Violent victimisation is more common among people with schizophrenia-spectrum disorders than among the general population

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QUESTION

Question: Do rates of recorded violent and non-violent victimisation differ among people with schizophrenia-spectrum disorders compared with the general population and have recorded rates changed over a 30-year period?

Population: 4168 adults diagnosed with schizophrenia-spectrum disorders (cases) were matched by age and year of birth to 4641 adults without schizophrenia-spectrum disorders randomly selected from the community (controls). Participants were aged 17–65 years. Cases were identified from a state-wide public mental health register comprising all people first diagnosed with a schizophrenia illness in the years 1975, 1980, 1985, 1990, 1995, 200 and 2005. Community controls were gathered from a representative electoral roll.


Assessment: Recorded diagnoses were made by psychiatrists at the time of patient discharge from community, outpatient and inpatient services and coded using International Classification of Diseases (ICD) criteria as any diagnosis of schizophrenia, schizoaffective disorder, paranoia, shared psychotic disorder, delusional disorder or unspecified non-organic psychosis. Diagnoses were only included if they were supported in 75% of subsequent diagnoses if there was a clear diagnostic progression indicative of schizophrenia-spectrum disorders. Rates of victimisation over 30 years (1975–2005) were also compared between a subsample of schizophrenia spectrum cases and matched community controls.

Outcomes: Lifetime violent (any offence involving physical contact or harm to the victim including sexual violence) and non-violent victimisation. Incidents were identified from individual records on a state-wide police criminal records database containing details of all known offences and victimisation incidents. Rates of victimisation in each of the cohort years of diagnosis were calculated using data linkage.

METHODS

Design: Case–control study.

MAIN RESULTS

People with schizophrenia-spectrum disorders were significantly more likely to have a record of violent victimisation compared to community controls (10.1% among cases vs 6.6% among controls; adjusted OR (AOR) 1.42, 95% CI 1.19 to 1.70). However, people with schizophrenia-spectrum disorders were less likely to have record of a non-violent victimisation or of victimisation overall (non-violent victimisation 25% among cases vs 36.8% among controls, AOR 0.45, 95% CI 0.41 to 0.50; victimisation overall 28.7% among cases vs 59.1% among controls, AOR 0.5, 95% CI 0.45 to 0.56). Sexually violent victimisation was significantly higher among people with schizophrenia-spectrum disorders compared to community controls (1.7% among cases vs 0.3% among controls; OR 2.77, 95% CI 1.76 to 4.36; whether this figure was adjusted was not reported). From 1995 to 2005, rates of overall recorded victimisation remained relatively constant among community controls (range 40–45%), while there was an increase in recorded rates among people with schizophrenia-spectrum disorders from 15.3% among those diagnosed in 1975 up to 57.4% in those diagnosed in 2005.

CONCLUSIONS

Compared with the general population, people with schizophrenia-spectrum disorders are more likely to have experienced officially recorded violent victimisation, but less likely to have experienced officially recorded non-violent victimisation.

ABSTRACTED FROM


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