



Self-reported violent ideation and its link to interpersonal violence among offenders with mental disorders and general psychiatric patients

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ABSTRACT

This study aims at comparing mentally disordered offenders and general psychiatric patients regarding violent ideation and at exploring its association with interpersonal violence. We recruited 200 detainees undergoing forensic psychiatric evaluation and 390 general psychiatric patients at discharge. At baseline, they were asked about violent ideation; at the 20-week follow-up, information about violent acts was gathered from crime conviction registry, interviews, and records. The lifetime prevalence of violent ideation was 32.5% for offenders and 35.6% for patients; the corresponding two-month prevalence was 22.5% and 21.0%, respectively. For the both samples combined, those with violent ideation in their lifetime were significantly more prone to commit violent acts during follow-up than those without such ideation, $OR = 2.65$. The same applied to the patient sample, $OR = 3.41$. In terms of positive predictive values, fewer than 25% of those with violent ideation committed violent acts. Contrary to our hypothesis, the prevalence of violent ideation did not differ significantly between offenders and patients. However, there was support for the hypothesized association between violent ideation and violent acts on a group level. On an individual level, the clinician should consider additional factors when assessing the risk for violent acts.

1. Introduction

Individuals with certain mental disorders seem to be more likely to commit violent acts than the general population, even though multiple interacting factors may contribute (Douglas et al., 2009; Fazel et al., 2009, 2010a, 2010b; Varshney et al., 2016). Consequently, the use of violence risk assessments is warranted in the field of psychiatry; for example, it is an essential element of decision making surrounding admission and discharge (Buchanan et al., 2012). Structured assessments of violence risk typically take several risk factors into account and seem to be superior to mere clinical evaluations (Ægisdóttir et al., 2006; Scurich, 2016). However, these assessments presuppose that sufficient background information is available, and a certain amount of time must be set aside to conduct them limiting their use in some situations, e.g. in an emergency department. Therefore, it is important to examine the predictive association between separate risk factors and violent behaviour. Violent ideation is a conceivable risk factor for ensuing violent acts, and asking patients about such ideation is a feasible part of a psychiatric examination. Although a generally recognized definition of the concept of violent ideation does not seem to exist,

intuitively, it comprises thoughts, daydreams, or fantasies of inflicting harm on other individuals, as well as intrusive thoughts, ruminations, and script rehearsals (Murray et al., 2017). The Schedule of Imagined Violence (SIV) may provide a standardized measure of violent ideation (Gilbert and Daffern, 2011); this is a structured set of questions, the first of which define violent ideation as daydreams or thoughts about physically hurting or injuring some persons (Grisso et al., 2000).

1.1. Theoretical framework

The idea that violent ideation constitutes a risk factor for future violence in psychiatric contexts has theoretical underpinnings. First, violent ideation interacts with mental disorders by several putative pathways. For example, violent ideation may arise from the psychological distress that is associated with most mental disorders (Murray et al., 2017); conversely, it may also accentuate psychiatric symptoms such as negative emotion (Auvinen-Lintunen et al., 2015). Finally, violent ideation and mental health problems may share the same causes, such as adverse events (Bruns and Disorbio, 2000).

Second, the association between violent ideation and aggression is

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also underlined in several theories of violent behaviour. For example, the *cognitive neoassociation theory* assumes that unpleasant experiences produce negative affect which in turn initiates reactions associated with aggression, and that these reactions are modified by subsequent thoughts (Berkowitz, 1990). Reciprocal interactions between cognitive appraisal and arousal are emphasized in the *cognition-excitation interdependency model* (Zillmann, 1988). The *social learning theory* explains aggressive behaviour as the result of both aversive experiences that produce emotional arousal and anticipated positive consequences that then function as incentive inducements (Bandura, 1973). According to the related *information processing model*, enacted and observational learning in childhood gives rise to aggressive scripts that may be elicited through situational cues and memory activation (Huesmann, 1988). The *social interactionist perspective* contends that aggression is instrumental, compelled by intrinsic factors, instigated by situational and interpersonal factors, and determined by values and expectations (Felson and Tedeschi, 1993). However, it has been suggested that the characteristics of instrumental and reactive violence are not mutually exclusive, but that they constitute a dimensional rather than dichotomous structure (Flynn, 2013). This perspective appears in the *general aggression model*, which bridges the dichotomization by emphasizing the role of cognition even in seemingly reactive violence (Anderson and Bushman, 2002). Such an integrative approach implies that violent ideation is pertinent to violent acts in most cases. The above theories may pertain to individuals with mental disorders as well. For example, the general aggression model may provide an account of the development of aggressiveness among individuals with personality disorders (Gilbert and Daffern, 2011), and aggressive scripts have been shown to be more pronounced in those personality disorders that are related to aggression (Gilbert et al., 2015).

