

**Human Behavior Course
2004**

VIOLENCE

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HUMAN BEHAVIOR COURSE 2004
VIOLENCE - SLIDES

LEARNING OBJECTIVES & ISSUES FOR THOUGHT.

1. Describe the static and dynamic risk factors for violence, homicide, and assault and know what the difference is.
2. What is the difference between predicting violence and assessing risk of violence?
3. Describe the differential diagnosis of violent behavior.
4. Review pertinent elements of the assessment of violence
5. Define, compare and contrast the following terms as they relate to violence:
 - A. Likelihood
 - B. Magnitude
 - C. Imminence
 - D. Frequency
6. What is Kluver-Bucy Syndrome?
7. What is intermittent explosive disorder?
8. Describe the “Tarasoff issue”? Is the clinician’s duty to warn or to protect? Who? Why?

Violence

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Terms & Concepts

- ★ magnitude
- ★ likelihood
- ★ imminence
- ★ frequency
- ★ aggression
- ★ violence
- ★ domestic violence
- ★ workplace violence
- ★ risk assessment
- ★ static risk factors
- ★ dynamic risk factors
- ★ clinical risk factors
- ★ situational risk factors
- ★ Kluver-Bucy syndrome
- ★ intermittent explosive disorder
- ★ reactive aggression
- ★ instrumental aggression
- ★ Capgras syndrome
- ★ command hallucinations
- ★ MacArthur study
- ★ duty to protect
- ★ duty to warn
- ★ Tarasoff



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Introduction

- ★ definitions
- ★ prediction versus risk reduction
- ★ epidemiology
- ★ risk factors
- ★ associated mental illnesses
- ★ intervention



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Definition & Phenomenology

- ★ Violence is a behavior with many causes
- ★ Violence is not a disorder or disease
- ★ 'Violent tendency' is not a characteristic trait or personality type



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Causes

- ★ Environmental
- ★ Role Models
- ★ Glamorization & desensitization
- ★ Biological predisposition
- ★ Illnesses



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Violence As Behavior Assessment

- ★ Magnitude – verbal outbursts to homicide
- ★ Likelihood – risk of violence in a given unit of time
- ★ Imminence – risk acutely
- ★ Frequency – episodes per unit of time



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Magnitude of the Problem

- ★ In 1992, for example:
 - 6.6 million violent victimizations (DoJ statistics)
 - 141,000 rapes
 - 1.2 million robberies
 - 5.3 million assaults
- ★ Homicide
 - 20 homicides per 100,000 person-years in Russia
 - 10 homicides per 100,000 in US (highest among Western industrialized nations)
 - 0.5 homicides per 100,000 in Britain & Wales



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Domestic Violence

- ★ Presence of a firearm in the home increases risk of death in the household 2.7 times
- ★ Elder abuse
- ★ Spousal abuse –
 - 8% of adult US women are abused each year
 - 25-50% of married women are violently assaulted by partner at some point in marriage
 - about a third of adult female ER visits
 - About half of women murdered in US are killed by current or former male partner
- ★ Child abuse



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Workplace Violence

- ★ Common motivations:
 - Revenge
 - Jealousy
 - Financial gain or loss
- ★ Common attackers:
 - Customer > stranger > coworker > boss > former employee
- ★ Health care is a high occupational risk setting, especially inpatient psychiatric settings



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Violence in Psychiatric Inpatients

Ten percent of psychiatric inpatients

- ★ Schizophrenia & delusional disorder
- ★ Mania
- ★ Personality disorder – antisocial, paranoid, borderline, narcissistic
- ★ Alcohol intoxication or withdrawal
- ★ Delirium
- ★ Dementia



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Risk Assessment Static Risk Factors

- ★ Past history of violence
- ★ Psychiatric diagnosis (schizophrenia, substance use disorders, dementia, brain injury)
- ★ Demographics (young, male, raised in unstable or violent family)
- ★ "Trait" vulnerabilities (mental retardation, antisocial personality disorder)



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Risk Assessment Dynamic Risk Factors

- ★ Clinical variables
psychosis, substance intoxication or withdrawal, impulsivity; therapeutic alliance is protective.
- ★ Situational variables
interpersonal conflict, occupational status, available weapons or victims; social support is protective



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Associated Illnesses

★ Substance Use Disorders

- intoxication = disinhibition
- intoxication or withdrawal may result in agitation & paranoia
- dependence may create financial burden

★ Personality Disorders

- environment
- role models
- poor coping skills



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Associated Illnesses 2

★ Psychotic Disorders

- Schizophrenia
 - ☆ paranoia
 - ☆ fear
 - ☆ command hallucinations
- Delusional Disorder
 - ☆ paranoia
 - ☆ fear



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Risk Reduction – Protect Self

- ★ history from others (witnesses) first
- ★ trained restraint team
- ★ have an alert system
- ★ stay near door, but don't block patient



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Risk Reduction – Prevent Harm

- ★ inform patient that behavior is unacceptable (limits)
- ★ direct, non-threatening approach
- ★ 'show of force'
- ★ offer meds (benzodiazepines, anti-psychotics)
- ★ restraint (physical & pharmacological)



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Treatment

Cause directs treatment:

- ★ delirium or dementia: underlying illness
- ★ psychosis: antipsychotics
- ★ intoxication: monitored withdrawal & rehab
- ★ other: JAIL!



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Conclusions

- ★ Violence is a behavior not a disorder or disease
- ★ Violence is a spectrum of severity and frequency
- ★ Violence is 'multiply determined'
- ★ First, prevent harm (self, then others)
- ★ Then, look for substances, psychosis
- ★ Let the police do their job!



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