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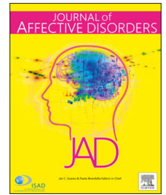
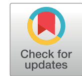


Research paper

Prevalence and predictors of violent victimization in remitted patients with recurrent depression



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A R T I C L E I N F O

Keywords:
Victimization
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A B S T R A C T

Background: Depressed patients are at increased risk to fall victim to a violent crime compared to the general population. It remains unknown whether their increased risk persists after remission. This study compared victimization rates of remitted patients with both a random general population sample and a group of currently depressed patients. Furthermore, this study aimed to identify predictors of future violent victimization.
Methods: In this longitudinal study conducted in the Netherlands, 12-month prevalence rates of sexual assaults, physical assaults, and threats were assessed with the Safety Monitor in 140 currently remitted patients with recurrent depression, and compared to those of a weighted general population sample (N = 9.175) and a weighted sample of currently depressed outpatients (N = 102) using Chi-square tests. Logistic regression analyses were performed to identify baseline predictors of future victimization.
Results: The prevalence of violent victimization did not differ between remitted patients and the general population (12.1 vs. 11.7%). Remitted patients were significantly less likely to have been victimized over the past 12 months than currently depressed patients (12.1 vs. 35.5%). In remitted patients, living alone and low sense of mastery at baseline predicted future violent victimization. However, when combined in a multiple model, only living alone was independently associated with violent victimization ($\chi^2 = 16.725$, df = 2, $p < .001$, $R^2 = 0.221$).
Limitations: Our comparison of victimization rates across samples was cross-sectional.
Conclusions: Since the increased risk of victimization appears to be specific for the acute depressive state, preventive interventions should target victimization in currently depressed patients.
Trial registration: Netherlands Trial Register (NTR): 2599.

1. Introduction

Psychiatric patients are at risk to fall victim to a violent crime. The risk of violent victimization - physical assault, sexual assault or threat - in psychiatric patients is known to be up to 11 times higher compared to the general population (Kamperman et al., 2014; Khalifeh et al., 2016; Teplin et al., 2005). Victimization is a highly stressful event that impairs quality of life (Lam and Rosenheck, 1998) and may cause depressive symptoms (Kilpatrick and Acierno, 2003; Krahé and Berger, 2017), posttraumatic stress disorder (Dworkin et al., 2017; Resnick et al., 1997), substance abuse (Resnick et al., 1997), treatment resistance (Neria et al., 2005), and the risk of revictimization (Roodman and Clum, 2001). Furthermore, victimization heightens service use and productivity losses, causing a substantial burden for society (Robinson and Keithley, 2000).

Most studies on victimization have been conducted in patients with severe mental illness (SMI) (e.g., de Mooij et al., 2015; Maniglio, 2009; Walsh et al., 2003) and patients with substance use disorders (e.g., Stevens et al., 2007). Only few studies have focused on violent victimization in other specific populations, such as depressed patients, who

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appear to be prone to violent victimization as well. In a recent clinical study, Meijwaard et al. (2015) showed that depressed patients were 3.4 times more likely than members of the general population to have fallen victim to a violent crime over the previous year (Meijwaard et al., 2015). Likewise, a meta-analysis across both clinical and non-clinical samples demonstrated that depressed persons are vulnerable to domestic violence (Trevillion et al., 2012). Population-based studies, however, have reported mixed results. Silver et al. (2005) found that depressive disorder was cross-sectionally associated with neither physical victimization, nor sexual victimization in the Dunedin birth cohort study. In a prospective study, however, the presence of a depressive disorder predicted subsequent physical victimization, but not sexual victimization in a female general population sample (Acierno et al., 1999). Contrarily, depression did predict future sexual assault in a large college sample (Krahé and Berger, 2017). Hence, although evidence remains somewhat mixed, the majority of studies suggest that depressed patients are indeed at risk of violent victimization.

