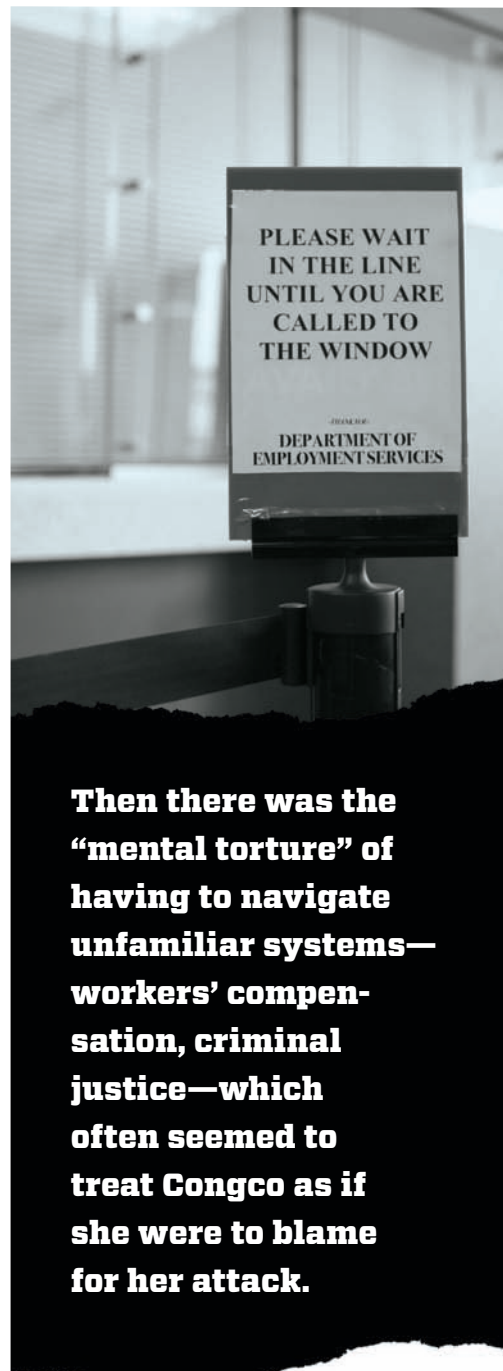
Congco wept when she saw it.

## LISTENING

Rosen suggested Congco talk to Jill Dangler, a psychiatric nurse in Utica, New York, who'd been assaulted 15 years earlier under similar circumstances. Like Congco, Dangler was attacked on the job by a patient who slammed her head into a wall and tried to strangle her. Another patient pulled him off and saved Dangler's life. Months of recovery followed, as did panic attacks, flashbacks, the nightmare of fighting for workers' compensation, and a dizzying range of physical ailments, including headaches, tinnitus, a broken jaw, missing teeth, and the loss of peripheral vision in one eye.

Like Congco, Dangler spent weeks inside her house, unable to talk about the assault, unwilling to take phone calls, terrified to leave her bed. She suffered the apparent indifference of the outside world, including a police officer who told her, "You knew of the risks when you took the job."

Unlike Congco, Dangler had a devoted husband at home and two young children who needed their mother.



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Dangler phoned Congco in mid-March. “I mostly did the listening,” Congco later recalled. “Everything she said to me was the same way I felt. It’s almost like a support group.”

Dangler knew exactly what Congco was going through. “Post-traumatic stress,” she says. “That’s what it is. It’s like you’re living in the moment that it happened.” Fifteen years after her beating, Dangler says she still dreams about her assailant and sometimes wakes up hitting her husband. After months of struggling to recover from the physical and emotional impact of her assault, Dangler went back to work at the site of her attack, but to this day she gets a twinge whenever she walks by a stretch of hallway that’s fraught with memory.

Her advocacy for measures to protect health care workers from violence—including keychain alarms wired to hospital safety departments—has been a big part of Dangler’s recovery. She worked closely with Rosen to push for passage of state legislation aimed at preventing workplace

violence throughout New York. Implemented in 2009, it’s the toughest such legislation in the nation. A subsequent law has made it a felony to assault a registered- or licensed practical nurse while on duty.

