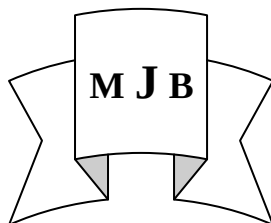


Assessment of Violent Behavior among Patients with Psychiatric Disorders in Psychiatric Hospitals

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Abstract

Mental illness, For most people is associated with severe behavioral disturbances such as violence .The problem of violence and aggressive behavior among patients with psychiatric disorders needs careful assessment

This study aimed to identify the violence behavior of psychiatric patients. Who admitted to Al-Rashad and Ibn-Rushed psychiatric hospitals. The study included 100 male & female patients who were purposely selected from Al-Rashad and Ibn-Rushed Psychiatric Hospitals. These patients were suffering from violence behavior.

A questionnaire was especially designed by the investigator, the data collected from the nurses or responsible person by individual meeting, the relatives and the patients chart.

The results revealed that 64% of the samples were male patients and they are at age group 26 - 37 years old. Most of them suffer from schizophrenia 42% and 28% they suffer from verbal assault.

The main recommendations were educate the family and the nurses about the violence behavior and how to deal with them to change their behavior during hospitalization and in the community.

الخلاصة

الامراض النفسية بالنسبة لكثير من الناس ترتبط باعتلال السلوك الشديد مثل العدوانية. ان مشكلة التصرفات العدوانية بين المرضى المصابين بالامراض النفسية تحتاج الى تقييم دقيق. الدراسة الحالية تهدف الى التعرف على السلوك العدائي لدى المرضى النفسيين الراقدين في مستشفى الرشاد ومستشفى ابن رشد للامراض النفسية والعقلية.

شملت عينة البحث ١٠٠ مريض ومريضة تم اختيارهم بالطريقة العمدية من المرضى الراقدين في مستشفى ابن رشد ،والذين لديهم سلوك عدواني او احكام قانونية يقضونها في ردهة ابن الهيثم. / مستشفى الرشاد صممت استمارة استبيان خاصة بالبحث وتم جمع العينة بواسطة المقابلة الشخصية لمسؤولي الردهات او ممرضة الردهة وعائلة المريض ومراجعة طلبة المريض وملئ الاستمارة الخاصة بالبحث.

اهم ما توصلت اليه الدراسة ان اغلب افراد العينة ٦٤% هم من الذكور ومن عمر ٢٦ - ٣٧ سنة واغلبهم ٤٢% يعانون من الفصام وان النسبة ٢٨% يتكلمون كلمات بذيئة أي الاساءة عن طريق الكلام الى الآخرين. استخدمت التكرارات والنسب المئوية في تحليل البيانات.

اوصت الدراسة بأعداد برامج تثقيفية لعوائل المرضى وتوضيح السلوك العدائي وكيفية التعامل مع المريض العدائي في المستشفى وخارج المستشفى.

Introduction

Mental illness includes a wide range of health problems; It still surrounded by fear and misunderstanding. For most

people, mental illness is associated with severe behavioral disturbances such as violence [1].

Society feels UN comfortable about mental illness, people have been led to

believe that an individual with mental illness inevitably dangerous, and violence is automatically connected to mental illness [2].

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 [3].

Violence is a complex human behavior with individual, environmental, and interaction components [4].

It is defined as a physical act or force, intended to cause harm to a person or an object and patient himself [5].

The violent patients when 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 [4].

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 [5].

Most of the studies are often deficient in violence behavior, few nursing have been conducted that explore the components of nursing care which influence the amount of violence occurring in in-patients psychiatric setting [6].

Violence in inpatient psychiatric settings is a clinically significant and relevant problem requiring attention by the psychiatric community.

The problem of violence and aggressive behavior among patients with

psychiatric disorders needs careful assessment to improve the quality of psychiatric care.

In the present study, we investigate the patients with psychotic illness who were treated in Al-Rashad and ibn -rushed psychiatric Hospitals.

Objectives of the Study

1-To assess the violent behavior among psychiatric inpatients

2- To determine the relationship between mental illness and violent behavior.

Materials and Methods

A descriptive study was conducted on Al-Rashad and Ibn-Rushed Psychiatric Hospitals in Baghdad.

A purposive sample of (100) psychotic in-patients who have violent behavior before and during hospitalization.

An interviewing questionnaire form was developed by the researcher for the purpose of the study and data collection.

