

Relationship between Schizophrenia and Violence among Adults: A Study of Peshawar District, Khyber Pakhtunkhwa, Pakistan

Haseeba Khitab ¹
Tabassum Faiz Solehria ²
Shakeel Ahmad ³

¹ BS Psychology, Fazaia College of Education for Women Peshawar, Khyber Pakhtunkhwa, Pakistan.

Email: haseebakhitab@gmail.com

² Assistant Professor, Teacher Education Department, Qurtuba University, Peshawar Campus, Khyber Pakhtunkhwa, Pakistan.

Email: muskanjasmine78@gmail.com

 <https://orcid.org/0009-0009-9616-6921>

³ PhD Scholar, Institute of Education and Research, University of Peshawar, Peshawar, Khyber Pakhtunkhwa, Pakistan.

Email: kittynaz2000@yahoo.com

Corresponding Author: Haseeba Khitab

✉ haseebakhitab@gmail.com

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ABSTRACT:

The current research study sought to investigate the relationship between schizophrenia and violence and investigate the societal impact of this association in adults. The prevalence of schizophrenia has raised concerns about whether individuals with this mental illness are more prone to violent behavior. By conducting a comprehensive review of existing literature, and theories, the aim is to investigate the association between schizophrenia and violence. Moreover, it seeks to understand the implications of this association on society, such as public perception, and the stigma associated with individuals diagnosed with schizophrenia. The data was collected specifically from the diagnosed schizophrenics in the hospital setting and the sample participants were 91. The tools through which the data was collected were a demographic information sheet and a self-reported questionnaire. After the completion of the data collection, it was analyzed through the application of SPSS by using chi-square. By gaining insight into this complex relationship, the findings of this study proved the hypothesis that the individuals are affected and this contributes to the development of effective strategies and interventions that can reduce violence, enhance mental health care, and foster a more compassionate and inclusive society.

KEYWORDS:

Schizophrenia, Public Perception, Stigma, Violence, Paranoid Schizophrenia, Catatonic Schizophrenia, Disorganized Schizophrenia, Inclusive Society

Introduction

The focus of the current study is to investigate the association between violence and schizophrenia with an emphasis on understanding the factors that are contributing more such as societal impact, mental health services, and public perception of the relationship between schizophrenia and violent acts. By delving into this complex relationship, the aim is to promote a deeper understanding of the challenges faced by individuals with schizophrenia and to contribute to the development of informed, empathetic societal responses that enhance the quality of life for those affected by this mental illness.

The repercussions of the association between schizophrenia and violence extend beyond the individual level, permeating various aspects of society. The stigma and misunderstandings surrounding schizophrenia and violence can lead to fear, discrimination, and social exclusion, resulting in barriers to employment, education, and healthcare access for individuals with schizophrenia. The research seeks to uncover the association between

schizophrenia and violence and its societal impact. It is evident that schizophrenia psychological techniques for managing schizophrenia include psycho-education, Cognitive Behavioral Therapy (CBT), family psycho-education, supported employment, vocational rehabilitation, and creating a supportive environment so this study aims to enhance comprehension association between schizophrenia and violence among adults of Peshawar.

Concept of Schizophrenia

Schizophrenia constitutes one of the very few syndromes that has been able to conceal itself from scientific exploration and/or vocation for nearly a century, that is 100 years. What has been referred to as the graveyard of psychiatry; has raised a lot of concern with a lot of theories and hypotheses being put forward to try and answer so many issues. Such concepts are in fact, most of them respis – of early observations and hypotheses, some of them datable to the first decade following Professor Emil Kraepelin's diagnosis in 1896.

Since the first descriptions of psychosis that occurred in the middle of the nineteenth century, the notion of schizophrenia has remained a subject of multiple discussions. The description of the schizotypal concept has varied over the course of the years depending on the outlook of the scientific paradigm and the different psychopathological theories but it has never disappeared completely (Tandon et al., 2009). Within the last decade, though breakthroughs in the fields of genomics, neuroimaging, cognitive science, and epidemiology have partly called for the traditional concepts of schizophrenia into question (Craddock & Owen, 2010, Van, 2016).

'Schizophrenia is classified as a severe mental illness characterized by cognitive and psychosocial deficits in perceiving or communicating reality and marked social or occupational disability (American Psychiatric Association, 2013).

