



Violent behavior of patients living in psychiatric residential facilities: A comparison of male patients with different violence histories



Valentina Candini ^a, Chiara Buizza ^{a,f}, Clarissa Ferrari ^a, Maria Elena Boero ^b, Gian Marco Giobbio ^{c,d}, Nicoletta Goldschmidt ^d, Stefania Greppo ^d, Laura Iozzino ^a, Paolo Maggi ^c, Anna Melegari ^b, Patrizio Pasqualetti ^e, Giuseppe Rossi ^a, Giovanni de Girolamo ^{a,*}, for the PERDOVE group

COLLABORATORS: The Perdove Group includes: S. Andreose ¹, P. Basso ¹, R. Beneduce ¹, F. Bongiorno ⁴, V. Braida ², E. Cortini ³, J. Dagani ¹, F. De Dominicis ², A. Di Giovanni ³, A. Ghilardi ⁶, A. Jaretti Sodano ², L. Magni ¹, D. Milazzo ⁵, E. Lo Presti ⁴, L. Paulon ⁵, R. Pioli ¹, C. Ricci ⁴, L. Rillosi ¹, G. Savio ¹, L. Scaratti ¹, R. Scioli ³, L. Veneroni ⁴, S. Zamburlini ², L. Zorzella ¹

¹ IRCCS St John of God Fatebenefratelli, Brescia, Italy

² Rehabilitation hospital Beata Vergine della Consolata, Torino, Italy

³ Hospital Sacro Cuore di Gesù, Pavia, Italy

⁴ Hospital Villa Sant'Ambrogio, Milano, Italy

⁵ Medical Statistics & Information Technology, Fatebenefratelli Association for Research, Isola Tiberina, Rome, Italy

⁶ Dynamic Clinic Unit, Faculty of Medicine and Surgery, University of Brescia, Italy

^a IRCCS St John of God Fatebenefratelli, Brescia, Italy

^b Rehabilitation hospital Beata Vergine della Consolata, Torino, Italy

^c Hospital Sacro Cuore di Gesù, Pavia, Italy

^d Hospital Villa Sant'Ambrogio, Milano, Italy

^e Medical Statistics & Information Technology, Fatebenefratelli Association for Research, Isola Tiberina, Rome, Italy

^f Dynamic and Clinic Unit, Faculty of Medicine and Surgery, University of Brescia, Italy

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ABSTRACT

People with severe mental disorders and a history of violence are often seen as a difficult-to-manage segment of the population. In addition, this group is usually characterized by a high risk of crime recidivism, and poor compliance with community and aftercare programs.

To investigate a sample of male patients living in Residential Facilities (RFs) with a history of violent behavior against people and to compare their characteristics with those of never-violent residents; to analyze the associations between aggressive behaviors in the last two years and a history of previous violence; and, to assess the predictors of aggressive behaviors.

This study is part of a prospective observational cohort study which involved 23 RFs in Northern Italy. A comprehensive set of sociodemographic, clinical, and treatment-related information was gathered, and standardized assessments were administered to each participant. Also a detailed assessment of aggressive behaviors in the past two years was carried out.

The study involved 268 males: 81 violent and 187 never-violent. Compared to never-violent patients, violent patients were younger, with a higher proportion of personality disorders, and have displayed an increased number of aggressive behaviors in the last two years. The presence of a history of violent behavior in the past significantly increases the probability of committing aggressive acts in the future.

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1. Introduction

Since 1980 many studies have attempted to analyze the relationship between severe mental disorders and risk of violence (Nederlof, Muris, & Hovens, 2013). To date, several variables have been identified that appear to be related to an increased risk of psychiatric patients committing

* Corresponding author at: IRCCS St John of God Fatebenefratelli, Via Pilastroni, 4, 25125 Brescia, Italy. Tel.: +39 030 3501590.

E-mail address: gdegirolamo@fatebenefratelli.it (G. de Girolamo).

violent acts (Fazel & Seewald, 2012; Witt, van Dom, & Fazel, 2013). A history of violent behavior, a diagnosis of schizophrenia, especially with an early onset, the severity of psychiatric symptoms (e.g., thought disorder, psychopathy, and suspiciousness), a concomitant use of substances/alcohol and the number of previous psychiatric admissions have been identified as risk factors for the occurrence of aggressive behavior in patients with severe mental disorders (Fazel, Gulati, Linsell, Geddes, & Grann, 2009; Fazel, Langstrom, Hjern, Grann, & Lichteinstein, 2009).

In Italy, there have been studies which have focused on patients admitted to acute inpatient facilities (Biancosino et al., 2009; Grassi, Peron, Marangoni, Zanchi, & Vanni, 2001; Grassi et al., 2001, 2006; Mauri et al., 2011; Raja & Azzoni, 2005). However, data are very limited on the risk of violent behavior in patients living in Residential Facilities (RFs): the latter have completely replaced Mental Hospitals (MHs) for the long-term care of patients with severe mental disorders. From 2001, a nationwide project (the PROGRES-Acuti) counted more than 17,000 residential beds and most likely, that number has increased (de Girolamo et al., 2007) in the last 12 years since that survey. During phase 2 of that study, residential patients previously admitted to Forensic Mental Hospitals (FMHs) ($N = 193$) were compared with the rest of the patients ($N = 2962$) surveyed (Preti et al., 2008). Overall, the symptom profile did not differentiate former judiciary patients from residents who had never been admitted to a FMH. Moreover, the rate of violent behaviors reported during the last year was low and limited to a very small group of former FMH patients.

