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Crime victimization in psychiatric outpatients. A one-week survey in a Mental Health Centre

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Summary

A one-week victimization survey was carried out to explore whether being a psychiatric outpatient is a condition of higher vulnerability for crime victimization or not, and to identify some other conditions that may affect the probability that episodes of victimization will occur. One hundred patients gave their informed consent and filled in a self-report questionnaire. The occurrence of seventeen types of crimes was investigated over the last twelve months and detailed information about the context of victimization was gathered. About one in four participants claimed to have experienced victimization in the last twelve months. In the majority of crimes considered the victims knew the offenders. The majority of the victimization experiences took place in the street and without the victims reporting the offensive event to the Police. These findings suggest that prevention should always be one the first priorities in any health policy interested in fostering mental health, along with the interest to promote safety through extra-hospital interventions.

Key words: social stigma, crime victims, victimization, community mental health services, schizophrenia

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Conflict of interest
The Authors declare no conflict of interest.

Introduction

Strengthening the role of public health in countering the effects of interpersonal violence is a priority for the World Health Organisation [1]. The risk of criminal victimization among psychiatric patients requires further attention given its scientific and clinical relevance. Some studies have systematically reviewed the problem [2,3]. Evidence shows that psychiatric inpatients are more likely to be exposed to violence than the general population. This result is difficult to generalize mostly because of the overlap between psychiatric inpatients and outpatients that is often present in the studies available, or because the use of community services by outpatients involvement is unclear [4], and also because of the lack of information about types of abuse and the context of the victimization (e.g. whether the victim knew the offender). Studies that focus on women victimization [5] suggest that women experience victimization more frequently than men, being at a higher risk for sex victimization, and being victimized by people they know [6] or had a relationship with [7]. Family or psychiatric settings are often the place where victimization occurs.

The aim of this study is twofold: a) to understand whether the condition of being an outpatient, treated at the Mental Health Centre (MHC), bears a risk of victimization similar to the general population, or whether being a psychiatric patient is a condition of higher vulnerability for victimization; b) to explore the risk for women of being more frequently victims of general crimes, and of sex

crimes in particular, and to examine the extent to which the perpetrator is known by the victim.

Materials and methods

A victimization survey was carried out, after a pre-test with an outpatient group. The participants were: a) non-institutionalized mentally disordered people, living in the community, who referred for treatment to the mental health services; b) individuals who do not require hospitalization and who were not inpatients.

115 consecutive patients, who had access to the MHC of Orbassano-Turin, over a period of a working week, participated in the study. The MHC catchment area has approximately 96.000 inhabitants, of whom nearly 960 are patients suffering from various mental disorders. The most predominant diagnosis was schizophrenia or other forms of psychosis (43.1%), followed by mood disorders (34.6%), personality disorders (8.8%), anxiety disorders (7.3%), and other disorders (6.3%). A self-administered questionnaire, adapted from the one employed by the National Institute of Statistics for assessing the sense of security held by citizens [4], was used. For the purpose of this study, 100 patients gave their informed consent and filled in the questionnaire.

17 types of crimes were examined (bag-snatching, pickpocketing, property theft, robbery by force, threats, assaults, vehicle theft, vandalism acts, burglary, unauthorised entry, verbal and physical harassment, stalking somebody, exhibitionism, obscene phone calls, sexual blackmail at work, sexual abuse or rape); detailed information about the context of victimisation was gathered (e.g. where the offence took place, whether it was reported to the police, the offender's name if known).

Results

96 Caucasian participants (50 women; one participant was of Hispanic origin) responded to the questionnaire. The mean age was 45 (SD = 13.5), the mean of years of schooling was 10.2 (SD = 4.0). 34 individuals (35.4%) reported to have a job.

Findings indicated a greater victimization of women compared with men (45.1% vs. 33.3%) in the last 12 months. Being involved in sex victimization (e.g. sexual blackmail at work, sexual abuse or rape) was reported exclusively by women.

In the majority of crimes identified the victims knew the offenders (82.9%). In 20% of the cases the crime was committed by a person with whom the victim had a personal relationship with (e.g. a partner, an ex-partner, a cohabitee, or a relative). A vast majority of women (87.5%) stated that they knew the offender, and 31.3% of them mentioned that the level of closeness was high, in comparison with what male victims declared, respectively 66.7% and 16.7%.

Findings related to the crime scene suggested that events such as bag-snatching, pickpocketing, theft of property, robbery, threats, assaults, physical harassment, and sex offending, were those that occurred more frequently. These victimization experiences took place in the street (35.7%), at home (23.8%) or in the house of friends or relatives, while in 19% of the cases victimization occurred at work, and in 7.1% of the cases within a health centre.

Seventy-five percent of the victims did not report the event to the Police. The main explanation for omitting to report the crime was the perceived lack of "suitable" evidence, but for half of the threatening offences, it was declared that they did not report anything to the Police because it was a private/family affair that they preferred not to share outside home. These findings with the MHC patients were compared with those gathered in the research of the security of citizens in Italy [8,9] as shown in Table I.

In particular, it was found that MHC patients were about 7 times more likely to be victimized for property crimes than the general population (OR = 6.84; 95% CI = 2.17-21.48), and more than twice as much for violent crimes (OR = 6.84; 95% CI = 4.22-11.08).

Discussion and conclusions

This study regards psychiatric patients living in the community, who were referred to local health services.

Findings show that MHC patients involved in the study were at a higher risk of being victimized compared with the general population. The most frequent crimes were those against persons such as threats, assaults, and sex crimes, and, as expected, the perpetrator was known by the victim[10]. Among MHC patients, women were more frequently victimized than men. Crimes such as sexual blackmail at work and sexual abuse or rape, were mostly reported by women. These findings are in line with other studies, in which being a woman is a risk factor for victimization [11], in particular for sex crimes. It is worth considering that some studies found that men were more at risk of victimization than women, at least for violent crime [12].