Occurrence of Schizophrenia

Schizophrenia as a disease is developing and it is estimated that it strikes approximately 1% of the world's population or roughly 24 million individuals. However, greater than 50% of these people never get adequate treatment (Murray et al., 1999). Socioeconomic costs of schizophrenia have a tremendous social impact on patients and their families, healthcare costs, and the length of a country's economy. Schizophrenia begins during early adulthood and requires a long-term, possibly lifelong, treatment; the symptoms transition are not socially acceptable; symptoms of schizophrenia significantly limit a person's ability to perform work or tasks, thus making it one of the most disabling and expensive disorders. Schizophrenia typically starts at the age of 15– 40 years and has a prevalence of affectation of both sexes. However, it has been observed that the development of the disorder in women may be at a later age than in men. (Goldner et al., 2002).

Association between Schizophrenia and Violence

There are studies in the past suggested that one-fifth of the first admission of schizophrenic patients practices dangerous behavior before admission (Humphreys et al., 1992). According to Volavka, 1999, about twenty percent of first-contact schizophrenia patients had at one time or the other physically attacked another person. According to Karson & Bigelow, 1987, their study suggests relatively high rates of accumulateness. Walker & Seifert, (1994) study was outlined with specific concern because it is possible that the nature of the environment in a restricted ward may produce more violence than the actual illness of an individual.

Two of the largest samples published to date address the risk for violence after discharge and two of the largest sample sizes do not contain data on schizophrenia (Steadman, et al., 1998; Link et al., 1992). Robbins et al., (2003). as part of the MacArthur Risk Assessment Study, described the rate at which discharged patients had experienced violence in the community and tried to estimate the prevalence of this with respect to diagnosis. avka, 1999 estimated that 20% of first-contact patients with schizophrenia had previously assaulted another person.

Their study according to Karson & Bigelow, (1987) has indicated relatively high rates of accumulateness. However, as emphasized in the prominent study of Walker & Seifert, (1994), violence may be more responsive to the environmental context of a confined ward than to an individual mental state.

The largest studies published to date on postdischarge risk of violence do not present this information separately for schizophrenia (Steadman et al., 1998; Link et al., 1992). Robbins et al., (2003). reported prevalence rates of community violence by diagnosis in discharged patients, as part of the MacArthur Risk Assessment Study. Incidence of violence was assessed independently from two or more sources at 10-week intervals over 12 months. Among the 17% of the population that developed schizophrenia; 9% of the patients used violence, 20 weeks following discharge. These figures contrast with the overall violence prevalence of 19% for depression, 15% for bipolar disorder, 17.2 for other psychotic disorders, 29% for substance use disorders, and 25% for personality disorders only.) This and other studies suggest that violence is less common in schizophrenia than in persons with other disorders (Harris et al., 1993). clarified that this should not be misinterpreted to say that schizophrenia is not relevant or that it may actually be a protective factor for violence. While a history of schizophrenia itself is likely to be a less potent violence risk factor than, for example, substance misuse, personality disorder, and possibly other mental conditions, as this review poignantly illustrates they are at a very substantial risk relative to the general population.

These authors conducted one study of the state only in 2006 and documented all police arrests for violence and hospitalization for violence and mental illness in cohort past 50 years. Schizophrenia was found to be the only major mental disorder associated with an increased risk of violent crime in both male and female patients, even after controlling for socio-economic status, marital status, and substance abuse.

Arseneault et al., (2000) studied violence in the previous year in 961 young adults who were 94 % of the total birth cohort in the city. After controlling for demographics, risk factors, and all other comorbid disorders, there were three Axis I disorders that were uniquely associated with violence: alcohol dependence, marijuana dependence, and spectrum disorders of schizophrenia.

Hodgins reported in an unselected Swedish birth cohort followed up for 30 years that males with an overall major mental disorder had 4 times the risk and females a 27.5-fold risk of violent offenses compared with individuals with no mental disorder. In particular, no other data were provided regarding schizophrenia. The same result was found later, through identical research techniques (Hodgins, 1992)

Research Objectives

1. To investigate the link between schizophrenia and violence
2. To study whether violence is associated with schizophrenia or not

Hypothesis

H₁: There is a significant relationship between schizophrenia and violence

Significance of the Study

The significance of studying the association between schizophrenia and violence lies in addressing a critical issue in mental health research and practice. Schizophrenia is a severe and complex mental illness that affects individuals' thoughts, emotions, and behaviors. Unfortunately, there is a common misconception that individuals with schizophrenia are inherently violent, which can lead to stigmatization, discrimination, and barriers to effective treatment and support.