The questionnaire consisted of two parts. The first part concerned about socio-demographical data of sample.

And the second part related to the violent behavior appeared on psychotic patients. Scoring was on a 3-point likert-rating scale, the scale was represents by never 1, some times 2 and always 3 score.

Data was collected by using questionnaire format and interview method with the patients, patients relative and the responsible nurses in the hospital wards.

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

Results**Table 1** Sociodemographic characteristics of the sample

Age	Number	%
14-25	27	27 %
26-37	34	34 %
38-49	25	25 %
50-61	14	14 %
Total	100	100
Sex		
Male	64	64 %
Female	36	36 %
Total	100	100
Marital status		
Single	58	58 %
Married	33	33 %
Divorce	9	9 %
Total	100	100
Employment		
-Free job	21	21 %
Government employee	18	18 %
House wife	22	22 %
Unemployed	39	39 %
Total	100	100
Educational level		
Illiterate	19	19 %
Primary school	28	28 %
Secondary school	25	25 %
Diploma &University	28	28 %
Total	100	100

Table 1 shows that the highest percentage (34%) of the sample were within the age group of (26- 37) years. (64 %) of them were male, with regard to marital status, the bulk of the sample

are single (58 %). (39%) of the sample were unemployed.

Regarding to educational level, it seem that (28 %) of the sample were primary school graduate and (25 %) of them were secondary school graduate.

Table 2 Psychiatric disorders

Diagnosis	Male		Female		Total
	No.	%	No.	%	%
Schizophrenia	28	28 %	14	14%	32
Depression	8	8 %	4	4 %	12
Bipolar disorder.	12	12 %	16	16 %	38
Substance abuse	12	12%	-	-	12
Sexual disorders.	6	6 %	-	-	6
Total	66	66%	34	34%	100

Table 2 Shows that (28%) of the sample were males diagnosed as

schizophrenic patients and (16 %) of the sample were female their diagnosis

manic depressive. While (12%) of the sample were male and diagnosed as substance abuser, the table also shows

that (8 %) of the sample were males had depression and (6 %) of them had sexual disorders.

Table 3 Types of violence

Types of violence	No.	%
Verbal abuse	28	28 %
Physical assault.	31	31 %
Suicide attempt	22	22 %
Sexual assault	8	8 %
Murders	11	11 %
Total	100	100

Table 3 shows the cause of admission to the psychiatric hospital. The majority of the studied sample (31%) they have physical assaults and harm the other people. While (28%) of the sample they have verbal violence.

And (22%) of the sample they attempt suicide and violent behavior directed toward self. The table also shows that (11%) of the sample admitted to the hospital because of murder. And (8%) of them had sexual assault.

Table 4Types of violence during hospitalization

Types of violence	No.	%
Verbal abuse	33	33 %
Violent behavior toward other patients	24	24 %
Violent behavior Toward self	12	12 %
Violent behavior toward nursing staff.	22	22 %
Property damage.	9	9 %
Total	100	100

This table shows that the majority of the study sample (33%) they had verbal abuse, While (24%) of the sample had violent behavior toward other patients,

and (22%) of the sample had violent behavior directed toward nursing staff.

The table also shows that (12%) of the sample had violent behavior toward self.

Table 5 Distribution of violence behavior according to psychiatric disorder.

psychiatric Disorder. Types of Violence	Schizophrenia		Depression		Substance abuse.		Sexual disorder.		Bipolar disorder		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Verbal abuse	15	15	2	2	8	8	-	-	3	3	28	28
Physical assault	16	16	1	1	6	6	2	2	6	6	31	31
Attempt suicide	5	5	8	8	1	1	1	1	7	7	22	22
Sexual assault	1	1	-	-	1	1	4	4	2	2	8	8
Homicide	7	7	-	-	1	1	2	2	1	1	11	11
Total	44	44	11	11	17	17	9	9	19	19	100	100

Table 5 shows that (44%) of those with violence behavior were diagnosed as having schizophrenia. (16%) of them suffer from physical assault and (15%) had verbal abuse and (7 %) homicide. The table also shows

that (11 %) of the sample with violence behavior were diagnosed as having depression. While 17% of them were diagnosed as having substance abuse, and 19% diagnosed as having bipolar disorder.

