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Paranoid beliefs and realistic expectations of victimization: Data from the survey of police-public encounters

Hyun-Jin Jun^a, Boyoung Nam^a, Lisa Fedina^a, Melissa Edmondson Smith^a, Jason Schiffman^b, Bruce Link^c, Jordan E. DeVlyder^{a,d,*}

^a School of Social Work, University of Maryland, Baltimore, MD, United States

^b Department of Psychology, University of Maryland, Baltimore County, MD, United States

^c School of Public Policy, University of California Riverside, Riverside, CA, United States

^d Graduate School of Social Service, Fordham University, New York, NY, United States

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ABSTRACT

Background: The anticipation of threat or victimization is a core feature of paranoia. Cognitive theories of paranoia suggest that paranoid thoughts may arise as a psychological response to trauma exposure, which likewise may lead to greater anticipation of subsequent victimization. Little is known, however, about the relation between paranoid beliefs and anticipated victimization when accounting for past victimization experience. The present study aimed to address whether the experiences of past victimization contribute to the link between paranoid beliefs and the anticipation of threat or victimization, with a particular focus on exposure to police violence.

Methods: Data were collected through the Survey of Police-Public Encounters ($N = 1615$), a cross-sectional, general population survey study conducted in four Eastern U.S. cities. Associations between paranoia and anticipated victimization were assessed using linear regression models, with and without adjustment for past victimization exposure.

Results: Paranoid beliefs were positively associated with police victimization expectations ($\beta = 0.19, p < 0.001$), but these associations were statistically better explained by past exposures to similar victimization such that paranoia was no longer associated with anticipated victimization in adjusted models ($\beta = 0.02, p = 0.451$). To assess for the specificity of past exposures to victimization, adjusting for past exposure to intimate partner violence (as a control condition) did not eliminate the association between paranoia and expected police victimization.

Conclusions: The overall findings are consistent with cognitive theories of paranoia in which paranoid beliefs may be a severe but normative reaction to past victimization exposures in some cases.

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1. Introduction

Expectations of victimization and other negative events are considered part of the core pathology of paranoia (Boyd and Gumley, 2007; Brunet et al., 2012; Freeman et al., 2002; Freeman and Freeman, 2008; Reid and Thorne, 2007), a characteristic that holds among people with schizophrenia (Lysaker and LaRocco, 2008; Pinkham et al., 2012; Salvatore et al., 2012; Silver et al., 2005) as well as those who experience paranoid beliefs at levels that fall below typical diagnostic thresholds for psychosis (Jack and Egan, 2016; Reininghaus et al., 2016; Schutters et al., 2012). Cognitive theories suggest that paranoia may arise from exposure to negative events. For those vulnerable to developing a psychotic

disorder (e.g., genetic predisposition), past exposure to stressful events can trigger paranoia through a cascade of negative beliefs and suspicious thoughts that may lead to persecutory ideation that in turn may lead to anticipatory anxiety and/or threat beliefs (Freeman, 2007; Freeman et al., 2002; Freeman and Freeman, 2008). Trauma in particular tends to promote risk factors for paranoia (e.g., negative beliefs/thoughts, anxiety, sdepression) (Fowler et al., 2006; Freeman, 2007), and people with histories of trauma or victimization are more likely than those without to experience paranoid beliefs (Allen-Crooks and Ellett, 2014; Bentall et al., 2012; Bentall and Fernyhough, 2008; Campbell and Morrison, 2007; Choe et al., 2008; Freeman and Fowler, 2009; Gracie et al., 2007; Lobbestael et al., 2010). Given that paranoid beliefs are essentially defined as greatly elevated expectations of future threat or victimization (Boyd and Gumley, 2007; Freeman et al., 2002; Freeman and Freeman, 2008), it is conceivable that this expectation is normative or appropriate given the past experiences of highly-victimized individuals.

* Corresponding author at: Fordham University, 113 W 60th St, New York, NY 10023, United States.

E-mail address: jdevlyder@fordham.edu (J.E. DeVlyder).

Prior research has shown significant associations between paranoid beliefs and anticipation of threat/victimization among adults with delusions (Freeman et al., 2013a) and among adults with a history of emergency room (ER) use due to victimization (Freeman et al., 2013b). However, prior research regarding the relationship between paranoid belief and trauma exposure mainly focuses on a history of childhood adverse experiences (Addington et al., 2013; Bentall et al., 2012; Carvalho et al., 2016; Fisher et al., 2012; Lopes, 2013; Sansen et al., 2014; Shakoor et al., 2015). Although some literature has suggested that perceived threat/expectations of negative events are predictive of later paranoid beliefs in adults with a history of ER use (Freeman et al., 2013b; Schutters et al., 2012), there has been no prior research directly testing whether such prior experiences drive the expectations of future victimization that are core to the pathology of paranoia.