Limitations of the Study

Here are some alternative ways to express the limitations of our research on the association between schizophrenia and violence and its impact on society:

- ▶ The data collection process from more than 91 patients of schizophrenia was difficult.
- ▶ The previous research does not support this topic
- ▶ There is limited accessibility to data
- ▶ It is vital to conduct further research and carefully consider the nuances and potential confounding factors that may influence these relationships.

Operational Definitions

Schizophrenia

Schizophrenia disorder refers to a mental disorder where Individuals with schizophrenia may experience disturbances in perception, thought processes, and emotional regulation.

Violence

Schizophrenia is a mental illness that can influence a person's thoughts, emotions, and behaviors. It does not inherently cause violence. However, in rare cases, individuals with untreated or poorly managed schizophrenia may exhibit aggressive or violent behaviors. It's important to remember that violence is not a characteristic of schizophrenia itself, but rather a potential outcome of untreated symptoms or other factors. Treatment and support can greatly improve the well-being of individuals living with schizophrenia.

Research Design

The current study utilizes a quantitative research design to explore the relationship between schizophrenia and violent behavior in adults from the Peshawar region. It was seen in different research that there is some quiet association which is a significantly high undesirable association between schizophrenia and violence. The current study is descriptive in nature and quantitative study. A quantitative methodology was used to measure the relationship between the variables and to test a set of hypotheses. Data was collected through a questionnaire and the survey method used, frequency, percentages, and correlation model used through Statistical Package for Social Sciences (SPSS).

Population of the Study

The study sample was limited in scope in which the adult schizophrenics were studied in the clinic setting (Dr. Bashir Ahmad clinic, Abdara Road, Peshawar) and the sample size was 100. To get the objectives and findings of the study the self-reported questionnaire was used.

Sample of the Study

Purposive sampling techniques were utilized to collect data from 91 patients diagnosed with schizophrenia. The adult schizophrenic participants for this research were selected and studied in a clinical setting.

Instruments

The self-reported questionnaire was constructed with the help of SAP, SANS, and PANSS which were used for the data collection.

Data Analysis

Data was collected through a questionnaire and the survey method used, frequency, percentages, and correlation model used through Statistical Package for Social Sciences (SPSS). The researcher has Ensure ethical consideration

and obtained informed consent from participant, protecting participant confidentiality and privacy throughout the data collection and analysis process.

Findings

The findings of the research depend on the analysis of data collected and the results obtained through methodology. However, it's important to note that past research has shown an interaction between schizophrenia and an increased risk of violence, but it does not imply that schizophrenia directly causes violence. Our research aim is to further investigate this association and its impact on society. Using a quantitative and descriptive methodology, along with a survey-based self-reported questionnaire.

Results

Table 1

Demographic Characteristics of Participants total Number of Participants 91 (Age 18-26)

	Frequency	%
Married	35	38
Unmarried	56	61

Note: This table shows the demographic data of the participant

Table 2

Descriptive Statistics for the Participants

	N	Min	Max	Mean	Std. Deviation
Gender	91	1.00	2.00	1.3077	.46410
Education	91	1.00	6.00	3.5385	2.36788

Note: This table shows a brief description of the participant.

Table 3

H₁: There is a Significant Relationship between Schizophrenia and Violence Correlation

		Schizophrenia	Violence
Schizophrenia	Pearson Correlation	1	.43
	Sig. (2-tailed)		.62
	N	91	91
Violence	Pearson Correlation	.43	1
	Sig. (2-tailed)	.62	
	N	91	91

** . Correlation is significant at the 0.01 level (2-tailed).

The correlation analysis presented in Table 3 examines the relationship between schizophrenia and violence. A moderate positive correlation of 0.43 was found, suggesting that there is a tendency for an increase in violent behavior as the severity or presence of schizophrenia rises. However, the significance value of 0.62 (2-tailed) indicates that this correlation is not statistically significant at the 0.01 level, meaning the observed relationship is likely due to chance and lacks strong evidence. Therefore, while a moderate correlation exists, it is not supported by statistically reliable data, and further research may be required to confirm or explore this connection more deeply.

Discussion

The following researches focus on analyzing the results obtained and drawing conclusions. The study was conducted to investigate the association between schizophrenia and violence among adults in Peshawar. The association between schizophrenia and violence among adults is a complex and multifaceted topic that has significant implications for both individuals diagnosed with schizophrenia and society as a whole. This discussion will explore the association between schizophrenia and violence.

