VIOLENT BEHAVIOR AMONG PSYCHIATRIC PATIENTS[+]

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Abstract:

A field study aimed to identify the violent behavior of psychiatric patients who were admitted to Al-Rashad Psychiatric Hospital from first of October till the end of December 2001. The study included 60 male and female patients who were purposely selected from Ibn-Al-Haytham unit in Al-Rashad Psychiatric Hospital. These patients were suffering from violent behavior.A questionnaire was especially designed by the investigator, the data were collected from the nurses or responsible persons by individual meeting and from the patients, chart.The results reveal that most of the sample were male patients 78.3% and they were at age group 26 - 37 years old. Most of them suffer from schizophrenia 56.7% and 33.3% they suffer from physical assault.The main recommendations are educate the family about the violent behavior and how to behave with them to change their behavior

المستخلص

دراسة ميدانية تهدف الى التعرف على السلوك العدائي لدى المرضى النفسيين الراقدين في مستشفى الرشاد للامراض النفسية والعقلية وللفترة من الاول من تشرين الاول ولغاية نهاية كانون الاول ٢٠٠١.شملت عينة البحث ٦٠ مريضاً ومريضة تم اختيارهم بالطريقة العمدية من المرضى الراقدين في مستشفى الرشاد واللذين لديهم سلوك عدواني او احكام قانونية يقضونها في ردهة ابن الهيثم. صممت استمارة استبيانية خاصة بالبحث وتم جمع العينة بواسطة المقابلة الشخصية لمسؤولي الردهات او ممرضة الردهة ومراجعة طبلة المريض وملئ الاستمارة الخاصة بالبحث.اهم ما توصلت اليه الدراسة ان اغلب افراد العينة ٧٨,٦% هم من الذكور ومن عمر ٢٦ – ٣٧ سنة واغلبهم ٥٥,٥٧% يعانون من الفصام وان النسبة ٥٥,٥% يتكلمون كلمات بذيئة أي الاساءة عن طريق الكلام الى الاخرين.

استخدمت التكرارات والنسب المئوية في تحليل البيانات.اوصت الدراسة بأعداد برامج تثقيفية لعوائل المرضى وتوضيح السلوك العدائي وكيفية التعامل مع المريض العدائي.

Introduction

The consideration of mental illness has its basis in the cultural beliefs of the society in which the behavior takes place [1].

[+] **Received on 1/10/2003 - Accepted on: 21/1/2004**

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The stigma associated with mental illness is a major concern for patients and families ,one reason for the stigmatization of mentally ill is the public perception that they are violent and dangerous [2] . Epidemiological studies have shown elevated rates of violence in people with mental disorder [1]. Violence is a complex human behavior with individual, environmental, and interaction components

It is defined as a physical act or force, intended to cause harm to a person or an object

The violent patients when they are dangerous to themselves or others, are admitted to an acute psychiatric unit to remove them from their environment and to provide enough safety until the violence behavior dissipates [3].

Violence in psychiatric settings is a clinically significant and relevant problem requiring attention by the psychiatric community, however, aggression and violent are frequently experienced both in the community and institutions. [4]

Most of the studies are often deficient in violence behavior, few nursing studies have been conducted that explore the components of nursing care which influence the amount of violence occurring in in-patients psychiatric setting [5].

In the present study, we investigate the arrest rate of patients with psychotic illness who were treated in Al-Rashad psychiatric Hospital.

Aim of the Study

1-To identify the violent behavior among psychiatric inpatients
2- To find out a possible relationship between mental illness and violent behavior.

Materials and Methods

A descriptive study was conducted on Al-Rashad Psychiatric Hospital in Baghdad during the period from first of October, till December 2002

A purposive sample of (60) psychotic in-patients who had history of violent behavior was selected

An interviewing questionnaire form was developed by the researcher for data collection.

The questionnaire consists of two parts. The first part is concerned with socio-demographic data of sample. And the second parts related to the violent behavior appearing on the psychotic pt. using a 3-point Likert-type scale, the scale is represented by never 1, some- times 2 and always 3 score. Data was gathered by using questionnaire format and interviewing method with the patients and the responsible nurse in the hospital wards.