While it is not unusual for non-institutionalized outpatients to experience victimization in the street, in their own apartment, or in the perpetrator's home, it is certainly a concern that a health setting is the venue where victimization can take place [13]. Moreover, Intimate Partner Violence is a relevant, and concrete problem among psychiatric patients [4], along with the issue of the high rate of under-reported crimes against psychiatric patients.

Previous research findings showed that psychiatric patients report less the experiences of violence [14], in comparison to the general population. Some explanations could be found in factors such as their fear of not being believed [15], and in being discouraged by the low percentage of cases resolved, within the justice system, that could successfully lead to the identification of the responsible perpetrator.

This study sheds light on the risk faced by outpatients, but it is not exempt from limitations. The questionnaire was

Table I. Comparison between Outpatients and Istat National Survey as regards violent and property crime.

	Outpatients		Istat National Survey	Significance at "N-1" Chi squared test
	N	%	%	*p*
*Crimes against property**	20	20.8	3.7	< 0.0001
• Women	9	17.6	4.4	< 0.0001
• Place†				
– Work	2	11.1	17.4	NS
– Health Unit	2	11.1	1.7††	< 0.01
• Known perpetrator‡	2	28.6	5.2	< 0.01
Violent crimes§	4	4.2	1.6	< 0.05
• Women	1	2.0	1.3	NS
• Home	1	25.0	10.7	NS
• Known perpetrator	2	50.0	34.2	NS
*Not reported offences***	15	62.5	60.2	NS
• Women	5	62.5	64.1	NS

** Bag-snatching, pick-pocketing, theft of personal objects. Attempted offences are included; † Pick-pocketing and theft. In both samples there were no cases of bag-snatching at work or in the Health Unit; ‡ Relationship with the offender for the bag-snatching crime; § Robbery and attempted robbery, associated with aggression; ** Related to against property and violent crimes. Attempted offences are included; †† The figure refers to the 2008-2009 survey.*

administered only in one Mental Health Centre, and the survey was carried for a short period. Although the questionnaire was anonymous, some patients may have not been totally at ease in answering some of the questions because of the sensitive matter involved. Information on the diagnosis was not made available to the researcher collecting the data for both confidentiality reasons and for limiting the *recognition bias*.

Despite the limitations, this study gathered some evidence of the increased risk of victimization for psychiatric outpatients. Interventions to prevent victimization should become a primary concern for governmental health policies; more resources should be allocated for preventive projects and for the advancement of practitioners' competence in managing the risk of victimization [16]. The rationale behind these policies not only concerns prevention, but also the need to promote safety through extra-hospital good-practice and interventions.

References

1 WHO Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children. Geneva: WHO Document Production Services 2016.

2 Hughes K, Bellis MA, Jones L, et al. Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies. Lancet 2012;379:1621-9.

3 Khalifeh H, Oram S, Osborn D, et al. Recent physical and sexual violence against adults with severe mental illness: a systematic review and meta-analysis. Int Rev Psychiatry 2016;28:433-51.

4 Khalifeh H, Johnson S, Howard L, et al. Violent and non-violent crime against adults with severe mental illness. Br J Psychiatry 2015;206:275-82.

5 Brownridge DA, Taillieu TL, Urquia ML, et al. Intimate Partner Violence among persons with mental health-related disabilities in Canada. J Interpers Violence 2020;1:23.

6 Zara G, Gino S. Intimate partner violence and its escalation into femicide. Frailty thy name is 'violence against women'. Front Psychol 2018;9-1777:1-11.

7 Zara G, Freilone F, Biondi E, et al. The medico-legal, psycho-criminological and epidemiological reality of intimate partner and non-intimate partner femicide in North-West Italy: looking backwards to see forwards. Int J Legal Med 2019;133:1295-1307.

8 Istat. Reati, vittime e percezionedella sicurezza - Anno 2008-2009 (Offences, victims and security perception - Years 2008-2009). National Institute of Statistics, 2010. http://www.istat.it/it/archivio/4089

9 Istat. Reati contro la persona e contro la proprietà: vittime ed eventi - Anno 2015-2016 (Violent crimes and against property offences: victims and events - Years 2015-2016). National Institute of Statistics, 2019. http://www.istat.it/it/archivio/226696

10 Zara G, Farrington DP. Criminal recidivism: explanation, prediction and prevention. Abingdon: Routledge 2015.

11 Teplin LA, McClelland GM, Abram KM, et al. Crime victimization in adults with severe mental illness: comparison with the National Crime Victimization Survey. Arch Gen Psychiatry 2005; 62:911-21.

12 Walsh E, Moran P, Scott C, et al. Prevalence of violent victimization in severe mental illness. Br J Psychiatry 2003;183:233-8.

13 Frueh BC, Knapp RG, Cusack KJ, et al. Patients' reports of traumatic or harmful experiences within the psychiatric setting. Psychiatr Serv 2005;56:1123-33.

[14] Sorensen DD. The invisible victims. An update of an article originally published in Prosecutor's Brief: the California District Attorneys Association Quarterly Journal 2002. http://www.aspires-relationships.com/ASPIRES/the_invisible_victims.pdf

[15] Furey EM, Granfield JM, Karan OC. Sexual abuse and neglect of adults with mental retardation: a comparison of victim characteristics. Behav Interv 1994;9:75-86.

[16] Zara G. La validità incrementale della psico-criminologia e delle neuroscienze in ambito giuridico. Sistemi Intelligenti 2013;2:311-38. https://doi.org/10.1422/75357