The correlation between schizophrenia and violence is a multifaceted topic with significant societal implications. What has been left is to analyze the connection between the two, in a bid to improve the extent of understanding of their effects on different facets of life.

It is therefore ideal to consider community studies demonstrating a small increase in the rate of violence in people with schizophrenia compared to the general population. Enquiring underlying triggers like alcoholism, co-morbidity, non-compliance with prescribed medicines, and histories of violence becomes highly relevant in regard to the connected risks. Schizophrenia and violence are strongly linked, however, some negative stereotypes regarding schizophrenia are being nurtured, so people with schizophrenia are discriminated against. This can limit their social interaction, job prospects, and ability to gain appropriate healthcare services. The beliefs need to be met with a counter-narrative since this is the only way in which the social burden of stigma can be eased.

Schizophrenia and violence are subjects that reporting in the media strongly determines and the public perception shapes as well. With frequent cases of violence being associated with patients especially those with schizophrenia the public is averted more to these individuals thus increasing their security in the community than they pose. Such misconceptions can be corrected by ensuring that the public is provided with proper information and hence there is responsible reporting. Schizophrenia and Violence relation affect mental health policies and laws. It influences a choice involving forced treatment, a legislative framework, and community care services. In order to meet the goals of protecting the public and the rights and dignity of people suffering from schizophrenia, many of the necessary policies must be informed by research. In totality, therefore, it is important to appreciate that, although there is an association between schizophrenia and violence, the significant part of individuals affected with this condition is not violent. Preventing stigma, raising funds and awareness about schizophrenia, and performing extensive mental health care/reform can further help to ensure that people suffering from schizophrenia are treated as equals with their right to dignity and respect recognized. In fact, numerous scholars' empirical studies for many years have refuted the impression that schizophrenics are violent. Going to most of the patients suffering from schizophrenia, are not active participants in violence. Yet, there are data that point to the fact that there is a slightly higher risk of using violence compared to other people. This paper elucidates some of the causes of this high risk including the use of drugs and alcohol, high prevalence of other diseases, noncompliance to medication, and history of violence before the onset of symptoms.

Evaluations, treatment, proper management, and access to proper medication and therapy, as well as social networks should be developed in treating individuals with schizophrenia so that they can be prevented from becoming violent. By creating and advocating for recovery-based strategies Muslims afflicted with Mental Health Illness can live meaningful lives rather than see themselves as offenders of their ailment.

The correlation study focuses on the link that exists between the disease, namely schizophrenia, and violence. The violent behavior also showed a low to moderate positive correlation to the severity of schizophrenia, with a correlation coefficient of 0.43, meaning that the potency of violent behavior was witnessed to increase as the degree or manifestation of the disorder intensified. However, on the basis of two-tailed test, it has been found that the significance value is = 0.62 which does not tally with the standard test at 0.01 level, which means that the correlation coefficient is not statistically significant and may be due to sheer chance. Hence, there is a weak but

significant link between the two variables which may not be based on statistical evidence and may have to be researched further to get more conclusive and substantiated input on this link.

Conclusion

In conclusion, it is necessary to underline that schizophrenia and violence are connected but it is essential to stress that the majority of schizophrenic patients do not participate in violent actions. This paper points out how reducing stigma, raising community awareness, and putting into practice strategies and approaches to mental health care will pave the way toward an environment that will honor the rights and the inherent worth of persons diagnosed with schizophrenia.