It was Rosen who asked Dangler to talk to fellow New York nurses, like Congco, who were victims of workplace violence. “I was kind of hesitant at first, but it almost does me as much good as it does them,” Dangler says. “It’s good for them to see that things do get better. Because you feel you’re at the bottom of a well looking up, and it’ll never be light again.”

### **BREATHING**

At times the pain got so bad Congco cried out to her deceased parents. “You gotta hold me up, because I don’t know what to do.”

At Mass on Saturday afternoons, she often sat by herself in a pew and wept.

Rosen was an answer to prayer—“my godfather, guardian angel, counselor, friend, union guy all rolled into one,” Congco said. Although the two never met in person, he

became a lifeline. Rosen assured her she’d get better—it would just take time. When he went on vacation, he gave her his cell number so she could stay in touch.

“You know how people just do things because they get paid for it? I never get that sense from him,” Congco said in late May. “He’s doing it because he really does give a damn.” What sanity she had left she owed to Rosen, she said.

She taught herself to live day to day, to take deep breaths. In time she found she could talk about the assault without getting hysterical.

The toughest part wasn’t what happened to her, she realized, it was “the aftermath.” The emotional and physical anguish. The humiliation of having to plead for assistance from bureaucrats who seemed deaf to her plight. The nagging certainty that she’d done nothing to provoke the attack.

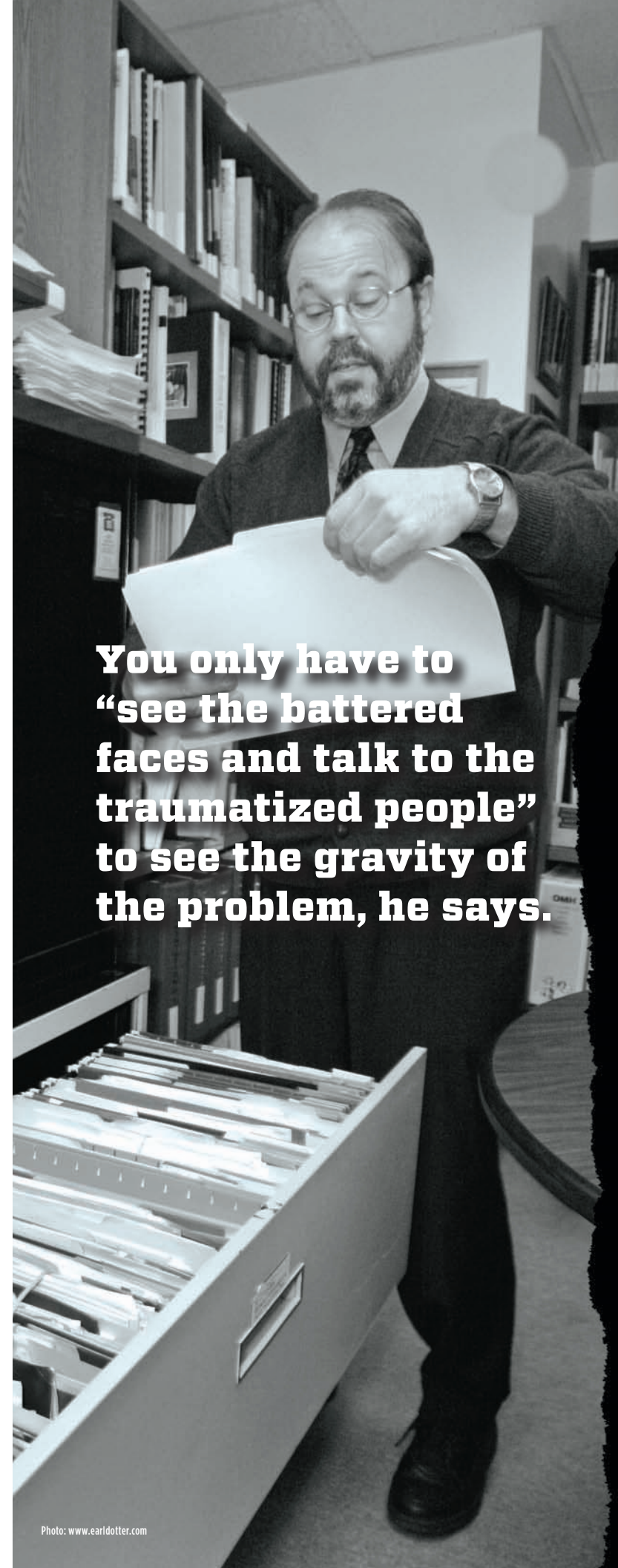
“It’s not like I got careless and I provoked him,” Congco said. “He got into an argument with somebody else, and I did my job. I was doing my job, and others were not.”

