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The analysis of the phenomenon of violence in psychiatric patients

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Summary

Introduction. Domestic violence is a phenomenon stemming from various social issues. One of such issues, which arouses much interest, is the behavior of psychiatric patients using violence in their family.

Aim. The aim of the following work was the analysis of the phenomenon of violence with reference to perpetrators – psychiatric patients from the Szczecin area in the years 2012-2013. In addition, the authors' aim was also to indicate that the beliefs held by society on aggression of psychiatric patients are not confirmed by the actual state.

Material and methods. The research was conducted with the research tool prepared on the basis of the "Blue Cards" – part A questionnaire. For data gathering, the document analysis method – survey – was used. 141 psychiatric patients constituted the research group. These people have already used violence against adults, and they already had the Blue Card. The members of the group were examined on the basis of several variables, such as sex, age, and the form of the violence used.

Results. Men were the ones most frequently using violence, and with regard to the forms of violence, it was most often hitting and pushing. As far as psychic violence is concerned, most perpetrators admitted they used to humiliate, criticize and bother their victims. Regarding other types of behaviors among the psychiatric patients using violence, as many as 96 respondents admitted that they used punishable threats and insults, and 71 respondents admitted they destroyed and damaged property.

Conclusions. On the basis of the conducted analysis, the authors claim that the obtained data do not confirm the common belief that psychiatric patients indicate an increased level of aggression.

Key words: domestic violence, psychiatric patients

Introduction

Domestic violence is a common theme often encountered by researchers, but there is little research on the use of violence by psychiatric patients. In society, it is generally accepted that mental illness can be related to the use of aggressive behavior. In psychiatry mental illness is not clearly defined. It should be noted that the Mental Health Act "does not define the concept of mental illness or the mental ill…" [1]. According to S. Pużynski, this is a serious mistake that can lead to negative effects in dealing with people with mental disorders [2]. As defined in the Mental Health Act, persons with mental disorders are considered mentally ill, mentally retarded and have other mental disorders [3]. Analyzing the above-mentioned Act, one can be considered that a mentally ill person is the one who exhibits symptoms of psychotic disorders [3] and these are most often associated with schizophrenia, hallucinations, delusions, or substance abuse syndromes. A persons in acute psychosis can be dangerous both for himself/herself and for the environment in which he/she is located. There are also other theories about the use of violence by mentally ill people. Experts in this field argue that "the root of marital violence lies in the culturally and socially well-founded belief in men's dominance over women. The perpetrators, according to this concept, consciously choose violence" [4]. Men who consider themselves "heads of the family" give themselves permission to use violence against women and children, while believing that the use of violence will allow them to exercise power not only over women but also in the family. This study analyzes the phenomenon of family violence against adults by psychiatric patients, and the results of these studies are compared with believes about the behavior of aggressive perpetrators with psychiatric diagnosis functioning in society.

According to the position of the Council of Europe from 1985, violence is defined as: the act or negligence that results in the "detriment of life, physical or psychological integrity, or freedom of the person, or which materially negatively affects the development of his/her personality" [5]. Domestic violence is identified with aggressive behavior, most often in the home, by the closest family, who should, in principle, provide a sense of security and a good family atmosphere. Despite the traditional division into violence: physical, mental, sexual or negligence, it is important to remember that it is difficult to distinguish each of them. Physical abuse is always associated with psychological violence, as in sexual violence we find physical and mental abuse. So when we talk about violence? According to Piechocki, in order to diagnose the phenomenon as violence, there must be four aspects of physical and mental abuse:

- Intentionalism – violence is a deliberate human activity and is designed to control and subordinate the victim;
- Disproportion of power – one side has an advantage over the other; the victim is weaker and the perpetrator is stronger (physical, material, cultural, psychic, social dominance);

- Violation of rights and personal rights – the perpetrator uses the advantage of force violates the basic rights of the victim (e.g., the right to physical inviolability, dignity, respect, self–determination);
- Causing suffering and pain – the perpetrator exposes the victim's health and life to serious injury; experiencing pain and suffering makes the victim less likely to self–defend [6].

It is recognized that mental illness is a mental disorder that causes lack of ability to evaluate reality. Persons suffering from mental disorders may function without feeling ill. The lack of insight into the illness causes anxiety and consequently the fear that a physician can "place them in a psychiatric facility" or make a sick person "crazy". This condition requires support from loved ones or the environment in which the mentally ill are staying.

