



# Factors associated with family violence by persons with psychiatric disorders



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## ABSTRACT

Family violence by persons with psychiatric disorders (PD) is a highly under-researched area. The primary objective of the present analysis was to identify perpetrator, victim, and interaction/relationship factors associated with this phenomenon. The secondary objective was to examine the extent to which the relationship between caregiving and family violence was mediated by limit-setting practices used towards relatives with PD. 573 adults across the U.S. with an adult relative with PD completed an online survey. Multivariate logistic regression was performed examining the association of factors with the occurrence of family violence. Mediation was assessed with Sobel testing. Family violence was significantly associated with the following factors: perpetrator—income, illegal drug use, psychiatric hospitalization, treatment attendance, and use of medications; victim—age, employment status, income, and mental health status; interaction/relationship—parental relationship, co-residence, use of limit-setting practices, representative payeeship, and unofficial money management. Mediation was statistically significant. Increasing access to mental health and/or substance abuse treatment may decrease the risk of family violence. Interventions may benefit from attempting to decrease/modify the use of limit-setting practices. Where family representative payeeship or unofficial money management exists, it is advisable for practitioners to assess and address financial coercion and promote greater collaboration in financial decision-making.

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## 1. Introduction

Although accounting for only a small portion of all violence committed (Joyal et al., 2007), persons with major psychiatric disorders (PD) such as schizophrenia, bipolar, or major depressive disorder are between 2 and 8 times more likely to commit acts of violence than are members of the general population (Arseneault et al., 2000; Corrigan and Watson, 2005; Fleischman et al., 2014; Hodgins et al., 1996; Stuart and Arboleda-Flórez, 2001). Unlike violence by the general population (Harlow et al., 2005), it is estimated that approximately half of all violence committed by persons with PD is against family members (Binder and McNeil, 1986; Estroff et al., 1998; Monahan et al., 2001). Studies show that family violence by persons with PD is surprisingly common across western (Chan, 2008; Onwumere et al., 2014; Skinner et al., 1992; Vaddadi et al., 2002) and eastern nations (Kageyama et al., 2015), with a recent review of the literature concluding that “among family members with high levels of contact with their relative with psychiatric disorders, the best available estimate is that 20–35%

have been the victim of violence by their relative with psychiatric disorders in the past 6–12 months and at least 40% have been the victim of such violence since their relative’s onset of illness” (Labrum and Solomon, 2015a, p. 15). In addition to family members being the most common targets of violence by persons with PD, they compose the vast majority of victims of repeated acts of violence (Estroff et al., 1998) and are significantly more likely than strangers to incur severe injuries—including death—when victimized by this population (Nordström and Kullgren, 2003).

Despite the salience of family violence when considering violence by persons with PD, little research has been conducted regarding family violence by this population across developed nations, with only a handful of quantitative studies being performed in this area in the past decade not exclusively examining intimate partner violence (Ahn et al., 2012; Chan, 2008; Kageyama et al., 2015). It is of paramount importance that factors associated with family violence by persons with PD be identified as such knowledge would enable the identification of persons with PD at risk of perpetrating family violence—to whom prevention and intervention services could be provided—and may indicate areas that interventions should aim to modify in attempting to decrease the risk of violence.

A conceptual model has been created by Solomon et al. (2005),

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proposing that perpetrator, victim, and interaction/relationship factors are associated with violence by persons with PD towards caregivers. Upon reviewing the available literature regarding family violence by this population and proximal fields (i.e. community violence and elder abuse by persons with PD) we have updated this model to explain the occurrence of family violence by this population. Perpetrator characteristics proposed to be associated with a greater risk of family violence include younger age (Heru et al., 2006; Vaddadi et al., 2002), male gender (Witt et al., 2013), unemployment (Swanson et al., 2006), lower income (Witt et al., 2013), diagnosis of schizophrenia or bipolar disorder (Corrigan et al., 2005), use of alcohol or illegal drugs (Arseneault et al., 2000; Elbogen and Johnson, 2009), younger age of onset of illness (Swanson et al., 2002), more frequent history of psychiatric hospitalization (Fleischman et al., 2014; Swan and Lavitt, 1988), medication non-adherence (Greenberg et al., 1990; Swanson et al., 2008), mental health treatment non-attendance (Estroff et al., 1998; Monahan et al., 2001), and history of arrest (Monahan et al., 2001). Victim characteristics proposed to be associated with an increased risk of violence include younger age (Vaddadi et al., 2002), unemployment, lower income (Swan and Lavitt, 1988), and presence of a mental illness (Vaddadi et al., 1997). Interaction/relationship factors include parental relationship (Estroff et al., 1998), greater levels of financial assistance (Estroff et al., 1998) and caregiving with activities of daily living (Labrum and Solomon, 2015b) provided to the relative with PD, co-residence (Straznickas et al., 1993; Swanson et al., 2006), more frequent in-person contact (Elbogen et al., 2005), greater levels of limit-setting practices used towards relatives with PD (Straznickas et al., 1993), and the presence of family representative payeeship (Elbogen et al., 2005) and unofficial money management. The primary objective of the present analysis is to examine the extent to which proposed perpetrator, victim, and interaction/relationship factors are associated with the occurrence of family violence by persons with PD (see Fig. 1).