1.2. Empirical background

In several groups in society, violent ideation seems to be common. For example, homicidal ideation during lifetime was reported by 76–91% in a community sample (Duntley, 2005) and by 68–69% of university students (Auvinen-Lintunen et al., 2015; Kenrick and Sheets, 1993), and recent homicidal ideation by 45.4% of university students (Crabb, 2000). Interestingly, the rate of homicidal ideation was only 12% among supervised release felons (DeLisi et al., 2016). At the same time, rape fantasies were reported by 31–35.7% of North American men (Crépault and Couture, 1980; Greenlinger and Byrne, 1987; Person et al., 1989); and violent sexual fantasies by 24.5–86% of sexual offenders (Maniglio, 2010; Woodworth et al., 2013). Violent ideation as defined by SIV was reported by 17.88% in a community sample (Watt et al., 2013), and such ideation during the past two months by 33% of female university students (Nagtegaal et al., 2006). Rates of violent ideation tend to be lower in more well-defined samples: for example: 26% in mothers with colicky infants (Levitky and Cooper, 2000), 9.3% in physical rehabilitation patients (Bruns and Disorbio, 2000), 9.5% in family carers of people with dementia (O'Dwyer et al., 2016), and 14.6% during the past year in parents with school-aged children (Wei and Chen, 2014). It may be that individuals in these samples are less ready to admit to violent ideation because of shame or fear of reprisals. As for the association between violent ideation and violent behaviour, a cross-sectional Swiss study showed that the correlation between self-reported aggressive ideation and self-reported aggressive behaviour—which both ranged in frequency from never to very often—was strong among fifteen-year-olds and modest among seventeen-year-olds (Murray et al., 2016). A cross-sectional British study of 808 adults demonstrated significant correlations between violent thinking and self-reported violent behaviour among both males, $r = .63$, and females, $r = .44$ (Bowes et al., 2017); however, violent thinking was defined as violent attitudes rather than violent ideation.

Violent ideation is frequent also in psychiatric samples. A prospective US study of 1136 general psychiatric inpatients showed that

29.8% reported violent ideation as defined by SIV during the past two months, of whom 26% turned out to be violent within 20 weeks after discharge (Grisso et al., 2000). In other American studies, violent or aggressive ideation was reported or expressed by 9–22% of general psychiatric patients (Asnis et al., 1994; Schwartz et al., 2001; Skodol and Karasu, 1978; Stern et al., 1991). The prevalence is higher in certain groups: for example 41–43% of mothers with psychiatric postpartum disorders admitted to ideas of harming their child (Jennings et al., 1999), ideas that frequently co-occur with infanticidal behaviour, $r = .80$. (Chandra et al., 2002). Rates are also disparate among adolescents, ranging between 12.1% (Copelan et al., 2006) and 66.7% (Cavaola and Schiff, 1988).

Some prior research deals with violent ideation in a forensic psychiatric context.

Among Australian offenders undergoing a presentence evaluation, violent ideation as defined by SIV during lifetime was reported by 55% in one study (Daff et al., 2015) and frequent violent ideation by 61% in another (Gilbert et al., 2015); ideation correlated with the number of self-reported aggressive acts since childhood in both studies; $r = .36$, $p < .01$ and $r = .45$, $p < .01$, respectively. In a prospective Danish study of forensic psychiatric inpatients, violent ideation as defined by SIV during the past two months was reported by 46%; and ideators committed twice as many violent acts during the following five months (Bjerrum Moeller et al., 2017).

1.3. Purpose and hypotheses

The theories and research described above indicate that there is an association between violent ideation and violent behaviour also in general psychiatric and forensic psychiatric populations. However, for a number of reasons, this association is somewhat elusive. For example, there are different definitions and operationalisations of the concept of violent ideation. Furthermore, because some previous research is retrospective or cross-sectional rather than prospective, the suggestion of a predictive association appears to be tenuous. Finally, while most of the studies mentioned above report the association in terms of correlations, predictive values may be of greater relevance to clinical decision making; moreover, AUC (area under the ROC curve) is the predominant measure in the field of violence prediction (Singh et al., 2013).

Based on these conditions, we conducted a prospective study aiming at describing the prevalence of violent ideation and at exploring its ability to predict violent outcomes in a forensic psychiatric sample and a general psychiatric sample. First, we hypothesized that violent ideation as defined by SIV would be more common in the forensic psychiatric sample; the empirical studies outlined in the previous paragraph indicate a high prevalence among persons with mental disorders as well as among persons with an offending history, and this may imply an even higher prevalence among persons with both these traits. Second, we hypothesized that there would be a predictive association between violent ideation as defined by SIV and violent behaviour in both samples; as described above, this is presumed in many theories of aggression and to some extent supported empirically. In addition to testing these hypotheses, we also wanted to explore how different measures of association could yield various results.

2. Methods

2.1. Study design

This prospective cohort study has an observational and naturalistic design. As mentioned, it describes and compares the prevalence of self-reported violent ideation in a forensic psychiatric sample and a general psychiatric sample. For these two samples, the study also describes the association between violent ideation at baseline and violent acts during a follow-up period of 20 weeks.

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