Psychiatric patients are those who consciously consent to outpatient treatment or admission to a psychiatric hospital and are able to understand their health status and diagnostic and therapeutic activities. In the absence of a sense of illness and danger to one's own life or life or health of other people and in the absence of the ability to meet one's own basic needs, it is essential to seek treatment without the consent of the ill person.

Aim of the study

The aim of the study was to analyze the phenomenon of violence in psychiatric patients and to demonstrate that prevailing social beliefs are not substantiated in psychiatric patients using violence in the family, both in terms of gender, age and forms of violence.

Material and methods

The research material included 1299 forms A "Blue Cards" (BC), which were submitted to the Interdisciplinary Team for the Prevention of Domestic Violence in Szczecin in the years 2012–2013.

According to the Ordinance of the Council of Ministers of 13 September 2011 on the "Blue Card" procedure and the "Blue Card" forms, the "A" form includes: data of the person experiencing violence and using violence, forms of violence, duration of violence and characteristics of persons using violence, including psychiatric treatment.

On the basis of the authorization issued by the head of the organizational unit of social assistance, the consent for the processing of personal data was obtained. To keep the anonymity of persons the Blue Cards concerned, a questionnaire was created to allow for the disclosure of personal data.

A group of psychiatric patients using violence, broken down by age, sex and forms of violence, was selected for the study. In this group, 141 subjects were examined, of

which 121 people were included in the percentage analysis – 100%, including 17 women and 104 men. In 20 cases there was no data. The data collection method was used to collect data – a survey prepared on the basis of completed "Blue Cards" forms – Part A.

Results

Research has highlighted the physical and mental forms of violence that psychiatric patients have used. For behavioral testing indicating physical violence, pushing, hitting, twisting arms, strangling, kicking, slapping face were considered. It should be noted, however, that there are many more manifestations of physical violence. We also include dropping out of the home, exposing a dependent person to danger or not providing assistance, or causing injury through wounds or scratches, cigarette burns, burns or lacerations, etc.

Psychological violence included: isolation, insults, ridicule, threats, control, contact restriction, humiliation, demoralization, constant disturbance. As in the case of physical violence, the catalog of psychiatric abuse is much broader, including the following: sleep restriction, self-imposed limitation, financial constraints, forcing to activities that cause discomfort or pain.

The group of psychiatric patients using violence was 141.

Table 1. **Selected sociodemographic variables of psychiatric patients using violence**

Age	Number of women	Number of men	No data	Total
11–18 years	-	1	X	1
19–40 years	9	42	X	51
41–60 years	7	54	X	61
61–80 years	1	7	X	8
Over 80 years	-	-	X	-
No data				20
Altogether	17	104	20	141

Source: Own research

In the group of psychiatric patients using violence, the majority were men. Approximately 90% of people using violence were aged between 19 and 60 years. Taking into account the size of the group of psychiatric patients using violence and the total number of violent people, it can be seen that the percentage of the former was relatively low. These results falsify the common belief that psychiatric patients exhibit increased aggression. It should be borne in mind, however, that the analyzed data does not show how large the proportion of people using violence is after mental crisis, not diagnosed or denied treatment.

Table 2. **The number of people using violence receiving psychiatric treatment in relation to the number of inhabitants and the number of people covered by the aid of Municipal Family Support Center and the total number of BC, with the division into districts of the Szczecin City Commune**

Names of Districts in the Szczecin City Commune	Total number of residents domiciled in individual areas of the Szczecin City Commune	The number of people covered by the aid of MFSC in the Szczecin City Commune in the years 2012–2013	The number of people using violence and Blue Cards in the years 2012 –2013 in the Szczecin City Commune	The number of people using violence receiving psychiatric treatment
North Szczecin	56,278	4,643	308	38
Right bank of Szczecin	82,211	2,089	273	31
West Szczecin	114,010	2,728	319	28
Downtown	117,744	4,094	366	37
No data	-	-	33	7
Altogether	370,243	13,554	1,299	141

Source: Own research

Based on the analysis of data of people using violence, living in the city of Szczecin in relation to the beneficiaries of social assistance, divided into four areas – North Szczecin, Right Bank of Szczecin, West Szczecin and Downtown, it is evident that the largest number of BC forms is filled in for people living in the Downtown – 366 and in West Szczecin – 319. It is noteworthy that in both regions there is a comparable number of inhabitants, but in the West Szczecin, there are significantly fewer beneficiaries of social assistance. This result confirms that violence is not a mere financial difficulty. In the "North" area, much less populated than the rest, social welfare clients are the most numerous. The obtained results are corroborated in the opinion that the "North" area is considered to be place of intense social phenomena.

