

Increased symptoms lead mentally disordered to become victims of violence

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Contrary to common stereotypes, individuals with major mental disorders are more likely to become victims of violent crimes when they are experiencing an increase in symptoms than they are to commit crime, according to a new study by Brent Teasdale, an assistant professor of criminal justice at Georgia State University.

Teasdale found that patients experiencing [delusions](#), [hallucinations](#) and worsening symptoms generally are most likely to become victims of violence. In addition, individuals with [mental disorders](#) are particularly vulnerable for victimization during times of homelessness and when suffering from alcohol abuse.

"They actually have higher rates of victimization than they have of violence commission, which I think is counter to the stereotype that highly symptomatic, obviously delusional, visibly mentally disordered people are dangerous, unpredictable and violent," Teasdale said. "There's no one size fits all approach to these delusions, but the odds of victimization are multiplied almost by a factor of two when a person experiences these delusions."

Teasdale analyzed data from the MacArthur Violence Risk Assessment Study, a longitudinal study of psychiatric patients released from three psychiatric hospitals in Pittsburgh, Pa., Kansas City, Mo., and Worcester, Mass. During the MacArthur study, participants were interviewed every 10 weeks for one year about violence committed against them, stress, symptoms and [social relationships](#).

When individuals with mental disorders experience increases in delusions, symptom severity and alcohol problems they may be more focused on their internal states and have fewer cognitive resources available to devote to interactions with other people, Teasdale said. Other research suggests that victimization happens because caretakers may be driven away, leaving the disordered unprotected.

"If the stigma is that those are people we need to protect ourselves from, one of the ways in which we might do that is self defensive violence. We might strike first and that would lead to the victimization of these folks," Teasdale said. "If there's a person that could intercede before that happens, that may be one strategy for reducing victimization risk."

The findings of the study are important for clinicians who must pay attention to warning signs of worsening disorders as potential risk markers for violent behavior committed by their client, Teasdale said. They could also aid in the creation of assessment tools that focus on victimization risk and classes that better educate families about caring for the mentally ill.

Clinicians also could provide clients suggestions for reducing victimization risk when they notice patients exhibiting greater than usual symptoms, Teasdale said. For instance, during these times clinicians may recommend spending less time in public spaces, increases in guardianship or mandated community treatment programs.

"Most of us know people who have mental disorders. These are our family members and our friends and so we should care about their victimization experience," Teasdale said. "The stereotypes persist because people are unaware of the victimization risk to people with mental illness. If they learned that victimization risk were higher than the violence commission rates, I think that would help alleviate some of that stigma and help people think about people with mental disorders in a

different way."

The study, "Mental Disorder and Violent Victimization," was published in the 2009 edition of *Criminal Justice and Behavior*.

Source: Georgia State University ([news](#) : [web](#))

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