

ASSESSMENT OF THE CRIMINAL RECIDIVISM AMONG INDIVIDUALS WITH MENTAL DISORDERS

Filov G. Izabela

*Psychiatry Clinic, Medical Faculty, St Cyril and Methodius University,
Skopje, R. Macedonia*
Demir Hisar Psychiatric Hospital, Demir Hisar, R. Macedonia
Skopje Psychiatric Hospital, Skopje, R. Macedonia

Abstract: Epidemiological studies conducted in various regions through the world point to an increased risk of violence among individuals with mental disorders. Violent behaviour occurs in a certain social system that involves a whole person with a certain history of life, with a certain state of health or disease, and interaction with other social circumstances. There are different methods of risk assessment, but basically two broad categories of methods determine assessment of the risk: clinical and statistical. The main purpose of the investigation is by using the statistical scale to determine risk factors of a psychopathological and social nature as well as individual traits that determine violent behaviour. The investigation has been conducted in psychiatric hospitals in Macedonia. The experimental group – perpetrators of a criminal act (PCA) – encompasses 89 patients, admitted to psychiatric hospitals in Macedonia as forensic patients. These patients have committed criminal acts. According to the forensic expertise they have had a diagnosis of psychiatric disorders (ICD 10). The control group – patients with mental disorders who had not committed a criminal act and had not expressed violent behavior – the control group without violence (*CG WV*) encompasses 60 patients. Methodologically is the: *VRAG (Violence Risk Assessment Guide)* was the instrument used in the investigation. Psychiatric disorder does not have a predictive value *per se*, but associated with other factors such as co-morbidity with antisocial personality disorder, alcohol abuse, violent behaviour during the developmental period of life and life in an incomplete family is a considerable predictive basis for prevention and management of further violence among individuals with mental disorders.

Key words: mental disorder, risk of violence, prediction.

Introduction

Epidemiological studies conducted in various regions through the world point to an increased risk of violence among individuals with mental disorders. (Pescosolido et al. 1999; Marzuk, 1996; Link & Stueve, 1994). There are no definitive answers as to whether violent behaviour is in correlation with psychopathological characteristics of mental disorders under the different conditions or is associated with other developmental or life-history variables. (Elbogen & Tomkins, 2000).

Violence against another is defined as an act that causes physical injury; a sexual attack that includes use of a weapon; a threat made by using a weapon (Swanson et al., 2006).*

Violent behavior occurs in a certain social system that involves a whole person with a certain history of life, with a certain state of health or disease and interaction with other social circumstances (Appelbaum et al., 2000; Bjorkly, 2002).

Based on this multivariable framework most of the surveys are focussed on the relation between clinical phenomena and additional effects on other variables including disposition, and social as well as factors of treatment (Swanson et al., 2006).

Assessment of the risk is defined as "a process of evaluation characterized by determination of a probability of committing the act of violence".

There are different methods of risk assessment, but basically two broad categories of methods determine assessment of the risk: clinical and statistical. The most sensible approach should combine both methods, statistical and clinical, by using the risk factors from epidemiological studies and the individual traits of the patient (Buchanan, 1999).

The main purpose of the investigation is, by using the statistical scale, to determine risk factors of a psychopathological and social nature as well as individual traits that determine violent behaviour among individuals with mental disorders as well as their mutual interdependence. Studies suggest that the most significant variables for risk assessment are demographic and psychiatric variables, a history of criminal behaviour and variables related to the childhood of the participant. Also the purpose of the investigation is, by using the statistical scale comprehensively, to create a holistic approach for assessment and determination of risk factors for violence among individuals with mental disorders with equal geographic distribution in the population of the Republic of Macedonia.

* Definition by Swanson – relating to violence committed by individuals with mental disorder.

Methods

The investigation was conducted in the Demir Hisar Psychiatric Hospital, the "Skopje" Psychiatric Hospital and the Prilep Community Mental Health Centre.