Table 3. **Types of physical violence used against adults by psychiatric patients, broken down by sex**

Types of physical violence	Number of people using violence			
	Total	Women	Men	No data
Pushing	79	11	66	2
Hitting	80	12	66	2
Twisting arms	44	1	41	1
Strangling	18	-	17	1
Kicking	18	-	17	1
Slappning face	18	-	17	1

Source: own research

The analysis shows that both women and men most often used hitting and pushing. Women did not use other forms of physical violence. A small percentage of men used strangling, kicking or slapping face. More than 20% of the respondents were also twisting arms.

Table 4. **Types of psychological violence used against adults by psychiatric patients, broken down by sex**

Type of mental violence	Number of people using violence			
	Total	Women	Men	No data
Isolation	49	8	40	1
Insults	48	8	39	1
Ridicule	40	7	32	1
Threats	34	4	29	1
Control	26	3	22	1
Contact restriction	22	3	18	1
Criticizing	112	15	94	3
Humiliation	117	14	100	-
Demoralization	29	-	27	2
Disturbance	112	15	94	3

Source: own research

Most common forms of psychological violence are: humiliation, criticizing and disturbance. This form of violence is used by both women and men, with the predominance of men. Women do not admit at all the use of violence in the form of demoralization.

Table 5. **The number of psychiatric patients using violence against adults, including Other types of behavior**

Other types of behavior	Number of people using violence			
	Total	Women	Men	No data
Destruction/damage to property	71	6	65	-
Theft/misappropriation of property	47	4	43	-
Threats/insult	96	7	88	1

Source: own research

When analyzing other types of behavior used against adults by psychiatric patients in the group of women (6.7%) and men (84.5%), it was found that the most common form of violence are threats and insult. It is a violence that "cannot be seen" does not leave traces of beatings in the form of scratches, bruises etc. Violence used in this form is punishable and is also a crime against the freedom of the other person. Studies show that this type of behavior is predominantly male. It has also been shown that another

type of behavior in which a high percentage of psychiatric patients using violence is listed is the destruction or damage of property. In this group as many as 91.5% are males and only 8.4% females. Similarly, with the theft/misappropriation of property.

Table 6. **Duration of violence in relation to the number of psychiatric patients using violence against adults, broken down by sex**

Duration of violence	Number of people using violence			
	Total	Women	Men	No data
1–4 weeks	2	-	2	X
2–12 months	37	7	30	X
1–5 years	40	5	35	X
6–10 years	24	3	20	1
11 and more years	25	3	20	2
No data	13	-	-	13
Total*	141 (125 plus 16)	18	107	16

* psychiatric patients using violence. Source: own research.

In analyzing the duration of violence, psychiatric patients using violence in 31.2% used violence between 1 and 5 years. They were men (87.5%). The proportion of female psychiatric patients using violence during this time period was 12.5%. It is apparent from the analysis of Table 6 that acts of violence in the family, committed against adults by psychiatric patients, have been occurring for many years; they were not one-off acts and the perpetrators were mainly males.

Table 7. **Number of people using violent abusing narcotic substances, psychotropic substances or medicines**

Total	138
Women	11
Men	124
No data	3

Source: Own research

There were 138 people who used violence abusing narcotic substances, psychotropic substances or medicines, with the vast majority being men (about 90%).

Discussion

The first analysis in Poland concerning the mental health of Poles was completed by the report in 2012. It shows that more than six million working age people in Poland are affected by at least one of the ICD-10 and DSM-IV mental disorders. Among the respondents, "one in four experienced more than one of the tested dis-

orders, and one in twenty-five – three and more" [7]. At least three disorders occur in about a quarter of a million people in Poland. The same report also shows that despite the fact that only 23% of respondents have confirmed personal contact with a mentally ill person, "most people have quite strong opinion, with the features of a reluctant stereotype, generating distances and caution, about such people, psychiatric illnesses and psychiatric institutions" [8]. Joanna Meder, Director of Treatment for the Institute of Psychiatry and Neurology in Warsaw, argued that stereotypes that function in society about mentally ill people "identify these people as aggressive, capable of causing harm, being incomprehensible. This is very detrimental because studies have shown that the patients – especially those who are treated – are much calmer and less aggressive than most healthy people" [9]. Based on the results of the study, it cannot be confirmed that psychiatric patients are more aggressive than those who do not exhibit such behavior. However, from the surveys conducted in the society, there is a very stereotypical picture of mentally ill people as distinct from the majority of people who behave and speak in an incomprehensible way, intellectually less able, neglected, ridiculous, dependent, unpredictable, dangerous …" [1]. According to Crisp [10], it is also assessed that individual diagnostic categories in psychiatry have a different profile of stereotypical beliefs. For example, people with schizophrenia are seen as unpredictable and environmentally threatening, as do alcohol addicts and drug addicts. Such beliefs may have a negative impact on the general perception of behavior of people with mental illness also in relation to the phenomenon of domestic violence.