Data correlation was computed to find out the relationship between see variables.

Results:

Table (1) Sociodemographic characteristics of the sample

Age	F	%
14-25	17	28.3
26-37	24	40
38-49	9	15
50-61	10	16.7
Total	60	100
Sex		
Male	47	13
Female	78.3	21.7
Total	60	100
Marital status		
Single	38	63.3
Married	22	36.7
Total	60	100
Occupation		
Free job	15	25
Government employee	12	20
Student	11	18.3
House wife	4	6.7
No work	18	30
Total	60	100
education		
Not read & write	7	11.7
Primary school	8	13.3
Secondary school	25	41.7
University & higher	20	33.3
Total	60	100

Table (1) shows, that the highest percentage 40% of the sample are with in the age group of (26- 37) years. , 79.3 % of the study sample were male, with regard to marital status, the bulk of the sample were married (63. 3 %). 25% of the sample were free job.

With regard to educational level, it seems that (41.7 %) of the sample were secondary school graduate and 33.3 % of them were college graduate.

Table (2) Medical diagnosis

Diagnosis	F	%
Schizophrenia	34	56.7
Depression	10	16.7
Drugs & alcohol abuse	4	6.7
Sexual deviation	6	10
Mental Retardation	6	10
Total	60	100

Table (2)shows that 56.7% of the sample were diagnosed as schizophrenic patients and 16.7 % of them had depression. While 6.7% of the sample was addict people, the table also shows that 10 % of the sample has mental retardation and 10 % of them have sexual deviation.

Table (3) Types of violence before admission

Types	F	%
Verbal abuse	14	23.3
Harm & hit others	26	33.3
Violent behavior toward self suicide attempt	10	16.7
Sexual assault	5	8.3
Murders	11	18.3
Total	60	100

The table shows the cause of admission to the psychiatric hospital. The majority of the study sample 3 3.3% have physical assaults and harm the other people.

While 16.7% of the sample attempt to commit suicide and violent behavior is directed toward self. And 23.3% of the sample have verbal violence.

The table also shows that 18.3% of the sample were admitted to the hospital because of murder. And 8.3 % of them have sexual assault.

Table (4) Forms of violent behavior

Forms	Always		Some times		Never	
	F	%	F	%	F	%
Explosive episode	34	56.7	22	36.7	4	6.7
Violent behavior directed toward self.	35	58.3	19	31.7	6	10
Verbal abuse against others	28	46.7	27	45	5	8.3
Destruction of the object around him.	25	41.7	27	45	8	13.7
Physical assaults (act) & cause	28	46.7	24	40	8	13.7
harm to others using weapons and sharps objects	18	30	15	25	27	45
Attempt suicide	18	30	15	25	27	45
the patient harms his family	29	48.3	26	43.3		8.3
the patients harms his neighbors	23	38.3	22	36.7	15	25
There is a cause for patient's violence & aggression.	13	21.6	28	46.7	4	6.7
Sexual assaults to girls.	18	30	10	16.7	32	53.3
Murder	11	18.3	12	20	27	45

The table shows that the highest percentage of 58.3 %of the sample use verbal abuse against others and express violent behavior toward others, and 56.7% of them have explosive episode.

The table also shows that 48.3% of the sample harm their families and 46.7% of them assault others and cause harm to them. And 41.7 % of the sample destroy the object around them. While 38.3 % of them harm their neighbors. The table shows also that 30% of the sample they attempt suicide & they use weapons & sharps objects, they have sexual assaults to girls. And only 21.6% of the sample cause to harm others.