Table 6 Distribution of violence behavior according to sex

Sex Types of Violence	Male		Female		Total	
	No.	%	No.	%	No.	%
Verbal abuse	15	15	13	13	28	28
Physical assault	22	22	11	11	31	31
Attempt suicide	10	10	12	12	22	22
Sexual assault	8	8	-	-	8	8
Homicide	11	11	-	-	11	11
Total	36	36	36	36	100	100

Table 6 shows that the majority of the samples (22%) were males and (11%) females their violent behaviors

were physical assault. (15%) were males and (13%) female had verbal abuse, while (11%) of those with homicide

were males. The table also shows that (12%) of the sample were female and (10 %) were male they were suffering from attempt suicide. (8 %) of those with sexual assault were males.

Discussion

The findings of the present study showed that the risk of violence was among male patients (64%) most of them (34 %) were at age (26-37) years Table 1.

Regarding marital statues the finding showed that Single (58 %). with no work (31%) table (1). These finding were similar to those of [7] "Psychotic symptoms and violent behavior", [8] "Alcohol and criminal behavior").Who reported that the risk factors for being violent were younger age male more than female, may be because male gender more severe psychopathology. Regarding educational level, we found that the majority of the sample (28%) were primary school graduates. this result agrees with those of [9, 10]. who reported that low educational level (no education) was significantly. associated with a history of violent behavior. (A lower educational level was associated with a higher probability of history of violence behavior).

Concerning psychiatric disorders of the violence patients the results showed that the majority of the samples were male (28 %) diagnosed as schizophrenia (table 2). This finding was supported by [8-12]. They reported that individuals suffering from schizophrenia display an increased rate of violence and most of them were male. The table Also shows that (16 %) of female diagnosed as Bipolar disorder. (12 %) male suffering from substance abuse. This result is supported by Jeffrey [10] who stated that substance abuse increase the risk of violence and odd behavior, the same study reported substance abuse as more significant variable for risk of violence than any major mental disorders.

Table 3 shows the types of violence behavior before admission to hospital. It appears that (31%) of the sample had physical assault and (28%) of them had verbal abuse While (22%) had attempt suicide, (11 %) of the sample had homicidal. These results are supported by the study of Appelbaum and others, Dolan [11, 13]. Who found that (15 %) of homicidal had mental disorder, and it increase the risk of homicidal violence. Also Soyka, Harper, (14, 15) they mention that violence before admission was associated with violent criminal behavior included murder, attempted murder other types of violence was verbal, non verbal or physical behavior that was threatening to self, others or property

According to violent behavior during hospitalization, Table 4 shows that (33%) of the sample had verbal abuse, (24 %) had violent toward others, 22 % of them have violent behavior toward nursing staff and (12 %) toward self .this is supported by Dolan, Soyka [13, 14] who presented that High rates of victimization among the mentally ill have been noted In a study of victimization among inpatients, for example in physical victimization the violence was serious, involving hitting, punching, choking, being beaten up, This aggressive behavior and aggressive acts were observed during the first week of hospitalization, this may be because the patients were newly admitted and need treatment.

The results also shows in table 5 Distribution of violence behavior according to psychiatric disorder. It shows that the patients diagnosed as schizophrenia (16 %) have Physical assault (15 %) have verbal abuse, (7%) had Homicide. In depression diagnoses (8%) had suicide attempt. This result is supported by Soyka, Harper, Kennedy [14, 15, 18] who stated that patient with schizophrenia are increased risk to commit acts of aggression and violent behavior in the hospital and in community. Appelbaum, Soyka, [11,

14] also supported these results and stated 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 schizophrenia.

Table 6 shows distribution of violence behavior according to sex, we can see that (36%) of the sample were male sex. (22%) had Physical assault, and (15%) had verbal abuse, while the female had verbal abuse (13%), (12%) had suicidal attempt. This result supported by Hodgins et al. [19] who found that 49% of the men and 39% of the women had engaged in aggressive behaviour and 47% of the men and 17% of the women had been convicted of at least one violent crime, and Eronen, Volavka [16,17] who mention that violent and odd behavior and criminal behavior were increased in male patient.

From the above results we can conclude that there was an increased risk of violence in patient with schizophrenia and the type of violent behavior were physical assault and violent behavior increased among male patient suffering from mental illness in the community (before admission to hospital) and during hospitalization.

Recommendations

- 1- Special educational and training programs for nurses and patients family provide a general guideline how could they help patients with violent behavior.
- 2- Similar studies should be carried out about in-patient violence against nurses and other health personal.
- 3- Training and continuous education for nurses in dealing with violent patients during hospitalization.

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