



# Violence in psychosis: Conceptualizing its causal relationship with risk factors



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## ABSTRACT

**Background:** While statistically robust, the association between psychosis and violence remains causally unexplained.

**Objective:** To provide an overview of possible causal pathways between risk factors and violence in psychosis.

**Methods:** A structured narrative review of relevant studies published between 1990 and 2013, found via online databases and bibliographies. Both reviews and empirical studies were included. No restrictions were applied to language, study design, sample characteristics and measurement of psychosis and violence. Case reports and studies about self-harm were excluded. A final sample of 69 studies was used.

**Findings:** The lack of knowledge regarding the causal relationship between psychosis and violence is partially due to methodological aspects of research. These aspects include study design, sampling, operationalization and confounding variables. Moreover, violence is the potential outcome of several interrelated risk factors: demographics, social factors, persecutory delusions, command hallucinations, comorbid antisocial personality pathology, substance use, inadequate insight, treatment non-adherence and physiological factors. Forty-one possible causal pathways between these risk factors and violence are presented.

**Conclusions:** This study stimulates research by providing a theoretical framework, avenues for future investigation and methodological recommendations. Understanding violence in psychosis enhances its prevention and treatment, decreases stigma associated with psychosis and improves the patient's legal position.

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## 1. Introduction

Psychosis is a heterogeneous syndrome, described in the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association [APA], 2013) as comprising delusions, hallucinations, diminished emotional expression as well as disorganized thinking and motor behavior. These symptoms are often associated with a mental disorder, such as schizophrenia, delusional disorder and schizoaffective disorder. Psychosis may also arise as a result of substance use and other medical conditions, including cerebrovascular, endocrine and neoplastic diseases, epilepsy and head trauma.

Since the 1990s, a large number of studies have found a positive and statistically robust association between psychosis and violence (Angermeyer, 2000; Bo, Abu-Akel, Kongerslev, Haahr, & Simonsen, 2011; Douglas, Guy, & Hart, 2009; Fazel, Gulati, Linsell, Geddes, & Grann, 2009b; Hodgins, 2008; Joyal, Dubreucq, Gendron, & Millaud, 2007; Modestin, 1998; Nederlof, Muris, & Hovens, 2013; Volavka, 2013; Walsh, Buchanan, & Fahy, 2002). Prevalence rates of violent behavior among schizophrenia patients reported by recent large-scale prospective studies conducted in the United States and Sweden range between 9.20% and 19.60% (Elbogen & Johnson, 2009; Fazel, Grann, Carlström, Lichtenstein, & Långström, 2009a; Swanson et al., 2006). A meta-analysis of 204 studies found that in people diagnosed with psychosis the odds of violence are 49.00% to 68.00% higher relative to the odds of violence in people without such a diagnosis (Douglas et al., 2009). In another meta-analysis, Fazel et al. (2009b) report that schizophrenia and other psychoses are associated with an odds ratio for violence of 4.00 (95% CI [3.00, 5.30]) in men, compared with 7.90 (95% CI [4.00, 15.40]) in women. The population-attributable risk for violence in schizophrenia has been estimated at less than 10.00% (Walsh et al., 2002). Understanding violent behavior in psychotic patients is important for at least three reasons. Firstly, it may reduce such behavior – and the emotional and financial costs that come with it – by facilitating more effective prevention and treatment (Douglas et al., 2009; Hodgins, 2008; Volavka, 2013). Secondly, it may help to decrease stigma associated with the syndrome. Psychotic patients are often perceived as dangerous, while *de facto* only a small proportion of them act violently (Douglas et al., 2009; Hodgins, 2008; Joyal et al., 2007; Markowitz, 2011; Walsh et al., 2002). Thirdly, it serves to protect the civil rights of psychotic individuals by improving risk assessment in cases of civil and criminal commitment (Douglas et al., 2009).

Numerous factors have been proposed to account for the increased risk of violence in psychosis, with examples being low socioeconomic standing, substance use, symptomatology and deficient insight. However, little is known about the mechanisms by which such risk factors may cause violent behavior in psychotic patients (Bo et al., 2011; Douglas et al., 2009; Witt, van Dorn, & Fazel, 2013). In other words, studies have yet to move from correlation to causation. Moreover, prevailing hypotheses on this topic have not been the object of broad-gauged review. The main purpose of the present study is therefore to provide an overview of possible causal pathways between the most replicated risk factors and violent behavior in psychosis. To this aim, a structured narrative review of the relevant literature is presented. Methodological issues of research in this field will be outlined first. The most replicated risk factors for violence in psychosis and possible causal pathways are subsequently examined. Finally, the study's limitations are discussed in conjunction with its implications for future research and practice.

## 2. Methodology

A narrative re view was conducted of studies found using an explicit search strategy with a set of inclusion criteria. A narrative review was chosen over a systematic review. Whereas a systematic review includes all traceable papers selected according to a strict protocol in order to evaluate findings in relation to methodological quality, a narrative review takes a more liberal and broader approach useful for synthesizing the current body of knowledge in a certain research area and developing a theoretical framework (Cronin, Ryan, & Coughlan, 2008; Marriot, Hamilton-Giachritsis, & Harrop, 2013). The latter approach is consistent with the review's principal objective, which is to conceptualize the causal relationships between risk factors and violence in psychosis rather than to rigorously evaluate empirical evidence. Besides, most risk factors presented here have been well described in previous reviews.<sup>2</sup>

### 2.1. Search strategy

The online databases of PubMed, PsycINFO, ScienceDirect and Google Scholar were searched for studies published between 1990 and 2013. Search terms covered psychosis (viz. "psychot\*", "psychos\*", "schizo\*", "mental\*"), violence (viz. "violen\*", "aggress\*", "hosti\*", "crim\*", "offend\*") and risk factors generically (viz. "risk\*", "correlat\*", "variable\*", "predict\*"). Additional searches were performed for specific risk factors (e.g. "gender", "hallucinations", "substance", "insight"). Other studies were found by manually searching relevant bibliographies.

### 2.2. Inclusion criteria

Both review articles and empirical studies were considered for inclusion, as long as they reported on risk factors for violence in psychosis. We chose to include and emphasize findings of reviews as they are generally considered to be more valid than those of individual empirical studies. Moreover, authors may posit relevant hypotheses in either type of study. For the same reason, no restrictions were made relating to language, study design (i.e. cohort, case–control and cross-sectional), the type of sample used (i.e. prison, psychiatric, community), age of participants and measurement of psychosis (i.e. self-report, unstructured and structured interview) and violence (i.e. criminal records, case notes, collateral information and self-report). Case reports and studies using self-harm as the sole outcome measure were excluded. Studies were eligible irrespective of whether psychosis was associated with a mental disorder (e.g. schizophrenia, delusional disorder), substance use or other medical condition (e.g. brain tumor, epilepsy). Studies examining specific symptoms of psychosis (e.g. delusions, hallucinations) were also included. Following the structured search, 66 studies were selected. Three studies were added to provide hypotheses not presented in the literature obtained through the structured search. This brought the total number of studies used in this review to 69.

<sup>2</sup> For systematic reviews on risk factors for violence in psychosis, see Douglas et al. (2009), Fazel et al., (2009b), Nederlof et al. (2013) and Witt et al. (2013).

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