1.1. The Italian forensic psychiatric system

The Italian forensic system is based on six FMHs with a total number of 1421 beds, which is a rate of 100 patients per 4.5 million population according to the January 1st, 1997 census (i.e., 2.2 per 100,000; Fioritti, 2005). All admissions and discharges are determined by judicial authorities, and are mainly based on criminal criteria: inmates treated in FMHs can be discharged when judicial authorities establish that they are not 'socially dangerous' anymore (i.e., further crimes by this person are considered unlikely). The rules for the psychiatric assessment of individuals charged with violent crimes are not stringent, and no explicit guidelines or criteria for rendering a verdict of 'not guilty by reason of insanity' have ever been established. The treatment provided in FMHs is mainly custodial and pharmacological, although some small-scale rehabilitation programs are being implemented. Links with standard mental health services are limited and shared programs are rare. The number of people placed in FMHs has not increased since 1980, when the population numbered 1424 patients. In the following years a gradual decrease occurred, until 1998 when the number of forensic patients in Italy was at its lowest ever (977). Since 1999, the opposite trend has emerged, and in the report of the Parliamentary Committee of 2010, the country's six FMHs were detaining 1421 patients. The scientific literature on forensic psychiatric patients in Italy is limited to very few articles, which mostly concern theoretical issues (Fioritti & Melega, 2000; Russo, Salomone, & Della Villa, 2003); a recent review on the history of Italian forensic psychiatry has been published by De Vito (2013). Only two follow-up studies of forensic patients have been conducted to date: a five-year retrospective study examining 96 patients who had been discharged from the Barcellona Pozzo di Gotto FMH. Results showed poor liaison with ordinary mental health services and a 23% rate of crime recidivism, with serious crimes (homicide/attempted homicide) committed in 7% of cases (Russo, 1994). A more recent and sophisticated study is the MoDiOPG project, which aimed to assess the clinical and psychopathological characteristics of a representative sample of patients treated in three Italian FMHs, with a three-year follow-up after discharge into the community (Fioritti et al., 2001). Neither of these two projects, however, specifically evaluated forensic patients transferred to RFs.

1.2. The change in the Italian law

A recent law has been enacted about the treatment of patients with mental disorders, who have been perpetrators of violent acts (Law 17, February 2012, n. 9).

This Law states that, from 31 March 2013, all patients currently hospitalized in the six Italian FMHs (approximately 1400) will have to be gradually discharged and transferred to non-judicial, psychiatric facilities, to be newly established in each of the 21 Italian Regions. These facilities should organize therapeutic pathways, aimed at the rehabilitation and social reintegration of inmates gradually discharged from FMHs. In order to implement these new facilities, the Italian State has made available 120 million euros for year 2012, and 60 million euros for year 2013. This Law demands new complicated tasks to ordinary Departments of Mental Health (DMHs), currently very poorly equipped to deal with forensic patients and their associated risk of violent behavior, and may have relevant consequences both with regard to the public perception of the mentally ill, and for the potential legal implications that the management of these patients may have for psychiatrists and mental health practitioners.

Moreover, so far neither residency programs for psychiatrists, nor training activities promoted by the DMHs have been set up to adequately train mental health practitioners in this field, making them able to learn specific skills necessary for an appropriate management of perpetrators of violent acts.

This will apply to all psychiatric patients who may commit any act of violence in the future as well. It is therefore likely that most of these patients will be referred or treated in RFs, since they generally require long-term care and often lack any social support. The complex management of aggressive and/or violent patients requires integrated, multi-professional and specialized treatment. In addition, the law imposes new and complex duties to the ordinary Departments of Mental Health (DMH) which will be responsible for their care. It is therefore necessary to better study the aggressive and violent behaviors and the risk of violence among patients living in RFs, in order to identify the most appropriate strategies for prevention and treatment of potentially violent patients (Hodgins, 2001).

The present study is part of a prospective observational cohort study involving St John of God Order's 23 medium-long term RFs in Northern Italy (de Girolamo et al., 2014) aimed at describing the sociodemographic, clinical, and treatment-related characteristics of RF patients during an index period, and to identify discharge-associated predictors and characteristics at 1-year follow-up.

1.3. Aims of the study

Aims of the present study are: (Biancosino et al., 2009) to investigate the sociodemographic, clinical, and treatment-related characteristics of a sample of male patients living in RFs with a history of violent behavior against people (so called 'violent patients'); (Bjorkly & Waage, 2005) to compare the characteristics of violent patients with never-violent residents; (Cohen & Eastman, 1997) to analyse the associations between aggressive behavior (e.g., verbal, physical and sexual) displayed in two years of observation by the two groups (violent vs never-violent); and (de Girolamo et al., 2007) to assess the predictors of aggressive and/or violent behavior.

2. Material and methods

2.1. Patient recruitment and assessment

All male patients residing in the St John of God Order's 23 medium-long term RFs in September 2010, with a primary psychiatric diagnosis and age younger than 65 years, were recruited. Exclusion criteria were age 65 years or older, and a primary diagnosis of organic mental disorder (i.e. dementia or mental retardation). The study was approved by

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