Table (5) The relation between medical diagnosis and types of violence

Medical Diagnosis / Types of Violence	Schizophrenia		Depression		Addiction		Sexual Deviation		Mental Retardation		Total	
	F	%	F	%	F	%	F	%	F	%	F	%
Verbal abuse	5	8.3	4	6.7	3	5	-	-	2	3.3	14	23.3
Physical assault	16	26.7	1	1.7	-	-	-	-	3	5	20	33.3
Attempt suicide	5	8.3	4	6.7	-	-	-	-	1	1.7	10	16.7
Sexual assault	1	1 .7	-	-	-	-	4	6.7	-	-	5	8.3
Murder	7	11.7	1	1.7	1	1.7	2	3.3	-	-	11	18.3
Total	34	56.7	10	16.7	4	6.7	6	10	6	10	60	100

Table (5) shows that the majority of the violence behavior (56.7) was among schizophrenic patients. (26.7) of them suffer from physical assault and (11 .7) have murder problems. The table also shows that 6.7% of the sample have depression and they were suffering from verbal abuse and attempt suicide. On sexual deviation diagnosis 6.7% of them have sexual assault while 10% of the sample are diagnosed as having mental retardation.

Discussion:

The findings of the present study show that the risk of violence is among male patients (78.3%) were young (under age 40 years) most of them were (26-37) years. Single (63.3%). with no work (30%) table (1). These findings were similar to those of [7, 8].

Who reports that the risk factors for being violent are younger age men, may be because male gender has more severe psychopathology. Regarding educational status, we found that the majority of the sample (41.7%) were secondary school graduates. This result disagrees with those of [9]. who repotts that low educational level (no education) was significantly. associated with a history of violent behavior.

(A lower educational level is associated with a higher probability of history of violence behavior).Concerning medical diagnosis of the violence patients the results show that table (2) the majority of the samples (56.7) were schizophrenia. This finding was supported by [8, 9, 10, 11, and 12]. They report that in general that individuals demonstrated suffering from schizophrenia display an increased rate of violence.

Table (2) also shows that 16.7 % of the sample were diagnosed as having depression. While 10% of them had sexual deviation and mental retardation . Table (3) which shows the types of violence behavior before admission to hospital. It appears that 33.3%of the sample make harm and hit others and 23.3% of them verbal abuse while 18.3% have murders crime. This result is supported by the study of [13], who said the example of violent criminal behavior included murder, attempted murder other types of violence were verbal, non verbal or physical behavior that was threatening to self, others or property

Table (5) shows that (56.7%) of the sample who complain from different types of violence are schizophrenic. This is supported by [8].

Who suggest that patients who have schizophrenia are at greater risk for violent episodes, [14] also supports these results and states that all patients included in her study who exhibited violent behavior had been diagnosed with schizophrenia and had a history of previous hospitalization .

The risk of violence was significantly higher among subjects who were diagnosed as schizophrenic [15].

The results show also (16.7 %) among the sample diagnosed as having depression. This result is supported by [16] The results also show 6.7% are alcohol addict people. This result is supported by [10] who states that substance abuse is a factor in some incidents of crime . More than half of murders are committed when the killer is intoxicated.

From the above results we can conclude that there is an increased risk of violence in schizophrenic patients and the violent behavior increases among patient suffering from mental illness.

Recommendation:

1. Family education about violence behavior and how to behave with them to change their behavior.
2. Further studies regarding the in-patient violence against nurses and other health personal.
3. Training and continuing education for nurses on how to deal with violent patients.

