



## Factors associated with victimization in dual diagnosis patients



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### ABSTRACT

**Background:** Patients with a substance use disorder and co-occurring mental disorder are prone to victimization. There is a lack of research identifying variables related to violent and property victimization in this high risk group. The aim of this study was to identify factors associated with violent and property victimization in male and female dual diagnosis patients in order to identify targets for prevention.

**Methods:** In a cross-sectional study, victimization and demographic, clinical and psychological characteristics were assessed in 243 treatment-seeking patients with dual diagnosis. Patients were recruited in an addiction-psychiatry clinic and an allied outpatient care facility in Amsterdam, The Netherlands.

**Results:** In a multiple logistic regression analysis, violent victimization was independently associated with younger age, female gender, violent offending and a self-sacrificing and overly accommodating interpersonal style ( $p < 0.001$ ;  $\chi^2 = 108.83$ , d.f. = 8,  $R^2 = 0.49$ ) in dual diagnosis patients. In male patients, violent victimization was independently associated with younger age, violent offending and a self-sacrificing and overly accommodating interpersonal style ( $p < 0.001$ ;  $\chi^2 = 91.90$ , d.f. = 7,  $R^2 = 0.56$ ). In female patients, violent victimization was independently positively associated with homelessness, violent offending, a domineering/controlling interpersonal style, and negatively associated with being socially inhibited and cold/distant ( $p < 0.001$ ;  $\chi^2 = 34.08$ , d.f. = 4,  $R^2 = 0.53$ ). Property victimization was independently associated with theft offending ( $p < 0.001$ ,  $\chi^2 = 26.99$ , d.f. = 5,  $R^2 = 0.14$ ).

**Conclusions:** Given the high prevalence of victimization in dual diagnosis patients and its related problems, preventive interventions should be developed. Interventions should target interpersonal skills to decrease vulnerability to victimization, address the overlap between victimization and offending and incorporate gender-specific elements.

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### 1. Introduction

Patients with substance use disorders are more likely to be victims of crime compared to the general population (Stevens et al., 2007; Vaughn et al., 2010). The stressful experience of victimization leads to worse treatment outcomes in these patients (Pirard, Sharon, Kang, Angarita, & Gastfriend, 2005). Almost half of the people who suffer from an alcohol or drug use disorder also suffer from another mental disorder (Kessler, 2004). These dual diagnosis patients have been found to be

especially vulnerable to violent and property crime (de Waal, Dekker, & Goudriaan, 2017). The current study examined factors associated with violent and property victimization in male and female dual diagnosis patients.

In substance use disorder patients, violent victimization (e.g. physical abuse) has been associated with younger age, female gender, homelessness, offending, psychiatric distress, frequent drug use and involvement in the drug subculture (Neale, Bloor, & Weir, 2005; Stevens et al., 2007; Walton, Chermack, & Blow, 2002). Substance users may be more prone to both victimization and offending compared to the general population due to their lifestyle, routines and activities. Routine activity theory (Cohen & Felson, 1979) states that people who are suitable targets, spend time in groups that include many offenders, and have no 'capable guardians' are more likely to become victims of crime. Capable guardians can be police patrols, health professionals, and friends, family members or neighbors who discourage potential offenders from perpetrating a crime. Among substance users, the roles of

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victims and offenders seem to be closely intertwined. Those who are violent themselves are at increased risk of experiencing violence (Neale et al., 2005).

In patients with severe mental illness, violent victimization has been associated with similar factors, namely, homelessness, offending, more severe symptomatology and substance use (Goodman et al., 2001; Maniglio, 2009). In addition, female gender is associated with violent victimization in homeless individuals with severe mental illness (Roy, Crocker, Nicholls, Latimer, & Ayllon, 2014). However, there is a lack of research identifying variables related to victimization in the high risk group of dual diagnosis patients. Presumably, the risk factors for violent victimization of patients with a substance use disorder or a mental disorder also apply to patients who suffer from dual diagnosis, but this is still unknown.