The experimental group encompasses 89 patients, admitted as forensic patients to the Demir Hisar Psychiatric Hospital and the "Skopje" Psychiatric Hospital and accommodated in forensic departments in both psychiatric hospitals. These patients had committed criminal act. According to the forensic expertise they had had a diagnosis of psychiatric disorders (ICD 10). Based on that diagnosis, the special "admission and treatment in a psychiatric institution" security measures had been established for all forensic patients. After obtaining permission from the patients for participation in the investigation, the patients were interviewed using the appropriate questionnaire. The participants from the experimental group were marked as *perpetrators of a criminal act (PCA)*. The control group encompassed 60 patients, some of them users of the Prilep Community Mental Health centre and some of them patients in Demir Hisar Psychiatric Hospital. The participants from the control group had not committed a criminal act. The number and the choice of the participants in the control group have been randomized according to the characteristics of the participants in the experimental group. The choice was actually adjusted according to the number of certain clinical categories and gender. It encompassed participants diagnosed according to the ICD 10 with mental disorders. In their history of illness there were no manifestations of violent behaviour nor were they perpetrators of a criminal act. This group was assigned as a *control group without violence (CG WV)*.

Methodologically the following instrument was used in the investigation:

VRAG (Violence Risk Assessment Guide) – a widely used statistical questionnaire for assessment of the risk of violence. It was constructed in Canada (Quinsey *et al.*, 1998). It encompasses 12 items.

Results

Tables 1, 2 and 3 show the results provided from the investigation by using the Violence Risk Appraisal Guide (VRAG) questionnaire that encompasses 12 items.

Table 1 – Табела 1

Violence risk assessment guide – I
Водич за проценку на ризикују од насилство – (I дел)

VRAG	PCA		CG WV		p*
	N	%	N	%	
Item 1. Life without one parent during 16 years of life					
Yes	60	67.42%	52	88.14%	0.003 PCA/CGWV
No	29	32.58%	7	11.86%	
Totally	89		59		
Item 2. Elementary school maladjustment					
No problems	28	31.46%	39	66.11%	0.00008 PCA/CGWV
Slight or moderate discipline or attendance problems	42	47.19%	17	28.81%	
Severe behavior or attendance problems	19	21.35%	3	5.08%	
Totally	89		59		
I Item 3. History of problems with alcohol					
Parental alcoholism	29	32.58%	44	73.33%	0.000001 PCA/CGWV
An adult alcoholism	30	33.71%	15	25.0%	
Problems with teenage alcoholism	25	28.09%	1	1.67%	
Alcoholism during the previous criminal acts,	5	5.62%	0	0	
Total	89		60		
Item 4. Marital status					
Ever married	54	60.67%	31	51.67%	0.35 PCA/CGWV
Never married	35	39.33%	29	48.33%	
Total	89		60		
Item 5. Prior conditional release					
No	57	64.04%	60	100%	0.0002 PCA/CGWV
Yes	32	35.96%		0	
Total	89		60		
Item 6. Age at the last criminal act					
> = 39	32	35.96%		1.67%	0.00000 PCA/CG WH
34–38	18	20.22%	0	0	
28–33	13	14.61%	0	0	
27	2	2.25%	0	0	
< = 26	24	26.27%	0	0	
No criminal act	0	0	59	98.33%	
Total	89		60		

P* = Mann-Whitney U test.

Table 2 – Табела 2

Violence risk assessment guide – II
Водич за проценку на ризикују од насилства – (2 дел)

VRAG	PCA		CG WV		P*
	N	%	N	%	
Item 7. Injury of the victim					
Death	37	41.57%	0	0	0.00000 PCA/CGWV
Hospitalized	31	34.63%	1	1.67%	
Treated and released	17	19.10%	8	13.33%	
None or slight (includes no victim)	4	4.49%	51	85.0%	
Total	89		60		
Item 8. A woman as a victim					
Yes	49	55.06%	8	13.33%	0.000016 PCA/CGWV
No	40	44.94%	52	86.67%	
Total	89		60		
Item 9. ICD 10 criteria for the personality disorder					
Yes	31	34.83%	56	93.33%	0.00000 PCA/CGWV
No	58	65.17%	4	6.67%	
Total	89		60		
Item 10. ICD 10 criteria for schizophrenia					
Yes	52	58.43%	51	85.0%	0.006 PCA/CGWV
No	37	41.57%	9	15.0%	
Total	89		60		
Item 11. Results from Psychopathy Checklist-revised (Hare's PCL-R.)					
-3	6	6.74%	53	88.33%	0.00000 PCA/CGWV
-4	6	6.74%	6	10.0%	
-1	42	47.19%	1	1.67%	
0	1	1.12%	0	0	
+4	31	34.83%	0	0	
+12	3	3.37%	0	0	
Total	89		60		
Item 12. History of non-violence offences					
-2	15	16.85%	40	66.67%	0.00000 PCA/CGWV
0	17	19.10%	16	26.67%	
+3	57	64.04%	4	6.67%	
Total	89		60		

P* = Mann-Whitney U test.