References: -

1. Townsend, M, C. *Psychiatric Mental health Nursing Concept of Care* third edition, Davis Company, Philadelphia 2000
2. Link B, G.stueve, A.phelan, J. "Psychotic Symptoms and Violent Behavior Socio-Psychological Epidemiology." *Social Psychiatry and Psychiatric Epidemiology*, December, pp 199, 1998.
3. Mitchell, F, W. "Understanding Causal Paths Between Mental Illness and Violence'', *Medical Schizophrenia Law*, Jan. 39(1), pp. 30, 1999.
4. Arboleda, F, J. Holley, H. "Studies of criminal and violent behavior among psychiatric patients'', *Social psychiatry and psychiatric epidemiology*, December. 33suppl. 1 s 38, PP. 989, 1998.
5. Link. B. G .stueve, A, phelan, J. "Psychotic Symptoms and Violent Behavior'', Social *Psychiatry and Psychiatric Epidemiology*, Dec, PP. 231, 1992.
6. Poidrugo, F "Alcohol and Criminal Behavior'', *J .of clinical psychiatry*, Feb 33(1), pp. 12-15, 1998.
7. Kaulunian, D, A. Binder. R. L," Violence by Patients who Need Psychiatric Hospitalization", *J. of clinical psychiatry*. 51(8), PP .340-43, 1990.
8. Jeffrey, W. Swanson. S "Involuntary out Patient Commitment and Reduction of Violent Behavior in Persons with Severe Mental Illness", B. *J. of psychiatry* ,Vol. 176, No.4, pp 324, 2000.
9. JOHN. M. 1-IENERY, j. "Developing a Clinically Useful Actuarial Tool for an Assessing Social Risk", *B. J. of psychiatry*, Vol.176, pp. 312, 2000.
10. Dolan, M. Doyle, M. '' Violence Risk Predication '', *B. J. of psychiatry* , Vol.177, pp .303, 2000.
11. Soyka, M.'' Substance Misuse, Psychiatric Disorder and Violent behavior'', *B. J. of psychiatry*, Vol.176, pp. 345, 2000.
12. Harper, J. "An aggressive behavior ", *J. of psychosocial nursing and mental health services* .32 (8). pp. 11-16,1998.
13. Eronen, M. Anger. M, "The Psychiatric Epidemiology of Violent Behavior", *Social-psych. Epidemiology*, Dec, PP.13, 1998.
14. Volavka, J. Laska, E.''History of Violent Behavior and Schizophrenia in Different Cultures'', *B .J. of psychiatry*, Vol.171, pp 9, 1997.
15. kennedy, H. G Hill, 0.'' Violence, Homicide and Suicide: Strong Correlation'', *B. J. of psychiatry*, Vol.175, pp. 462, 1999.
16. Bland, R.Helene.o.'' Family violence and psychiatric disorder'', *Can. J .PSYCHIATRY* ,VOL.31, No. 2, 1986.

ملحق رقم (١)

استمارة استبيانية

أسم المريض :-

العمر :- ١٨-٢٨ سنة ☐ ٢٩ -٣٩ ☐ ٤٠-٥٠ ☐

٥١-٦١ ☐ ٦١ فما فوق ☐

الوزن :-

مهنة المريض:- موظف ☐ عاطل ☐ متقاعد ☐

ربة بيت ☐ طالب ☐

الحالة الثقافية :- يقرأ ويكتب ☐ ابتدائية ☐ ثانوية ☐

جامعة ☐

أسباب ألم الظهر :- ميكانيكي ☐ مرضي ☐

العوامل المساعدة :- العادات السيئة لاستعمال ميكانيكية الجسم أثناء العمل ☐

الحالة النفسية ☐ البدانة ☐ التدخين ☐

حالة المريض بعد العلاج الحراري :- تحسن ☐ لم يتحسن ☐

بعد استخدام التمارين العلاجية :- تحسن ☐ لم يتحسن ☐

ملحق رقم (٢)

إلية الجسم:- هي عبارة عن التنسيق في حركات الجسم وذلك باستعمال الأعضاء الحركية للجسم والتي تشمل العظام والمفاصل والأعصاب والدماغ.

١- المحافظة على الأعضاء الحيوية في وضعها التشريحي والفسيولوجي الصحيح وبذلك يكون عمل هذه الأعضاء طبيعيا ويمنع حدوث الإصابة بالتشوهات

٢- تسهيل عملية السيطرة على العضلات وحركاتها حيث تكون هذه الحركات ضرورية من الناحية العملية عند تطبيق الفعاليات اليومية .

٣- يتم العمل والحركات بجهد عضلي قليل .

المبادئ الصحية التي يتبعها الفرد عند حركة الجسم إثناء العمل :-

١- قف واعمل بقرب الشيء أو الثقل المراد رفعة وذلك لمنع الجهد غير الضروري على عضلاتك .

٢- يجب إن يكون اتجاهك بنفس اتجاه حركتك وعند تغيير اتجاهك در جسمك مع قدميك بنفس الاتجاه .

