

CLINICAL AND SOCIOCULTURAL CHARACTERISTICS OF INDIVIDUALS WITH SCHIZOPHRENIA WHO HAVE COMMITTED SERIOUS ASSAULTIVE ACTS IN UZBEKISTAN



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ABSTRACT

Assaultive acts committed by people with a mental illness is a major public health issue that affects patients with their families, law enforcement authorities, and the public at large. Failure to provide treatment is in fact a major predictor of assaultive acts in patients with schizophrenia living in the community. Considering that the indigenous ethnic groups of Central Asia have similar sociocultural characteristics, these factors may be reflected in individuals with schizophrenia who have committed serious assaultive acts in Uzbekistan.

Objectives: The aim of the work was to identify the sociocultural and clinical characteristics of schizophrenic representatives of indigenous ethnic groups of Central Asia who have committed violent crimes in Uzbekistan and have been found insane in regard to their offence, and to compare these subjects to ones belonging to the other ethnic groups.

Material and methods: The data were collected in 2010–2013 in the Tashkent High Security Psychiatric Hospital via face-to-face interviews and also from the patients' charts and from forensic psychiatric examination statements.

Results: The sample consisted of 201 individuals. The sample was 90.1 percent ($n = 181$) male, with a predominance of the paranoid schizophrenia subtype according to the ICD-10 criteria. Of the subjects, 174 ones (86.6%) were representatives of the indigenous ethnic groups of Central Asia, and 27 ones (13.4%) were representatives of other ethnic groups. The duration of illness among the subjects belonging to the indigenous ethnic groups of Central Asia was less than in the other group; the individuals were rarely referred to psychiatric care because of the popularity of alternative medicine and the stigma attached to mental illness. A positive correlation between violence and various psychotic symptoms, such as delusions, hallucinations, and thought disorder, has also been demonstrated in this group.

Conclusions: Sociocultural characteristics, such as delayed referral for psychiatric care because of the popularity of alternative medicine and the stigma attached to mental illness among the indigenous ethnic groups of Central Asia, frequently factor into committing serious acts of assault because of developing psychotic symptoms at the early stages of disease despite their sufficient socioenvironmental adaptation.

UDC CODE & KEYWORDS

■ UDC: 616.895.8: 343.95 ■ Schizophrenia ■ Serious assaultive acts ■ Sociocultural characteristics ■ Forensic psychiatry

INTRODUCTION

Assaultive acts committed by people with a mental illness is a major public health issue that affects patients with their families, law enforcement authorities, and the public at large. An increased risk of assaultive acts among patients with schizophrenia has been repeatedly confirmed by analyzing criminal records (Hafner & Böker, 1982; Hodgins, 1992; Wessely et al., 1994; Lindqvist & Allebeck, 1990), by follow-up studies of individuals with schizophrenia living in the community (Wallace et al., 2004; Swanson et al., 1990), and by a twin study (Coid, 1993). The higher risk of assaultive acts among patients with schizophrenia is also reflected by the fact that they make up about a half of all patients in forensic detention due to insanity (Beaudoin, 1993). Furthermore, the number of forensic psychiatric inpatients has been growing markedly in many countries (Priebe et al., 2008; Gu & Hu, 2009).

Failure to provide treatment is in fact a major predictor of assaultive acts in patients with schizophrenia living in the community. The study in England and Wales has found that 42% of individuals with schizophrenia who committed homicides had never been referred to psychiatric care prior to their offence (Meehan et al., 2006). The study found that a larger proportion of homicide in first-episode psychosis correlates with a longer duration of untreated psychosis (Large & Nielssen, 2008).

The public perception of the dangerousness of patients with schizophrenia and the stigma associated with this disease are now the most significant obstructions in mental health treatment (Torrey, 2011). Cauce et al. (2002) writes that culture and ethnicity influence in mental health help-seeking. Considering that the indigenous ethnic groups of Central Asia have similar sociocultural characteristics such as traditions, the set of mind, and religion, these factors may be reflected in individuals with schizophrenia who have committed serious assaultive acts in Uzbekistan. However, very little is known about representatives of these ethnic groups with schizophrenia who have committed serious assaultive acts. The main purpose of this study is to address this gap in the literature.

Objectives

This study was to identify the sociocultural and clinical characteristics of schizophrenic representatives of indigenous ethnic groups of Central Asia who have committed violent crimes in Uzbekistan and have been found insane in regard to their offence, and to compare these subjects to ones belonging to the other ethnic groups.

