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One of the tasks for forensic psychiatrists is to clear up the relationship between violent crimes and mental disorders. The defendant cannot be blamed in cases where delusions have influenced his/her behavior decisively. In such cases, the defendant's criminal responsibility should be carefully evaluated according to the psychiatric evidence. It is possible for the defendant with untreated schizophrenia or some other severe mental disorder to avoid harsh punishments because of their disability [1]. Meanwhile, offenders with mental disorders must be offered adequate mental health services. These treatments are important not only for the offender but also for public safety. Therefore, it is essential to accurately assess an offender's mental status.

The first question is whether individuals with mental disorders commit violent crimes more frequently than healthy people. This issue is a continuing source of controversy. Some evidence has suggested a close relationship between mental disorders and violent behaviors, and many violent behaviors may directly result from psychotic symptoms [2]. Most clinical practitioners consider that some psychiatric symptoms, such as paranoid delusions, indicate a risk for future violence [3]. Among individuals with mental disorders, those with schizophrenia were most strongly associated with personal violence [4]. In addition, it was reported that patients with organized delusions involving personal and accessible targets were more likely to commit lethal violence [5]. A meta-analysis indicated that psychosis increased the risk of violence by 49%–68% [6].

In contrast, some reports deny the relationship between mental disorders and violence. An analysis of homicide offenders found that psychotic symptoms were not associated with the use of excessive violence [7]. In the study by MacArthur, it was shown that individuals discharged from mental hospitals with no history of substance abuse had the same risk of violence as those without the history of either mental disorders or substance abuse [8]. This

survey also suggests that delusions did not increase the overall risk of violence [9]. Although these findings have been broadly discussed [10], the results of the study by MacArthur have been used as a standard for risk assessment in patients with mental disorders.

Recent researches have begun to identify core elements associated with psychiatric symptoms linked to violence, rather than directly examine the relationships between violence and mental disorders. Some symptoms or behaviors, such as substance abuse [11] and subsets of delusional beliefs [12], have been implicated as risk factors for violence. However, command hallucinations may not be associated with violence [13]. Furthermore, it is possible that some types of delusions [14] or negative symptoms of schizophrenia [15] may play a role in inhibiting violent behaviors.

Another current hypothesis states that some mediators, such as anger [12,16] or impulsiveness [17], drive patients with mental disorders to exhibit violent behaviors. This idea is considerably vital for clinical settings. Recidivism may be prevented by implementing strategies for controlling anger and other maladaptive behaviors [18], even if the individual's psychiatric symptoms cannot be suppressed.

Above all, further studies are required to investigate the relationship between mental status and the tendency to commit crimes. To produce valuable findings in such studies, we must be cautious of the associated political and scientific issues, both of which include ethical controversies.

Regarding political issues, we must be aware that discussing this issue can lead to adverse effects on society. It could increase discrimination against individuals with mental disorders, and subsequently complicate or prevent their rehabilitation into the society. We acknowledge that this issue is considerably ambivalent. When an individual with a mental disorder commits a sensational crime, such as the cases of Hinckley (US) [19], M'Naghten (UK) [20], or Takuma (Japan) [21], social concerns against individuals with mental disorders are activated. Emotional arguments inevitably arise and lead to societal changes, some of which are undesired. Thus, specialists must be politically neutral and comment according to scientific evidence.

The other challenge is the methodological limitations of studies that investigate crime. To gain a precise evidence about this matter, prospective studies are needed [2]. However, several factors should be addressed. First, human rights of the individuals participating in such studies must be respected, and it can be difficult to gain informed consent from criminals. Second, in forensic mental health studies, it is considerably more difficult to conduct randomized controlled trials than clinical studies. Finally, collaboration across facilities is essential for accurate results without any troubles.