Table 3 – Табела 3

VRAG Category of Risk
Категории на ризик според водичој за процена на ризику од насилство

VRAG Category of Risk	PCA		CG WV	
	N	%	N	%
Low (-24 to -8)	16	17.98	31	51.67
Medium (-7 to 12)	59	66.29	29	48.33
High (13 to 32)	14	15.73	0	0
Total	89	100	60	100

Pearson Chi-square = 24.29, df = 2, p = 0.00001, **PCA/CGWV**.

Discussion

Regarding the item relating to *life with both biological parents during 16 years of life*, there is a significant difference between patients from the experimental group (PCA) who did not live with their parents and patients from the control group CG WV (Table 1). This nonclinical variable represented as familial cohesion and consistency might significantly influence the risk of violence. Early disruption of the attachment from one of the parent might lead to further personality disorder, mental disorder and criminal behaviour in some individuals. The studies confirm that individuals who live in incomplete families are more often included in violent acts, because, "instead of a preventive and protective matrix, the family environment is a place for aggressive interactions in familial relations, something that could provoke violent behaviour outside". (Estroff *et al.*, 1994; Klassen & O'Conner, 1988). In incomplete families there is a lack of appropriate support that is necessary for individuals with mental disorders.

A significant statistical difference ($p < 0.01$) is related to *elementary school maladjustment* between PCA and CG WV. The participants who are perpetrators of criminal acts more often manifested severe problems as a part of elementary school maladjustment compared with the participants in both control groups (Table 1). Many studies indicate that severe and wide-spread symptoms of maladjustment in childhood, such as maladjustment of social norms appropriate to the age or maladjustment to others' rights as repeated modes of behaviour, increase the probability of violent behaviour in the adult period and might be a latent form of further antisocial behaviour (Webster, CD & Hucker SJ, Wiley, 2006).

A history of problems with alcohol in the VRAG instrument is analysed through 5 options for answers: parental alcoholism, adult alcoholism, problems with teenage alcoholism, alcoholism during previous criminal acts, and alcoho-

lism during the last criminal act. Patients who are perpetrators of criminal acts have a significantly higher rate ($p < 0.01$) of 3, 4 or 5 positive answers compared with patients from the control group. (Table 1). Alcohol abuse significantly increases the rate of violence among individuals with mental disorders. In many studies alcohol abuse arises as a confirmed risk factor for violence among individuals with mental disorder who abuse alcohol. (Swanson, 1994; Citrome & Volavka, 2000). Surveys in Great Britain indicate that the number of individuals with mental disorders who committed a criminal act and were intoxicated with alcohol were four or more times higher OR = 2. 95% CI 32–56, $P < 0.001$) than individuals with mental disorders who were not intoxicated with alcohol (Coid *et al.* 2006). Regarding *marital status*, 54 (60.7%) patients who were perpetrators of criminal acts were married, the rest of them 35 (39.3%) had never been married. Of the patients in the control group without violence 31 (51.7%) were married, the rest of them, 29 (48.3%) had never been married. There was no statistical difference of importance between PCA and CG WV ($p > 0.05$) regarding marital status. (Table 1). This statistical report is not in correlation with many studies which emphasize the status of a single as a risk factor for committing criminal acts among individuals with mental disorders (Estroff, Swanson, Lachicotte *et al.*, 1998; Binder & McNeil, 1986). *Previous conditional punishments* were reported in 32 (35.96%) of the participants from the PCA. Perpetrators of criminal acts had more often been previously sentenced before their last criminal act. In many studies that evaluate the risk of violent behaviour, a history of *previous criminal acts* is one of the most important predictors of violent recidivism (Stone, 2002). The last criminal act was committed at the age 39 years and above in the case of most of the perpetrators of a criminal act (PCA) – 32 (35.96%), and fewest of them, 2 (2.2%), at the age of 27 years. In this distribution it is important to underline that 24 (26.97%) of the participants from this group (PCA) committed their last criminal act at an age younger than 26.15 (25%). This report differs from many epidemiological studies where the male sex and a young age are pointed to as main demographic predictors of violent behaviour among individuals with mental disorders. (Swanson *et al.*, 2002, Steadman *et al.*, 1998). The highest representation of the age group of 39 and above in PCA is explained as a characteristic of a course of paranoid schizophrenia where the age period 35–40 years is a specific period for the manifestation of the paranoid type of schizophrenia, the diagnostic category most represented in both groups (Touari *et al.*, 1993). Item 8 of the questionnaire is related to the *sex of the victim*. The distribution presented in Table 2 demonstrates that 49 (55.1%) of the victims of the perpetrators of criminal acts were women and 8 (13.3%) of the victims of the participants in the control group without violence. Women were more often victims of the perpetrators of criminal acts compared with participants in the control group without violence, which is statistically confirmed ($p < 0.001$). Violent behaviour among indivi-

