



Risk factors for violence among patients with schizophrenia

Sune Bo ^{a,*}, Ahmad Abu-Akel ^b, Mickey Kongerslev ^a, Ulrik Helt Haahr ^c, Erik Simonsen ^a

^a Psychiatric Research Unit, Roskilde, Denmark

^b Los Angeles, California, USA

^c Early Psychosis Intervention Center, Roskilde, Denmark

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ABSTRACT

Studies of birth cohorts show evidence of greater risk of violence among patients with schizophrenia compared to the general population. However, the contribution of schizophrenia to violence is heavily debated and remains unclear. This debate has spurred research whose focus can be associated with one of the following areas: psychotic symptoms, personality disorders (in particular psychopathy), mentalizing abilities, substance abuse and demographic factors. The aim of the current review is to evaluate the predictive role of these risk factors in the occurrence of violence among patients with schizophrenia. We identified two different trajectories for violent behavior in schizophrenia: one pertains to patients with no prior history of violence or criminal behavior and for whom positive symptoms appear to explain violent behavior, and another where personality pathology, including psychopathy, predict violence, regardless of other symptomatology associated with schizophrenia. Furthermore, emergent data suggest that specific mentalizing profiles can be associated with the occurrence of violence in schizophrenia, an issue that warrants further consideration in future research.

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* Corresponding author at: Psychiatric Research Unit, Smedegade 10-16, 4000 Roskilde, Denmark. Tel.: +45 21 64 62 98.

E-mail address: suhb@regionsjaelland.dk (S. Bo).

1. Introduction

1.1. Purpose and outline for the article

A widely accepted avowal is that schizophrenia augments the risk for violence. This assertion spurred a plethora of clinical articles (e.g., Bjørkly, 2002b; Bradford, 2008; De Pauw & Szulecka, 1988; Douglas, Guy, & Hart, 2009; Junginger, 1996; Monahan, 1992; Mulvey, 1994; Taylor, 2008), yielding divergent and often contradictory results. This is also reflected in a variety of reviews and meta-analyses that intended to sort out the nature of this relationship. These reviews make clear the complexity of the field and the different point of views that one can take when investigating violence in patients with schizophrenia. A summary of the themes and conclusions of some of the most prominent reviews conducted on the subject over the past decade or so is presented in Table 1.

In light of the prevailing divergent views regarding the nature of the relationship between violence and schizophrenia, the present review is an attempt to further clarify this relationship. To this end, we first present an overview of the relationship between violence and schizophrenia followed by a discussion of key methodological issues that could impinge on the nature of this relationship. We then evaluate whether schizophrenia enhances violence at all by addressing the following key questions: 1) Do psychotic symptoms enhance violence among patients with schizophrenia? 2) Do certain personality traits or specific personality pathology have bearing on the occurrence of violence in schizophrenia? 3) Are mentalizing abilities or disabilities a provoker of violent behavior in schizophrenia? 4) Can substance abuse among patients with schizophrenia be perceived as a factor contributing to violence? And finally, 5) what role does sociodemographic variables such as gender, age and socioeconomic status have in the occurrence of violence among patients with schizophrenia? We then review key treatment approaches and their impact on the occurrence of violence. In the final section we summarize the main findings of this review and speculate about how these risk factors might interact to lead to violence.

1.2. Method: search criterion and data-bases

The current review is informed by computerized PubMed, Psycinfo and Embase searches from 1980 through December 2010, using the

terms *schizophrenia, mental disorders, violence, aggression, personality disorders, psychopathy, mentalizing and Theory of Mind*. A number of 995 articles were found. In the initial screening process, the abstracts of each of these articles were read. All the relevant papers were then hand searched for other relevant references, resulting in 258 articles that were considered for the purposes of the current review.

In this paper, we opted for a review of the literature rather than a systematic quantitative review for several reasons. First, numerous studies addressing the relation between schizophrenia and violence have been beleaguered with methodological flaws (Douglas et al., 2009), which makes it difficult to combine studies yielding valid and reliable scores with studies that do not. For example, definitions of intrinsic terms, particularly the definition of schizophrenia, as well as the diagnostic procedures employed vary widely across studies (see Section 3.2 for further details). Second, both dependent and independent variables constructs vary across the different studies, making it inappropriate to calculate a general effect size. This vulnerability raises the question whether the concepts and diagnostic categories can reliably be quantitatively calculated without engaging in the mistake of mixing apples and oranges. Finally, the foci of the many studies, including meta-analyses, are quite diverse, with some investigating psychosis and violence, others studying schizophrenia *per se* and violence, and yet some others studying the symptomatology associated with schizophrenia and violence or criminality.

With this in mind, a narrative review of the literature, rather than a systematic quantitative review, seems appropriate (Bailar, 1997; George, 2001). This approach affords us the opportunity to adopt a critical stance of major streams in the literature, discuss and synthesize disparate findings, and in light of this, point out some methodological considerations that will hopefully aid future research in clarifying the relationship between schizophrenia and violence.

2. Schizophrenia and violence – an overview

Studies still diverge in their conclusions regarding the relationship between violence and Schizophrenia. Until the 1980s, it was broadly accepted that having a major mental illness was not a risk factor for violence (Bonta et al., 1998; Rabkin, 1979; Sheridan & Teplin, 1981). For example, Teplin (1985) argued that not enough evidence existed to prove a connection between mental illness and violence, and Monahan (1995) claimed that the research was too scarce to

Table 1
Major reviews and meta-analyses assessing the relationship between schizophrenia and violence.

Reference	Theme	Main conclusion
Bonta et al. (1998)	Meta-analysis on factors predicting criminal recidivism, comparing mentally disordered, including schizophrenia and non-disordered offenders	Same variables predict criminal recidivism in both mentally disordered and non-disordered populations
Douglas et al. (2009)	A meta-analysis on the contribution of psychosis on violence	Moderating factors more essential as predictors of violence than psychosis
Fazel et al. (2009b)	A systematic review and meta-analysis on studies investigating the relation between schizophrenia and violence, including homicide	Schizophrenia predicts violent offending, but the excess risk is mediated by substance abuse comorbidity
Hodgins (2008)	A review article on schizophrenia, aggression and treatment implications	Schizophrenia contributes to violence, but in patients with a history of early violent behavior, psychotic symptoms has little influence
Modestin (1998)	An overview of the relation between mental disorders, schizophrenia and violence,	Schizophrenia contributes to violence, and is enhanced with comorbid psychoactive substances
Nielssen and Large (2010)	Rate of homicide during first episode psychosis and after treatment.	Rate of homicide is disproportionately high compared to after treatment in schizophrenia. First-episode psychosis is a major risk factor for violence.
Taylor (2008)	A review on the relation between psychosis and violence with specific focus on schizophrenia	Schizophrenia contributes to violence in groups of patients with no criminal behavior before illness onset, but not in groups with prior delinquency
Walsh et al. (2002)	A review on violence and schizophrenia	The association between schizophrenia and violence is confirmed, but mediated by substance misuse
Volavka and Citrome (2008)	A review of the relation between schizophrenia and the heterogeneity of violence, including moderating factors such as personality disorder	Schizophrenia contributes to violence in groups of patients were no history of violence is found

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