While several explanations as to why level of caregiving towards relatives with PD may be associated with an increased risk of family violence are feasible (proximity, frustration at denied requests, etc.), a likely explanation is that family members

providing higher levels of caregiving more frequently engage in limit-setting practices towards relatives with PD and that the increased use of limit-setting practices results in a greater likelihood of family violence. While empirical studies have yet to examine this potential mediation, such an explanation is highly conceivable as family members providing more caregiving are enabled to engage in greater levels of limit-setting practices via contingently providing valued services to relatives with PD based on behavior modification. Family members providing greater levels of caregiving may also be more motivated to set limits with relatives with PD in an effort to decrease behaviors perceived to exacerbate the need for assistance or due to perceptions that setting limits is a component of caregiving (e.g. assistance contingent on medication adherence or abstinence from drugs). As such, the secondary objective is to examine the extent to which the relationship between degree of caregiving and risk of family violence is mediated by the level of limit-setting practices used towards relatives with PD.

## 2. Methods

This investigation was conducted in accordance with the latest version of the Declaration of Helsinki. The study design was reviewed and approved by the university Institutional Review Board. Between July 2014 and February 2015, 573 persons residing in the U.S. who report having an adult relative with PD completed an online survey. Each respondent provided information regarding him or herself, their relative with PD, and the interactions they've had with each other in the past 6 months, including if and how often their relative with PD has committed violence against them. It was decided to conduct an online survey as surveys result in less social desirability bias than interviews (Pew Research Center, 2015) and enable recruiting geographically and clinically diverse samples, as opposed to recruiting through persons with PD attending treatment services.

### 2.1. Sampling

Unfortunately, it is not financially feasible to obtain a truly

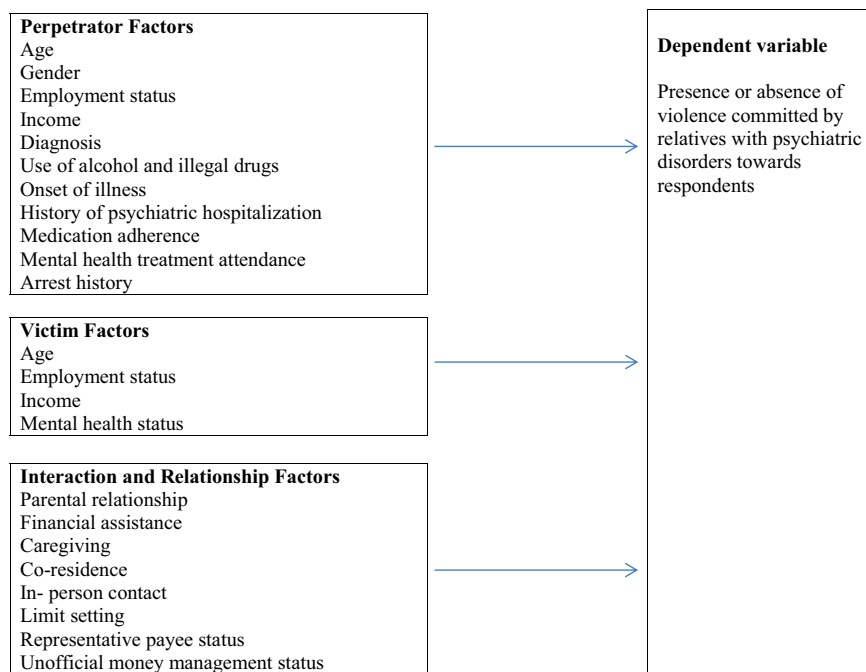


Fig. 1. Factors proposed to be associated with the occurrence of violence by relatives with psychiatric disorders towards respondents.

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