



## Brief Communication

## History of abuse and neglect in patients with schizophrenia who have a history of violence

Mehdi Bennouna-Greene<sup>a,\*</sup>, Valerie Bennouna-Greene<sup>a</sup>, Fabrice Berna<sup>a</sup>, Luc Defranoux<sup>b</sup><sup>a</sup> Pôle de Psychiatrie et Santé Mentale, CHRU Strasbourg, F67091, France<sup>b</sup> Unité pour Malades Difficiles, Centre Hospitalier Spécialisé de Sarreguemines, France

## ARTICLE INFO

## Article history:

Received 5 July 2007

Received in revised form 14 January 2011

Accepted 26 January 2011

## Keywords:

Schizophrenia

History of violence

Physical abuse

Physical neglect

CTQ

Emotional abuse

Emotional neglect

Sexual abuse

Abuse

Neglect

Childhood Trauma questionnaire

Childhood

Substance abuse

Parental loss

## ABSTRACT

**Objective:** To determine the prevalence of five forms of abuse/neglect during childhood and adolescence in a group of schizophrenic patients with a history of violence.**Methods:** Twenty-eight patients hospitalized in a highly secured psychiatric unit were included. Abuse and neglect during patients' growth were evaluated with the childhood trauma questionnaire (CTQ). History of substance abuse (consumption of cannabis, and/or alcohol, and/or heroin, and/or cocaine during the year that preceded the hospitalization), incarceration, and death of a close parent were also collected.**Results:** We found that 46.4% of patients experienced at least 1 form of abuse and/or neglect during childhood and 21.4% of them had experienced more than 2 forms of abuse and/or neglect. The 2 most frequent forms of neglect and abuse were physical abuse (39.3%) and emotional neglect (17.9%). History of substance abuse was found for cannabis (57.1%), alcohol (57.1%), and cocaine and/or heroin (35.7%). We found that 42.8% of patients had 1 close relative who had died during their growth and that 41.6% of these deaths were violent.**Conclusion:** It appears important to systematically search for and assess a history of abuse and neglect during growth in schizophrenic patients with a history of violence, in order to offer specific treatments for this group of patients.

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## Introduction

Recent literature has constantly shown an increase in the risk of violence in schizophrenic patients (for a review see: Fazel, Gulati, Linsell, Geddes, & Grann, 2009; Walsh, Buchanan, & Fahy, 2002). Risk factors, found in all life stages, for violence in schizophrenia are multiple and intricate. Hence Hodgins, Kratzer, and Neil (2002) showed that patients with severe mental disorders, whom had suffered neonatal complications, had a risk for violence threefold higher than the rest of the population. After the onset of schizophrenia, certain characteristics of delusions such as the feeling of being persecuted or controlled by external forces (Swanson, Borum, Swartz, & Monahan, 1996) can trigger violent acts. In addition, substance abuse, with a lifetime prevalence as high as 47% (Swanson, Holzer, Ganju, & Jono, 1990) in schizophrenic patients, is an important risk factor for violence (Wallace et al., 1998). Violence in schizophrenia may be more prevalent in a specific subgroup of patients and could also be related to particular life events and environmental factors. We evaluated 5 different forms of neglect and abuse during childhood and adolescence in a population of schizophrenic patients with a history of violence. We hypothesized that these patients could have an important history of abuse and neglect. Since a history of physical abuse

\* Corresponding author.

**Table 1**

Rates of abuse and neglect during childhood and adolescence in a sample of 28 patients hospitalized in a highly secured psychiatric unit.

	%	N
Having suffered from		
Any type of abuse	39.3	11
Physical abuse	39.3	11
Emotional abuse	10.7	3
Sexual abuse	10.7	3
Any type of neglect	25.0	7
Physical neglect	14.3	4
Emotional neglect	17.9	5
Proportions		
No abuse and/or neglect	53.6	15
One type of abuse or neglect	25.0	7
Two or more types of abuse and/or neglect	21.4	6

and chronic pain is a major risk factor for being violent (Widom, 1989), our main prediction was that physical abuse would be the most prevalent in this subgroup of schizophrenic patients with a history of violence. We also aimed to evaluate the overall rates of substance abuse, incarcerations and of an important early traumatic event such as the death of a close parent.

## Methodology

### Participants

We included 28 male patients who met DSM-IV diagnostic criteria for schizophrenia (paranoid,  $n = 25$ ; undifferentiated,  $n = 2$ ) or schizoaffective disorder ( $n = 1$ ) as determined by consensus of 2 senior psychiatrists in the hospital team. They were all hospitalized in a highly secured psychiatric unit in the east of France. This unit only admits dangerous and difficult male patients referred from psychiatric inpatient units from all of France. The sample was the whole patient population at a given period of time. At that period 56 patients presenting with schizophrenia were hospitalized in our unit. Twenty-three patients were excluded because they were clinically unstable or unable to answer a questionnaire. Five patients refused to participate (2 patients refused because they had been sexually abused in their childhood and continued to fear their offender). Mean age at the time of the study was 34.3 years ( $SD = 9.6$ ). Mean illness duration was 20.4 years ( $SD = 5.1$ ). It is important to note that 53.5% (15/28) of patients had been in contact with and/or followed up by mental health services during their growth (mean age 13.4;  $SD = 2.3$ ). Motives for admission were: violence on staff members (16/28), death threats (5/28), violence on other patients (5/28), homicide and homicide attempt (3/28), and rape (2/28). Three patients had two motives for admission. All patients were clinically stable and under antipsychotic treatment at evaluation time. All patients wrote informed written consent for this study which was accepted by the French Commission Nationale de l'Informatique et des Libertés (CNIL).

### Measures

To evaluate and define abuse and/or neglect, we used the French validation (Paquette, Laporte, Bigras, & Zoccolillo, 2004) of the short version (Bernstein & Fink, 1998) of the Child Trauma Questionnaire (CTQ), a 28-item self-report questionnaire which assesses 5 different forms of neglect and abuse during childhood and growth: physical, emotional, and sexual abuse, and physical and emotional neglect. In the French validation, internal consistency of the scale evaluated by Cronbach's alpha was excellent ranging from 0.68 to 0.91.

To assess clinical severity of psychotic symptoms we used the Scale for the Assessment of Positive Symptoms (SAPS) and the Scale for the Assessment of Negative Symptoms (SANS) (Andreasen & Olsen, 1982). The SAPS includes 34 items and evaluates several categories of symptoms such as hallucinations, delusions, bizarre behavior, and positive formal thought disorder. The SANS includes 25 items and evaluates alogia, avolition-apathy, attentional impairment, anhedonia, and affective flattening. The SANS and SAPS scales were performed during the week before patients rated the CTQ. The mean score was 36.5 ( $SD = 18.5$ ) on the SAPS and 42.8 ( $SD = 20.4$ ) on the SANS.

History of substance abuse (consumption of cannabis, and/or alcohol and/or héroïne and/or cocaine during the year that preceded the hospitalization), incarceration, and death of a close parent were also collected.

## Results

We found that 46.4% (13/28) of patients experienced at least 1 form of abuse and/or neglect during childhood and 21.4% of them (6/28) had experienced more than 2 forms of abuse and/or neglect. The 2 most frequent forms of neglect and abuse were physical abuse (11/28, 39.3%) and emotional neglect (5/28, 17.9%). Physical neglect (4/28, 14.3%) and sexual and emotional abuse (3/28, 10.7%) were less frequent. Results are summarized in Table 1.

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