duals with mental disorders involves individuals who are close to them or have familial, personal or emotional relations or are their partners (wives). (Binder & McNeil, 1989; *Estroff et al.*, 1998; Stedman *et al.*, 1998; Taylor & Gun, 1999). According to the ICD 10 criteria for *personality disorder*, 58 (65.2%) of the participants who were perpetrators of criminal acts have a diagnosed personality disorder, only 4 (6.7 %) participants from the control group WV fulfil the criteria for personal disorder. Perpetrators of criminal acts of statistical significance ($p < 0.001$) are more often characterized by an antisocial personality disorder compared with other participants from the control group (Table 2). This statistical fact significantly emphasises personality disorder as an important risk factor for violent expression. This is confirmed by studies where antisocial personality disorder is characterized as the highest risk of violence among individuals with mental disorders. An antisocial lifestyle is connected with a very wide spectrum of risk behaviors and includes alcohol abuse and dangerous driving (Shepherd & Farrington, 2003; Robbins, Monahan, Silver, 2001; Moran, P. 1999). According to ICD 10 criteria for *schizophrenia* this disorder is registered in 37 (41.6%) participant perpetrators of criminal acts and in 9 (15%) of the participants from CG WV. The statistical differences ($p < 0.001$) in distribution of the participants with or without a diagnosis of schizophrenia between PCA and CG-WV is meaningful and is caused by the high and more frequent registration of schizophrenia among perpetrators of criminal acts (Table 2). Individuals who are diagnosed according to ICD 10 as schizophrenic generally do not belong to the persistently violent category, but they can express violent behaviour. The connection between schizophrenia and violent behavior is complex and is not due only to the traits of the schizophrenic disorder (Nolan, Citrome and Volavka, 1999), as is represented in our investigation. Most studies confirm that 22–44% of all criminal acts committed by individuals with diagnosed schizophrenia happen during the phases of decompensation of the illness (Hodgins, Mednick, Brennan, 1996). This leads to the conclusion that, regarding the issue of risk of violence, dominant psychiatric symptoms are more relevant than the diagnosis *per se*. A statistical importance arises between participants from PCA and CG WV regarding the *Psychopathy Checklist – (Hare's PCL-R)*. A high percentage (34%) of perpetrators fulfil the criteria for a psychopathic tendency. They also have a significantly high score ($p < 0.001$) on the Cornier-Lang scale for non-violence attack, compared with participants from the control group CG WV (8.31 ± 10.7). Antisocial behaviour is more frequently represented among violent perpetrators with mental disorders, which includes non-violent assaults of a multiple nature. According to VRAG scores, the participants from both the groups are classified into the *three categories related to committing violence*. 16 (18%) of PCA and 31 (51.75%) of CG WV have a low level of violence. The category of medium level includes 59 (66.3%) from the PCA and 29 (48.3%) from CG WV groups. 14 (15.7%) and 3 (5%) from the participants from CG

WV have a high level of violence. PCA belonged to a significantly high category of risk more often than participants who did not commit violent acts (Table 3). Many surveys of violent individuals with mental disorders agree that a small subgroup of individuals with mental disorders are responsible for a considerable number of violent acts (Loeber *et al.*, 1998). These studies confirm that antisocial disorders such as co-morbidity, related to alcohol abuse, fulfil the criteria for high risk in individuals with mental disorders (Haapanen, 1990). Also, according to these studies, the number of these high risk individuals in Great Britain is 0.6 % of the entire psychiatric population (Singleton *et al.*, 2001).

Conclusion

Application of the VRAG statistical instrument enabled the clinical and non clinical variables which are related to the manifestation of violent behavior among individuals with mental disorders to be emphasized with a statistically significant importance. The following variables have a significant predictive importance:

1. Life in an incomplete family (childhood without one parent) up to 16 years of age is a statistically important indicator for involvement of individuals with mental disorders in later violent activities. Symptoms of school maladjustment increase the probability of violent behaviour in the adult period.