On the basis of the results of the research and the literature, Holtzworth-Munroe and Stuart [11] show the following typology of perpetrators of violence:

- violence perpetrators who abuse violence exclusively against their family members are called family-only aggressors. They show no signs of mental disorders;
- violence perpetrators also outside the family circle showing mental disorders, called aggressors from the border area;
- violence perpetrators who abuse violence both within and outside the family. They use all types of violence (physical, psychological, sexual), while abusing alcohol, psychoactive drugs or medicines.

According to the research, the majority of people using violence in the psychiatric treatment group were men. This is also confirmed by data from the TNS OBOP survey among professionals conducted for the Ministry of Labor and Social Policy, which shows that perpetrators of domestic violence are, according to professionals, almost exclusively male, with almost exclusively women victims (from 68% to 99% depending on profession of the group of respondents and the form of violence) [12]. The World Health Organization (WHO) defines violence in relationships as the most common form of violence against women, linked to physical, sexual and emotional abuse by the partner [13]. In addition, at least one in five women have experienced

violence throughout their lives [14]. The data presented by Binney, Harkell and Nixon indicate that the majority of women experiencing violence (81%) are 20–34 year-olds with 2–3 children, violence in their relationships lasted about 7 years (from a few months to 40 years). More than half of women experienced violence for 3 years or more (59%) [15]. From the analysis of studies conducted in a group of psychiatric patients using violence, it was found that the majority of women experiencing violence were aged 19–40.

The use of violence by women is still unexplored for reasons of Polish beliefs and stereotypes. For many men reporting that a partner uses physical violence against him would be a shame. In addition, women are more likely to use psychological violence, which is more difficult to prove. According to the same study, TNS OBOP survey among professionals conducted for the Ministry of Labor and Social Policy, it is estimated that: as for psychiatric and economic violence, as in the case of their abuse, some respondents believe that the representatives of both sexes are victims as often (up to 25% – responses of healthcare professionals concerning psychological violence) [12]. According to police statistics from 2015, the total number of people suspected of using violence was 76,034, of which 5,244 were women and 70,484 were men, who constitute the vast majority [16]. This is also confirmed by the author's research.

In cases where the perpetrator is suffering from mental disorders, it is important to consider that this group suffers from illnesses (schizophrenia, affective disorders, drug abuse syndrome, alcohol withdrawal psychosis) that significantly affect one's perception of reality.

According to data provided by Dutton and Painter, men are more likely to use physical and sexual violence against their partner [17]. These results are also reflected in the author's research on psychiatric patients using violence. They indicate that men most often use physical violence, particularly in the form of pushing, hitting and twisting hands.

The results of our own research, however, differ from the results of a study by WHO, which shows that about 45% of women admit using psychological violence against a husband, in other words, verbal abuse in a form of insult, accusations or shouting [13]. Our own research shows that only 20.5% of female psychiatric patients use psychological violence in the form of insults, while most of them criticize, humiliate and disturb.

Conclusions

The analysis shows that a small proportion of people using violence are psychiatric patients. The obtained results show that acts of violence against adults, committed by psychiatric patients, have been occurring for many years; they are not one-off acts, and the perpetrators of violence are predominantly men aged 19–60.

Recapitulation

In the group of psychiatric patients using violence, the analysis of "Blue Card" questionnaires confirmed the widespread perception that the perpetrators of violence were mainly males.

Lack of knowledge of domestic violence used by psychiatric patients results in misunderstanding of the behavior of people experiencing and using violence at each stage of the phenomenon and during interventions. The society is moving away from people showing symptoms of mental illness by condemning them to isolation and confinement in their homes. This results in that frustration and reaction of aversion to others must be relieved, which can result in aggressive behavior toward the closest ones, and in cases of lonely people, can lead to the use of violence outside the home. Studies conducted among psychiatric patients using violence against adults also do not support social beliefs about their increased aggression toward others.

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