To date, victimization studies have only focused on patients in the acute phase of mental disorder. Therefore, it remains unclear whether the increased risk for victimization is a state or a trait effect; in other words, whether it is the result of a heightened vulnerability during the acute phase, or a more permanent characteristic that determines an increased risk of victimization or environmental circumstances before, during and/or after the presence of a disorder. No study has yet examined the prevalence of victimization after remission of depressive episodes - although formerly depressed patients are known to share several characteristics with currently depressed patients, which may increase their vulnerability to victimization. For example, studies in college samples showed that remitted individuals reported lower levels of positive affect than never-depressed peers, both in general (Werner-Seidler et al., 2013) and after perceived stress (O'hara et al., 2014). Remitted individuals have been shown to exhibit differences in emotion regulation, negative affect and stress response when compared to never-depressed controls (e.g., Ehring et al., 2008; Foland-Ross et al., 2014). Moreover, remitted patients have been found to encounter more interpersonal problems than controls (Fava et al., 2007; Kennedy and Paykel, 2004). Both interpersonal problems (de Waal et al., 2018; Stepp et al., 2012) and emotion regulation difficulties (Messman-Moore et al., 2013; Walsh et al., 2012) have been associated with a risk of victimization. Finally, depressive symptomatology has been associated with a lower sense of mastery (Ennis et al., 2000), which has been demonstrated to predict a higher risk for subsequent life events (Shanahan and Bauer, 2004) and subsequent traumatic exposure (Gil and Weinberg, 2015). Hence, not only currently depressed patients, but also remitted patients with recurrent depression may be at increased risk of victimization.

The main objective of this study was to examine the 12-month prevalence rates of violent victimization in remitted patients with a history of at least two depressive episodes, and to compare these with violent victimization rates of both a large sample of the general population (N = 9,175) and a sample of depressed outpatients (N = 102). We expected remitted patients to be victimized more frequently than members of the general population, but less frequently than currently depressed patients. Furthermore, we aimed to identify predictors of violent victimization in remitted patients, by exploring associations with both demographic and clinical characteristics. We hypothesized that female gender, a lower age, more previous depressive episodes, higher levels of depressive symptoms, negative affect and sad mood, lower sense of mastery, and lower levels of positive affect and interpersonal functioning at baseline predicts a higher risk for future violent victimization at follow-up.

2. Methods

2.1. Design

In this study, we first cross-sectionally compared the 12-month prevalence rates of violent victimization in remitted patients with victimization rates in both a large sample of the general population and a sample of currently depressed outpatients. The methods regarding the three different samples are provided below. Second, utilizing a longitudinal, prospective design, we tested putative predictors of violent victimization in remitted patients. This study utilized data from a larger study: a randomized controlled trial that examined the effectiveness of Preventive Cognitive Therapy (PCT) added to Treatment As Usual in the prevention of relapse in remitted patients with recurrent depression (de Jonge et al., 2015). Since PCT was not directed at preventing victimization, we did not expect an effect for conditions. Nevertheless, we assessed whether an effect of condition existed. A detailed description of the methods is available elsewhere (de Jonge et al., 2015); a summary of the methods is provided below. The study protocol was approved by the Medical Ethical Committee, *Stichting Medische-Ethische Toetsingscommissie Instellingen Geestelijke Gezondheidszorg (METiGG)*, and was conducted in accordance with the 1964 Declaration of Helsinki and its later amendments. All patient data were pseudonymized using unique study codes that were used to code and file all electronic information. Only designated members of the research team have access to a secured file with the key that links this code to the participant's identity. All informed consents are stored both electronically and in hard copy, with the hard copies stored in a locked cabinet.

2.2. Participants

2.2.1. Primary sample: remitted patients

Between January 2012 and August 2014, 2064 patients from five different mental health centers in the Netherlands were either approached by their caregiver or recruited via media. Patients were included if they a) had experienced at least two previous Major Depressive Episodes (MDEs); b) were in remission for at least two months as assessed by the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) (Spitzer et al., 1992); c) had absent or mild depressive symptoms defined as a current score of <14 on the 17-item Hamilton Depression Rating Scale (Beck et al., 1961); d) had received prior cognitive therapy with a minimum of eight sessions; and e) had sufficient understanding of the Dutch language. Patients were excluded if they had a) mania, hypomania, or a history of bipolar disorder; b) any current or previous psychotic disorder; c) current alcohol or drugs misuse; or d) acute predominant anxiety disorder. All patients received both verbal and written information about the study, and all participants provided written informed consent prior to the first interview. For the current study, only data of patients who were still in remission at 15 months after baseline were used.

In total, 659 patients were assessed for eligibility, and 214 patients met the inclusion criteria and consented to randomization. Of these 214 participants, 88% were recruited via treatment centers and 12% through the media. Primary outcome data were obtained for 195 (91.1%) participants, and 19 (8.9%) participants were lost to follow-up. For the purpose of this study, data of 140 participants (71.8%), who had not experienced relapse or recurrence during the follow-up phase of the study, were used. Ethnicity, living situation, and education were missing for one individual. An overview of the demographic and clinical characteristics of the participants is presented in Table 1. Participants were on average 43 years old (M = 43.67, SD = 11.67) and mostly female (n = 90, 64.3%).

2.2.2. Comparison group 1: sample of the general population

The first comparison group consisted of a sample of 9,175 adult participants aged between 18 and 65 years from the general population

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