She felt certain she could never go back to work as a nurse again. She talked about leaving Brooklyn. Every time she went out on the street, she was reminded of her attacker.

Something, she said, died on January 31, and “I don’t know how to get it back.”

By late spring she was beginning to see hints of light. Occasionally she caught a glimpse of her former self. She could even envision a future. “I’d like to go to a park sometime and enjoy a picnic,” she said. “I’d like to go to a beach sometime and sit on a chair and just get air.” <

*Editor’s note: Elenita Congco participated in an extensive phone interview for this article on May 31, 2011. She died on June 27, before the article was completed. Her son has given permission for his mother’s story to be published. Kingsboro Psychiatric Center declined to comment for this article.*



**You only have to “see the battered faces and talk to the traumatized people” to see the gravity of the problem, he says.**

## **ADVOCATE, COUNSELOR, GUARDIAN ANGEL**

Although he experiences “a lot of vicarious stress” on his job and says most days “I go home a dishrag,” Jonathan Rosen, MS ’95, knows he’s lucky. Lucky to have a job in a safe environment. Lucky to have a family. Lucky to be the guy on the other end of the line when someone like Elenita Congco or Jill Dangler phones for help.

“If you want to really have an impact in my world,” says the SPH alumnus, “then you try to come up with some innovation that will prevent the kind of workplace violence that led to Elenita’s demise.”

An industrial hygienist by training, Rosen directs the occupational health and safety department of the New York State Public Employees Federation—a labor union representing 55,000 professional, scientific, and technical employees of New York state government agencies, among them more than 15,000 nurses and health-care professionals. These men and women, Rosen says, serve on the frontlines of some of the most dangerous places in the United States: psychiatric hospitals, prisons, youth detention facilities, nursing homes. While his job also touches on issues such as ergonomics and indoor environmental quality, Rosen has made workplace violence a primary focus for the past 20 years.

You only have to “see the battered faces and talk to the traumatized people” to see the gravity of the problem, he says. “Often these are career-ending injuries.” Recent budget cuts have only worsened the “perfect storm for violence” that can occur when overburdened health care workers come into contact with patients, inmates, juvenile offenders, or others who are suffering from mental illness or have been traumatized.

Rosen played a key role in the passage of state legislation in 2006 to protect New York’s public employees from violence in the workplace. The strongest, most comprehensive legislation of its kind in the country, it includes a written policy program for evaluating and controlling workplace violence and reporting, recording, and responding to incidents of workplace violence, as well as both general and site-specific training requirements.

Rosen also helped pass a state law guaranteeing that workers who are assaulted on the job get up to two years of leave before being subjected to termination, and he played an advisory role in a collective bargaining agreement that provides two years of health-benefit coverage to assaulted state workers. He has been instrumental, too, in establishing peer-based trauma-response teams in several state-run facilities—a development he sees as “part of the solution.”

If employees are to recover from PTSD and be effective at their jobs, work environments must be as safe as possible, Rosen points out. “War veterans don’t have to return to the battleground, and crime victims don’t have to return to the scene of the crime, but nurses like Elenita are expected to return to the workplace where they were victimized and often even work with the patients who assaulted them.”

For more on the “Stop Workplace Violence” campaign by the New York State Public Employees Federation, visit [www.pef.org/stop-workplace-violence/](http://www.pef.org/stop-workplace-violence/). <