2. Alcohol abuse is a confirmed risk factor for violence between individuals with mental disorder.

3. Marital status is a risk factor for violent expression among individuals with mental disorders.

4. Violent behaviour among individuals with mental disorders and of the male sex is more frequent, involving individuals who are close to them or have familial, personal or emotional relations and their partners (wives).

5. Antisocial personality disorder arises as the most important risk factor in the population with mental disorder.

6. Paranoid schizophrenia as a diagnostic category is most frequent in individuals with mental disorder who commit a criminal act.

7. The most frequent age group in PCA of individuals with mental disorders is the age group from up to 39 years.

8. Application of VRAG confirms that the perpetrators of criminal acts from the individuals with mental disorders are in a significantly higher risk category than those without violence for committing criminal acts; individuals with mental disorder who are in enforced hospitalisation do not differ from the PCA according to low, medium and high risk of violence. This marks this

category as a risk regarding the manifestation of later violence, but also as an adjustable category in managing and preventing further criminal acts.

Psychiatric disorder does not have a predictive value *per se*, but associated with other factors such as co-morbidity with antisocial personality disorder, alcohol abuse, violent behavior during the developmental period of life and life in an incomplete family is considerable predictive basis for the prevention and management of further violence among individuals with mental disorders.

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Резиме

ПРОЦЕНКА НА КРИМИНАЛНИОТ РЕЦИДИВИЗАМ ПОМЕЃУ ИНДИВИДУИТЕ СО МЕНТАЛНИ РАСТРОЈСТВА

Филов Ѓ. Изабела

*Клиника за психијатрија, Медицински факултет,
Универзитет „Св. Кирил и Методиј“, Скопје, Р. Македонија
Психијатриска болница Демир Хисар, Демир Хисар, Р. Македонија
Психијатриска болница Скопје, Скопје, Р. Македонија*

Апстракт: Епидемиолошките студии спроведени низ различни региони во светот укажуваат на зголемен ризик од насилство помеѓу индивидуите со ментални растројства. Насилното однесување се јавува во одреден социјален систем, којшто ја вклучува целата личност со соодветна животна историја, со одредена состојба на здравје или нарушување и интеракција со други социјални околности. Постојат различни методи за проценка на ризикот од насилство помеѓу индивидуите со ментални растројства, но базично две широки категории на методи ја детерминираат проценката од ризикот: клинички и статистички. Главна цел на истражувањето беше со користење на статистичка скала да се одредат ризичните фактори од психопатолошка и социјална природа, како и индивидуалните особености, кои го детерминираат насилното однесување во категоријата на лица со ментални растројства. Истражувањето се спроведе во Психијатриската болница Демир Хисар, Психијатриската болница Скопје и во Центарот за ментално здравје Прилеп. Испитуваната група се состои од извршители на кривично дело (ИКД) и содржи 89 пациенти, кои се примени во психијатриските болници како форензични пациенти. Според форензичната експертиза, кај нив е дијагностицирано психијатриско растројство (според МКБ 10) и е одредена мерка за безбедност. Контролната група се состои од 60 пациенти, индивидуи со ментални растројства, кои не се извршители на кривично дело и не манифестирале насилно однесување – контролна група без насилство (КГ-БН). Методолошки истражувањето вклучува примена на Водич за проценка на ризикот од насилство – *VRAG (Violence Risk Assessment Guide)*. Резултатите од ова истражување покажуваат дека психијатриското

растројство само по себе не претствува ризик од насилство, односно нема предиктивна вредност. Проценката за нивна асоцираност со антисоцијално растројство на личност како коморбидитет, алкохолна злоупотреба, насилно однесување манифестирано во текот на развојниот период од животот и живот во некомплетно семејство е значајна предиктивна база за превенција и раководење со идно насилство помеѓу лицата со ментални растројства.

Клучни зборови: ментални растројства, ризик од насилство, предикција.

Corresponding Author:

Filov Izabela
Psihijatrijska bolnica Demir Hisar
Centar za mentalno здравје Prilep
Dimitar Vlahov 95,
7000, Bitola,
R. Macedonia
Mobile tel. 071 535 445

E-mail: bela_fmik@yahoo.com