References

- [1]. Barnett ME, Brodsky SL, Davis CM (2004) When Mitigation Evidence Makes A Difference: Effects of Psychological Mitigating Evidence on Sentencing Decisions in Capital Trials. *Behav. Sci. Law* 22: 751-770 <http://www.ncbi.nlm.nih.gov/pubmed/15386561>
- [2]. Junginger J (1996) Psychosis and Violence: The Case for a Content Analysis of Psychotic Experience. *Schizophrenia Bulletin* 22: 91-103 <http://www.ncbi.nlm.nih.gov/pubmed/8685667>
- [3]. Odeh MS, Huss MT (2006) Cues They Use: Clinicians' Endorsement of Risk Cues in Predictions of Dangerousness. *Behav. Sci. Law* 24: 147-156 <http://www.ncbi.nlm.nih.gov/pubmed/16557618>
- [4]. Taylor PJ, Leese M, Williams D, Butwell M, Daly R, et al. (1998) Mental disorder and violence. A special (high security) hospital study. *Br J Psychiatry* 172: 218-226 <http://www.ncbi.nlm.nih.gov/pubmed/9614470>
- [5]. Nestor PG, Haycock J, Doiron S, Kelly J, Kelly D (1995) Lethal Violence and Psychosis: A Clinical Profile. *Bull Am Acad Psychiatry Law*, 23: 331-341 <http://www.ncbi.nlm.nih.gov/pubmed/8845524>
- [6]. Douglas KS, Guy LS, Hart SD (2009) Psychosis as a Risk Factor for Violence to Others: A Meta-Analysis. *Psychological Bulletin* 135: 679-706 <http://www.ncbi.nlm.nih.gov/pubmed/19702378>
- [7]. Laajasalo T, Hakkanen H (2006) Excessive violence and psychotic symptomatology among homicide offenders with schizophrenia. *Criminal Behaviour and Mental Health* 16: 242-253 <http://www.ncbi.nlm.nih.gov/pubmed/17143929>
- [8]. Steadman HJ, Mulvey EP, Monahan J, Robbins PC, Appelbaum PS, et al. (1998) Violence by people discharged from acute psychiatric inpatient facilities and by others in the same neighborhoods. *Arch Gen Psychiatry* 55: 393-401 <http://www.ncbi.nlm.nih.gov/pubmed/9596041>
- [9]. Appelbaum PS, Robbins PC, Monahan J (2000) Violence and Delusions: Data From the MacArthur Violence Risk Assessment Study. *Am J Psychiatry* 157: 566-572 <http://www.ncbi.nlm.nih.gov/pubmed/10739415>
- [10]. Torrey EF, Stanley J, Monahan J, Steadman HJ; MacArthur Study Group (2008) The MacArthur Violence Risk Assessment Study revisited: two views ten years after its initial publication. *Psychiatr Serv*. 59: 147-152 <http://www.ncbi.nlm.nih.gov/pubmed/18245156>
- [11]. Elbogen EB, Johnson SC (2009) The Intricate Link Between Violence and Mental Disorder Results From the National Epidemiologic Survey on Alcohol and Related Conditions. *Arch Gen Psychiatry* 66: 152-161 <http://www.ncbi.nlm.nih.gov/pubmed/19188537>
- [12]. Coid JW, Ullrich S, Kallis C, Keers R, Barker D, et al. (2013) The relationship between delusions and violence: findings from the East London first episode psychosis study. *JAMA Psychiatry* 70: 465-471 <http://www.ncbi.nlm.nih.gov/pubmed/23467760>
- [13]. Cheung P, Schweitzer I, Crowley K, Tuchwell V (1997) Violence in schizophrenia: role of hallucinations and delusions. *Schizophrenia Research* 26: 181-190 <http://www.ncbi.nlm.nih.gov/pubmed/9323349>
- [14]. Teixeira EH, Dalgarrondo P (2009) Violent Crime and Dimensions of Delusion: A Comparative Study of Criminal and Noncriminal Delusional Patients. *J Am Acad Psychiatry Law* 37: 225-231 <http://www.ncbi.nlm.nih.gov/pubmed/19535560>
- [15]. Swanson JW, Swartz MS, Van Dorn RA, Elbogen EB, Wagner HR et al. (2006) A National Study of Violent Behavior in Persons With Schizophrenia. *Arch Gen Psychiatry*. 63: 490-499 <http://www.ncbi.nlm.nih.gov/pubmed/16651506>
- [16]. Taylor PJ (1998) When symptoms of psychosis drive serious violence. *Soc Psychiatry Psychiatr Epidemiol* 33: S47-S54 <http://www.ncbi.nlm.nih.gov/pubmed/9857779>
- [17]. Felthous AR (2008) Schizophrenia and Impulsive Aggression: A Heuristic Inquiry with Forensic and Clinical Implications. *Behav. Sci. Law* 26: 735-758 <http://www.ncbi.nlm.nih.gov/pubmed/19039801>
- [18]. Taylor PJ (2006) Delusional Disorder and Delusions: Is There a Risk of Violence in Social Interactions About the Core Symptom? *Behav. Sci. Law* 24: 313-331 <http://www.ncbi.nlm.nih.gov/pubmed/16705659>
- [19]. Petrella RC, Benedek EP, Bank SC, Packer IK (1985) Examining the application of the guilty but mentally ill verdict in Michigan. *Hosp Community Psychiatry*. 36(3): 254-259 <http://www.ncbi.nlm.nih.gov/pubmed/3979974>
- [20]. Allnutt S, Samuels A, O'driscoll C (2007) The insanity defence: from wild beasts to M'Naghten. *Australas Psychiatry*. 15: 292-298 <http://www.ncbi.nlm.nih.gov/pubmed/17612881>
- [21]. Nakatani Y, Kojimoto M, Matsubara S, Takayanagi I (2010) New legislation for offenders with mental disorders in Japan. *Int J Law Psychiatry* 33: 7-12 <http://www.ncbi.nlm.nih.gov/pubmed/19906429>