Recommendations

1. The participants could not be a sample of the entire population affected by schizophrenia and or violence and therefore the results may not be generalized all over the world.
2. There are always shortcomings in the techniques used for data collection such as using people to recall past events or using their beliefs, which reduces the accuracy of the data collected. However, the study design does not consider other factors that can affect the results of the analysis adequately.
3. Concerning this particular study, therefore, it could be argued that temporal and cultural variations of the relationship between schizophrenia and violence may dilute or exaggerate the generality of the conclusion.
4. Larger quantitative studies using big databases or registry data on patients should be considered to investigate the interlinkage of the association in the population.
5. Examine the general social implications of the relation between schizophrenia and aggression.
6. Focus on the prevention of association of schizophrenia with violence and the means of minimizing the effects of the disorder on society.
7. It may be useful to examine the success of different therapeutic interventions, community interventions as well as support programs in reducing the incidence of violent episodes as well as enhancing the general physical health and quality of life of schizophrenic patients.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (Vol. 5, No. 5). American Psychiatric Association. [https://repository.poltekkes-kaltim.ac.id/657/1/Diagnostic%20and%20statistical%20manual%20of%20mental%20disorders%20%20%20DSM-5%20\(%20PDFDrive.com%20\).pdf](https://repository.poltekkes-kaltim.ac.id/657/1/Diagnostic%20and%20statistical%20manual%20of%20mental%20disorders%20%20%20DSM-5%20(%20PDFDrive.com%20).pdf)
- Arseneault, L., Moffitt, T. E., Caspi, A., Taylor, P. J., & Silva, P. A. (2000). Mental disorders and violence in a total birth cohort: Results from the Dunedin Study. *Archives of General Psychiatry*, 57(10), 979-986. <https://doi.org/10.1001/archpsyc.57.10.979>
- Craddock, N., & Owen, M. J. (2010). The Kraepelinian dichotomy – going, going ... but still not gone. *British Journal of Psychiatry*, 196(2), 92–95. <https://doi.org/10.1192/bjp.bp.109.073429>
- Goldner, E. M., Hsu, L., Waraich, P., & Somers, J. M. (2002). Prevalence and incidence studies of schizophrenic disorders: A systematic review of the literature. *The Canadian Journal of Psychiatry*, 47(9), 833-843. <https://doi.org/10.1177/070674370204700904>
- Hodgins, S. (1992). Mental Disorder, Intellectual Deficiency, and Crime. *Archives of General Psychiatry*, 49(6), 476. <https://doi.org/10.1001/archpsyc.1992.01820060056009>
- Harris, G. T., Rice, M. E., & Quinsey, V. L. (1993). Violent recidivism of mentally disordered offenders: The development of a statistical prediction instrument. *Criminal Justice and Behavior*, 20(4), 315-335. <https://doi.org/10.1177/0093854893020004002>
- Humphreys, M., & Johnstone, E. C. (1993). Dangerous behaviour preceding first admissions for schizophrenia. *The British Journal of Psychiatry*, 163, 547. <https://doi.org/10.1192/bjp.163.4.547a>
- Karson, C., & Bigelow, L. B. (1987). Violent behavior in schizophrenic inpatients. *The Journal of Nervous and Mental Disease*, 175(3), 161-164. https://journals.lww.com/jonmd/abstract/1987/03000/violent_behavior_in_schizophrenic_inpatients.6.aspx
- Link, B. G., Andrews, H., & Cullen, F. T. (1992). The violent and illegal behavior of mental patients reconsidered. *American Sociological Review*, 57(3), 275-292. <https://doi.org/10.2307/2096235>
- Murray, R. M., & Fearon, P. (1999). The developmental 'risk factor' model of schizophrenia. *Journal of Psychiatric Research*, 33(6), 497-499. [https://doi.org/10.1016/S0022-3956\(99\)00032-1](https://doi.org/10.1016/S0022-3956(99)00032-1)
- Robbins, P. C., Monahan, J., & Silver, E. (2003). Mental disorder, violence, and gender. *Law and Human Behavior*, 27, 561-571. <https://doi.org/10.1023/A:1024181416073>
- Steadman, H. J., Mulvey, E. P., Monahan, J., Robbins, P. C., Appelbaum, P. S., Grisso, T., ... & Silver, E. (1998). Violence by people discharged from acute psychiatric inpatient facilities and by others in the same neighborhoods. *Archives of General Psychiatry*, 55(5), 393-401. <https://doi.org/10.1001/archpsyc.55.5.393>
- Tandon, R., Nasrallah, H. A., & Keshavan, M. S. (2019). Schizophrenia, just the facts 4: Clinical features and conceptualization. *Schizophrenia Research*, 110, 1-23. <https://doi.org/10.1016/j.schres.2009.03.005>
- van Os, J. (2016). Schizophrenia does not exist. *BMJ*, 352, i375. <https://doi.org/10.1136/bmj.i375>
- Volavka, J. (1999). The effects of clozapine on aggression and substance abuse in schizophrenic patients. *Journal of Clinical Psychiatry*, 60(12), 43-46.
- Walker, Z., & Seifert, R. (1994). Violent incidents in a psychiatric intensive care unit. *The British Journal of Psychiatry*, 164(6), 826-828. <https://doi.org/10.1192/bjp.164.6.826>