٣- حافظ على ظهرك بوضع الاستقامة .

٤- عند رفع شيء ما اثني ركبتيك واستعمل عضلات ظهرك وأطرافك الطويلة القوية عوضاً عن عضلات ظهرك القصيرة الضعيفة .

٥- عند الوقوف ضع قدمك بحيث تكون أحدى قدميك أمام الأخرى لكي تكون استقرارية الشيء اكبر .

٦- استعمل وزن الجسم لدفع أو سحب الشيء.

٧- حاول أن تحافظ على مرفقك قريبا من الجسم عند رفع الأشياء .

٨- حاول أن تكون بجانب الشيء قدر المستطاع .

٩- اطلب المساعدة من الآخرين إذا كان وزن الجسم ثقيل جداً .

التمارين العلاجية :-

هي حركات رياضية معينة لحالات مرضية مختلفة غرضها وقائي علاجي . وذلك لإعادة الجسم إلى الحالة الطبيعية أو تأهيلة ... وبتعبير أخر ... هي استخدام المبادئ الأساسية للعمل الحسي والحركي والتي تعمل في التأثير على قابلية تلبية العضلات والأعصاب وذلك باختيار حركات معينة وأوضاع مناسبة للجسم .

تعتمد التمارين العلاجية على علوم عدة أهمها التشريح والفسلجة وعلوم أخرى ولاسيما العلوم التربوية والنفسية . وهذه التمارين العلاجية طبقت في بحثنا هذا :-