Recent evidence from the Survey of Police-Public Encounters suggests that police victimization, a reasonably common trauma exposure in U.S. cities, (Cooper et al., 2004; DeVlyder et al., 2017a, 2017b; Geller et al., 2014) is associated with psychotic experiences including paranoid beliefs in U.S. urban populations (DeVlyder et al., 2017a). Importantly, the Survey of Police-Public Encounters assesses paranoid belief as well as both (1) expected future police victimization exposure, and (2) past history of police victimization exposure. It therefore allows a rare opportunity, albeit with cross-sectional data, to test the hypothesis that the expectations of future victimization associated with paranoid beliefs may be explained in part by simultaneously collected self-report of past victimization experiences, as suggested by cognitive theories of paranoid etiology (Freeman et al., 2005). We hypothesized that (1) paranoid beliefs would be associated with increased expectations of future police victimization, and that (2) an association between paranoid beliefs and expected police victimization would be statistically accounted for by past exposures to police victimization when modeled together. Additionally, it is unclear from prior research whether specific types of trauma exposure that may contribute to the etiology of paranoia are congruent with the content of subsequent paranoid ideas (e.g. beliefs about future victimization) or contribute to more broad and general paranoid beliefs about being victimized. As such, we used past exposure to interpersonal violence as a control condition to explore

whether associations between paranoid beliefs and expected victimization were accounted for by past exposures to victimization in general, or whether it was specific to victimization within the same domain.

2. Methods

2.1. Procedure and participants

This study analyzed data from the Survey of Police-Public Encounters, a cross-sectional, online-based general population survey study conducted in four Eastern U.S. cities (Baltimore, Washington, D.C., New York, City, and Philadelphia). The survey assessed respondent reports of police violence and mental health symptoms (i.e., depression, anxiety, suicidal ideation, hallucinations, paranoid beliefs, hopelessness, and psychological distress). The data were collected between March and April 2016 using Qualtrics, a private survey research company specializing in online surveys that maintains a database of several million U.S. residents who have consented to participate in periodic survey research. Epidemiological research has increasingly used online survey panels, including Qualtrics Panels specifically (Cheng, 2015; Jensen et al., 2016; Johnson et al., 2015; Tinghög et al., 2013), to attain general population samples.

Participants were recruited specifically from the four cities of interest (Baltimore, New York City, Philadelphia, and Washington D.C.) based on geographic household data maintained by Qualtrics. Qualtrics employed a quota sampling methodology by using a combination of demographic screening questions and recruitment quotas so that the sample would reflect the demographic make-up of each city (i.e., $\pm 10\%$ of 2010 census distributions for age, sex, and race/ethnicity in each city). When limits were met for their particular demographic group within each city's boundaries, no additional participants were asked to complete the survey. Because we were interested in assessing people across the continuum of psychosis severity (Linscott and van Os, 2013), we did not exclude individuals with psychotic disorders or other mental health conditions. Potential participants were provided information regarding the purpose of the study and its duration, and were given the option to exit the survey site or to provide consent and proceed to the survey. Study participants were compensated at a rate determined by Qualtrics

Table 1
Measures of police victimization.

Items	Response categories
Expectations of Police Practices Scale	
Please respond to the following questions asking whether you think any of the following things might happen during the next year:	
1. A police officer will hit, punch, kick, drag or beat you or a close friend or family member?	1 = Not at all likely
2. A police officer will force inappropriate sexual contact on you or a close friend or family member?	2 = Unlikely
3. A police officer will threaten or intimidate you or a close friend or family member?	3 = Likely
4. A police officer will not respond when called to assist you or a close friend or family member?	4 = Almost certainly
5. A police officer will use a gun or other weapon against you or a close friend or family member?	
6. A police officer will conduct a body search in a public place on you or a close friend or family member?	
7. A police officer will use slurs or discriminate based on race, ethnicity, sex, sexual orientation, religion, or disability, against you or a close friend or family member?	
8. A police officer will respond too late or inappropriately when called by you or a close friend or family member?	
Police Practices Inventory	
Physical victimization without a weapon	
• Has a police officer ever hit, punched, kicked, dragged, beat, or otherwise used physical force against you?	1 = Yes 2 = No
Physical victimization with a weapon	
• Has a police officer ever used a gun, baton, taser, or other weapon against you?	1 = Yes 2 = No
Sexual victimization	
• Has a police officer ever forced inappropriate sexual contact on you, including while conducting a body search in a public place?	1 = Yes 2 = No
Psychological victimization	
• Has a police officer ever engaged in non-physical aggression toward you, including threatening, intimidating, stopping you without probable cause, or using slurs?	1 = Yes 2 = No
Neglect	
• Have you ever called or summoned the police for assistance and the police either did not respond, responded too late, or responded inappropriately?	1 = Yes 2 = No

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