Unfortunately, most studies in patient groups have linked violent victimization to characteristics that are hardly changeable (e.g. age, gender, living situation) or inherent to the patients' illness (e.g. psychiatric distress, substance use) (Neale et al., 2005; Stevens et al., 2007; Walton et al., 2002). Consequently, there are no evidence-based treatments available directly aimed at increasing resilience and reducing victimization in people with substance use disorders and/or other mental disorders. Several researchers have advocated skills training (de Mooij et al., 2015; Kamperman et al., 2014; Teplin, McClelland, Abram, & Weiner, 2005) to improve conflict management skills or personal safety skills and thereby reduce the risk of victimization, and results of the first attempts to develop and study interventions are underway (de Waal, Kikkert, Blankers, Dekker, & Goudriaan, 2015; van der Stouwe et al., 2016). However, it is unclear which vulnerabilities should specifically be addressed by skills training. Some studies have indicated that violent victimization may be related to potentially changeable, psychological vulnerabilities such as interpersonal problems (Stepp, Smith, Morse, Hallquist, & Pilkonis, 2012) and emotion regulation difficulties (Messman-Moore, Ward, & Zerubavel, 2013), especially in women. Women with a history of childhood abuse are more likely to be revictimized as adults (Neumann, Houskamp, Pollock, & Briere, 1996). Childhood abuse may alter an individual's personality and social development in such a way that it leads to an increased risk of adult revictimization (Grauerholz, 2000). Children learn rules and social constructs of relationships through experiences with their primary caregivers. According to attachment theory (Bowlby, 1973), growing up in an unsafe and violent environment may prohibit the acquisition of social skills and lead to serious problems in relationship patterns. Classen, Field, Koopman, Nevill-Manning, and Spiegel (2001) found that in women with childhood abuse-related PTSD, those who were recently revictimized reported more interpersonal problems. The authors theorized that childhood abuse can lead to interpersonal difficulties, which in turn may lead to a greater likelihood of being revictimized in the future. Similarly, in patients with an anxiety disorder and/or depression, childhood physical abuse is related to significantly higher levels of domineering/controlling and intrusive/needy interpersonal styles during adulthood (Huh, Kim, Yu, & Chae, 2014). Unfortunately, this study did not measure adult revictimization. In psychiatric outpatients, interpersonal problems were demonstrated to mediate the relationship between borderline personality disorder (BPS) symptoms and violent victimization (Stepp et al., 2012). Higher levels of aggression and hostility predicted violent victimization, whereas higher levels of interpersonal sensitivity protected patients from being violently victimized. The authors theorized that patients who are highly sensitive to criticism may avoid relationships with individuals who are prone to engage in violent behavior. Yet another study reported that the relationship between BPS symptoms and experiences of violent victimization is fully mediated by emotion regulation difficulties (Scott, Stepp, & Pilkonis, 2014). The authors suggest that patients who find it difficult to regulate intense emotional experiences may be more prone to risky behaviors and involvement in abusive relationships, which increases their vulnerability to violent victimization. Emotion regulation difficulties have also

been associated with sexual revictimization in female college students in a cross-sectional (Messman-Moore, Walsh, & DiLillo, 2010) as well as a prospective study (Messman-Moore et al., 2013). Unfortunately, to the best of our knowledge, there are no studies in patients with substance use disorders (or dual diagnosis) that have examined the link between potentially changeable characteristics such as interpersonal problems and emotion regulation difficulties and violent victimization.

The studies described above, which link interpersonal problems and emotion dysregulation to violent victimization, were mostly conducted in female samples. Most studies examining risk factors for violent victimization in patients with substance use disorders or severe mental illness do not report results for males and females separately. One study that did examine gender differences observed similar demographic and psychiatric correlates of recent violent victimization for women and men with severe mental illness (Goodman et al., 2001). However, a recent study in our cohort showed that the nature and context of violent victimization differs for male and female dual diagnosis patients, with men most often being physically abused by a stranger or acquaintance in public areas and women being most frequently abused by an (ex)partner at home (de Waal, Dekker, Kikkert, Kleinhesselink, & Goudriaan, 2017). Therefore it is relevant to examine variables associated with victimization for male and female patients separately.

Alongside violent crime, patients with severe mental illness and/or substance use disorders are at higher risk to be victims of property crime (e.g. theft) compared to the general population (de Mooij et al., 2015; de Waal, Dekker, & Goudriaan, 2017; Stevens et al., 2007). However, in patient groups, relatively little attention has been paid to correlates of property crime victimization. One study in patients with drug dependence reported that property victimization was associated with being female and having a history of anxiety (Stevens et al., 2007). From a routine activity theory perspective, one could argue that patients with substance use disorders are at higher risk of property victimization since they are suitable targets that spend time in groups with many offenders, in the absence of capable guardians (Cohen & Felson, 1979). When intoxicated by alcohol or drugs, one is more likely to leave property unattended, is slower to react, less able to defend him/herself and therefore an easier target (Traverso & Bagnoli, 2001). Furthermore, to obtain an illegal drug, the user must enter the world of drug trade, where a variety of transaction-related crimes occur, such as theft from drug dealers, theft from users who did not pay their debts and resolution of disputes over low-quality drugs (Traverso & Bagnoli, 2001). In the Dutch general population, offenders of property crimes are more likely than non-offenders to also be victims of property crimes (Wittebrood & Nieuwbeerta, 1999). To the best of our knowledge, there are no studies in dual diagnosis patients that have examined factors associated with property victimization.

This study is the first to examine factors that may be associated with victimization in dual diagnosis patients. This is important, since it will help to identify which patients are particularly prone to victimization and will provide a basis for the development of preventive interventions. We aimed to determine which of the factors described in the literature are related to violent and property victimization in dual diagnosis patients in Amsterdam, The Netherlands, overall, and in men and women separately. Routine activity theory was used as a guiding framework, the tenets of the theory were not directly tested. We hypothesized that female gender is a risk factor for both violent and property victimization. Furthermore, we hypothesized that violent victimization is associated with younger age, homelessness, violent offending, more severe psychopathology, more severe substance use problems, interpersonal problems and emotion regulation difficulties in both male and female dual diagnosis patients. Finally, we hypothesized that property victimization is associated with theft offending and more severe substance use problems in both male and female dual diagnosis patients.

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