

Violence and Mental Illness

Resources

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Violence and Mental Illness

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Types of Violence/Aggression

- Affective or Reactive/Defensive
 - High Level of Arousal
 - Anger/Fear in response to perceived threat
 - Impulsive, unplanned, expressive
 - Goal is threat reduction
- Predatory or Instrumental
 - Planned, purposeful
 - No imminent threat
 - Attack
 - Limited arousal
 - Variable goals



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Defining Type of Violence is Critical

- Mental Illness can play a role in reactive violence
 - Anxiety – to avoid, reduce fear
 - Paranoia – threat reduction
 - Delusions – perceived threat
 - PTSD – threat avoidance, reaction
 - Spectrum Disorders -
- Symptoms in general might create conflict, not violence
 - Irritability
 - Impulsivity
 - Poor judgment, limited resources

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Developmental Disabilities and Violence

- Developmental Disabilities
 - Autism Spectrum Disorders
 - Cerebral Palsy
 - Intellectually Disability
 - ADHD
- Often lack reasoning skills to cope with anger or arousal which can lead to violence
- In early childhood, those with lower intellectual functioning are prone to developing aggressive behavior because of difficulties in learning more complex nonaggressive, prosocial interpersonal skills.
 - Lack of verbal communication skills
 - Decreased reasoning skills
 - Decreased sociability

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Violence/Aggression with Developmental Disabilities

- Individuals with a developmental disability may perceive actions as aggressive
 - When actions are perceived as aggressive, the individual may act out violently in an aggressive manner
 - Removing a preferred item (i.e. toy, computer, book, food, etc)
 - Quick movements
 - Bullying
 - Limiting access to an activity or item
 - Common social engagements

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Post Traumatic Stress Disorder & Aggression

- An anxiety disorder, not an aggression disorder – avoidance is the goal
- Males more likely to act out aggressively
- Situations resembling the trauma can provoke aggression
- Depression, alcohol/drug abuse, hyperarousal
- Those not previously violent could react to perception of threat (e.g. pushing someone away who comes too close)

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Alcohol and violence

- Alcohol does not cause violence or sexual assault
- Drugs do not cause violence (exception – PCP, bath salts?)
- Do decrease inhibitory controls, impair judgment, and increase impulsivity
- Increase the risk of violence in violent people

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DSM-V Personality Disorders

Personality Disorders are an *enduring pattern* of inner experience and behavior that deviate from cultural expectations, impacting **thinking, feeling, perceiving, relating, and reacting** to the world.
They are inflexible and pervasive, creating a diminished ability to function and social, emotional, or occupational impairment.

(APA, 2013)

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Personality Disorder

Not what you *have* –
Who you **ARE**

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Personality Disorders and Violence

- “Repetitive violence is more likely to stem from relatively enduring personality traits than from momentary crises and other difficult to predict events.” (Litwack & Schlesinger, cited in Widiger & Trull, 1994)
- Personality Disordered people are considered to be a considerable source of repetitive violence.
- Lack internal barriers to offending

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Violence is produced through:

- **A belief that I am entitled to be violent.**
 - violence is a viable choice, solution, reaction, or response; and,
 - I am entitled to respond in this manner.
- **A belief that the target deserves it.**
 - Blame, devaluation, provocation
 - Disrespect, disobedience

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ENTITLEMENT

- Entitlement is a primary factor in violence.
- “May be the single most important concept in understanding (interpersonal violence)”
— Bancroft & Silverman, 2002
 - *Unreasonable expectations*
 - *Demands*
 - *Feeling special and privileged*
 - *Feeling owed*
 - *You better pay for my feelings*

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Disorders Most Related to Violence

- Narcissistic Personality Disorder
 - Domestic Violence
 - Mass Killings
- Antisocial Personality Disorder
- Psychopathy
 - Smallest number in population
 - Responsible for high percentage of crime

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What to look for -

- Planning, premeditation, predisposition
- Gratification from the violence (sexual, control, domination, humiliation)
- Other avenues/alternatives for escape
- Seeking conflict, victims
- Pre-existing personality traits or conflict seeking behavior (e.g. extreme jealousy)
- “Triggers” not related to trauma
- Goal is not threat reduction, other rewards for violence

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Suggestions for dealing with the mentally ill

- DO NOT encroach physically if possible
- No touching or cornering
- If you need approach, approach sideways
- Take time
- Do not focus on power or control if time is available
- Keep calm and consistent, quiet creates quiet
- Gather information about what the issue is
- Patience

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