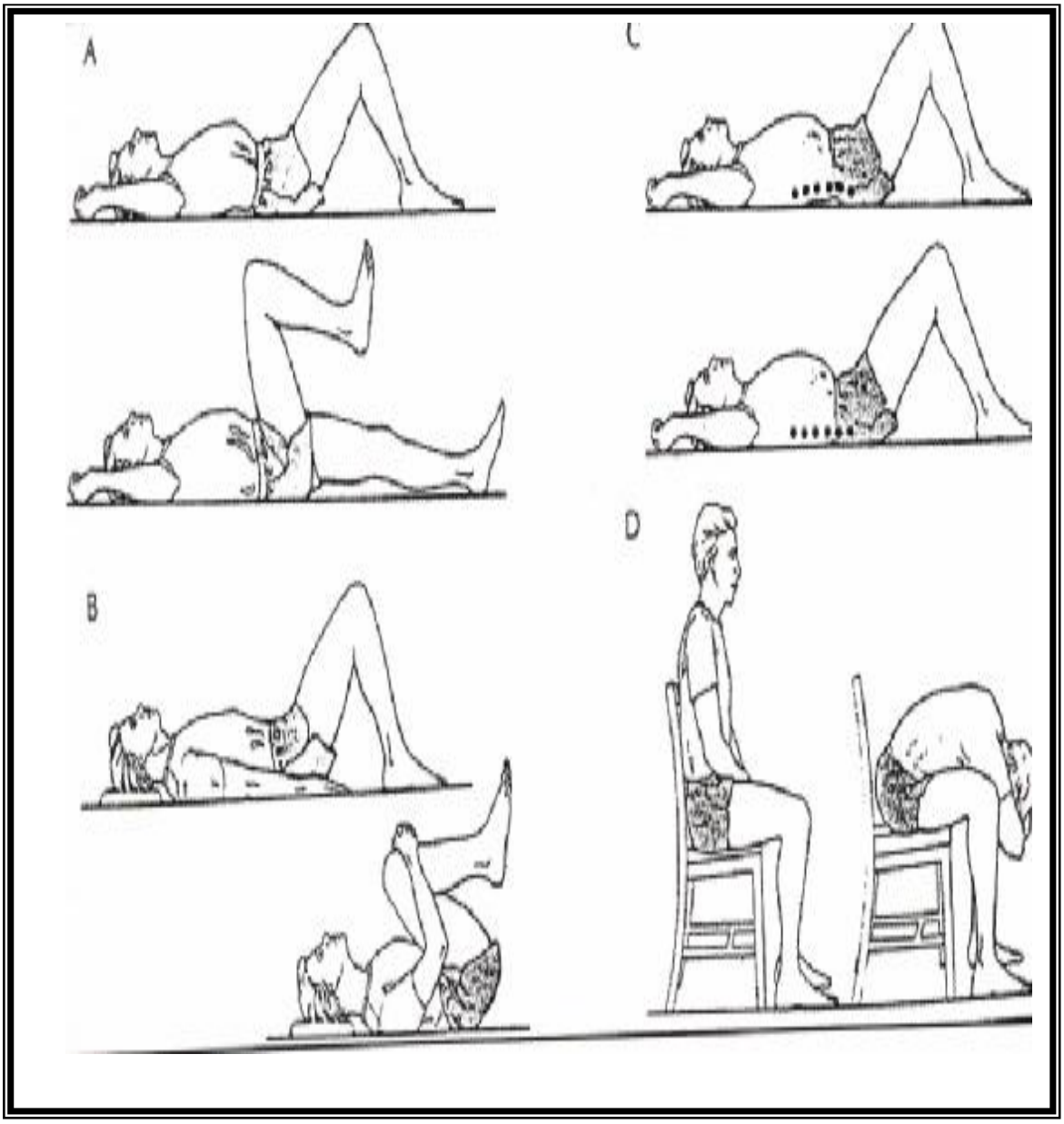

Figure (1) : program exercises for low back pain [16]

References: -

1-Alison skinner , Joan piercy . *Tidys Physiotherapy 12 Edition* . 1995

2-Leonard G Rule . *Back Pain* . first published, 1998, pp 1120- 1122 .

3-William F . Ganong .*Medical Physiology* . (20) Edition , 2001 , pp 133 -135

4-John W ,Frymoyer . *Adult spin principle and practice* . 1991 ,volume (3), pp 1120 .

5-John F .Mynro , Lian W . Campbell , (10) Ed , *Macleods (clinical examintion)* . 2000 , pp 1112 – 1115 .

6-Christopher Haslett , Edwin R . Chilvers , John A .A . Hunter , Nicholas A . Boon . *Davidsons principles and practice of medicine* , (18) edition , 1999 , pp 815 – 818 .

7-Harry B . Shestack . *Current Diagnosis and Treatment in Oethopedics* . 2nd edition , 1991 , pp 195 -196 , chapter (5) .

8-Robert Shestack . *Handboock of Physical Therapy* . (3rd) edition , 1992 , pp 107 – 111 .

9-Robert Shestack . *Handbook of Physical Therapy* . 4th edition , 1995 , pp 1112-1117 .

١٠- د. سميعة خليل محمد . *الرياضة العلاجية* ، دار الحكمة ، وزارة التعليم العالي والبحث العلمي ، جامعة بغداد ، كلية التربية الرياضية ، ١٩٩٠ ، ص ١٢٣

11-Glement B. Sledge .Robert Pross . *The book of orthopedics* . 1990 , 2nd edition , pp 301 – 303 .

١٢- الرويلي عيسى هلال . *العلاقة بين ألام أسفل الظهر والعادات اليومية الإعاقة والتأهيل*، العدد الثاني ٥ رمـــضان ١٤١٤ هـــ ، ١٩٩٢ ، ص ٤٢ ــ ٤٣

13-The Royal College of General Practitioners Guidelins on the Mangement of Acute Back Pain (R GGP) , 1999 .

١٤-أبو العلا أحمد عبد الفتاح . *بيولوجيا الرياضية وصحة الرياضي* ، دار الفكر العربـــي ، القـــاهرة ، ٢٠٠٠ ، ص ٤٥

15- Fredric J , Kottke ,Justus F , Lehmann , *Physical Medicine and Rhabilitation* , 4th edition , Krusens handbook , Saunders , London 1990 .

16- S.v.Vasudevan . " Physical Rehabilitation of the Pain Patient ", *7th intrnational symposium (the pain clinic)* , Abstract book , Oct 2-6 , Turkey , 1996 , p.p 213.