Material and methods

According to the law of the Republic of Uzbekistan, individuals who have committed serious assaultive acts (i.e., punishable by more than 5 years of imprisonment) because of a mental disorder and who are found not guilty by reason of insanity by the courts, are exculpated and subject to compulsory treatment for an indefinite period of time (in the Tashkent High Security Psychiatric Hospital, the only high-security hospital for mentally-ill offenders in Uzbekistan).

Tashkent High Security Psychiatric Hospital patients who have committed serious assaultive acts (homicide, attempted homicide, grievous bodily harm) and met ICD-10 criteria for schizophrenia (n = 201) were included in the study. The data were collected via face-to-face interviews, and also from the patients' charts and forensic psychiatric examination statements.

The clinical psychiatric diagnostic information included the date of the first schizophrenic episode, the type and pattern of the course of schizophrenia according to ICD-10 for Mental and Behavioral Disorders Diagnostic Criteria for Research, and information about admissions for psychiatric care.

The data were analyzed using Statistica v.10. Statistical analysis included the Mann-Whitney U test, chi-square tests or Yates corrected chi-square tests (when cell frequency < 10) for categorical variables, and the Kruskal-Wallis test was used for ranking the variables. The significance level was set at 0.05.

Results

Sample Characteristics. The sample was 90.1 percent (n = 181) male, with a predominance of the paranoid schizophrenia subtype according to the ICD-10 criteria. The average age of the subjects was 36.7 (standard deviation [SD] = 9.9 years). Of the subjects, 174 ones (86.6%) were representatives of the indigenous ethnic groups of Central Asia, and 27 ones (13.4%) were representatives of other ethnic groups.

Table 1: Sociodemographic data for the two groups

Parameters	Indigenous ethnic groups (n = 174)	Other ethnic groups (n = 27)	Significance ¹
	Mean ± SD	Mean ± SD	
Age at the time of the offence, years	35.7 ± 9.2	42.9 ± 12.3	2.85**
	n (%)	n (%)	Chi-square
Male	160 (92.0)	21 (77.8)	5.24*
Rural residence	126 (72.4)	8 (29.6)	17.4***
Family history of any psychiatric disorder	98 (56.3)	14 (48.2)	0.63
University education	16 (9.2)	7 (25.9)	4.91**
Had a job at the time of the offence	89 (51.1)	7 (25.9)	4.99**
Married	95 (54.6)	2 (7.4)	19.0***
Alcohol abuse, dependence	7 (4.0)	4 (14.8)	3.38
Alcohol use shortly before the offence	32 (18.4)	13 (48.1)	11.91***

Note: ns – nonsignificant, SD – standard deviation, ¹ Mann-Whitney U Test, * p < 0.05, ** p < 0.01, *** p < 0.001

Source: Authors

Table 1 shows the sociodemographic data for both groups. The majority of the offenders in both groups were male. The study shows the greater representation of individuals with a low educational level, born in the countryside and belonging to the indigenous ethnic groups of Central Asia; most of the subjects were married and had a job at the time of the offence. The offenders belonging to the indigenous ethnic groups of Central Asia were younger than those in the other group and less frequently used alcohol immediately prior to the offence.

Table 2: Clinical data for the two groups

Parameters	Indigenous ethnic groups (n = 174)	Other ethnic groups (n = 27)	Significance ¹
	Mean ± SD	Mean ± SD	
Age at the onset of the illness, years	27.6 ± 8.5	24.6 ± 7.9	ns
Duration of illness, years	8.4 ± 7.7	18.5 ± 11.5	29.67***
	n (%)	n (%)	Chi-square
Schizophrenia subtypes			
Paranoid	129 (74.0)	17 (63.0)	1.47
Hebephrenic	6 (3.5)	0 (0)	0.14
Catatonic	8 (4.6)	0 (0)	0.37
Undifferentiated	21 (12.1)	2 (7.4)	0.15
Residual	6 (3.5)	7 (25.9)	15.98***
Simple	4 (2.3)	1 (3.7)	0.05
Delusional/psychotic symptoms at the time	136 (78.2)	13 (48.2)	10.98***
Referred to psychiatric care	107 (61.5)	24 (88.9)	6.57**
Referred to alternative medicine	104 (59.8)	1 (3.7)	27.2***
Referred to alternative medicine only	29 (16.7)	0 (0.0)	3.99*

Note: ns – nonsignificant, SD – standard deviation, ¹ Mann-Whitney U Test, * p < 0.05, ** p < 0.01, *** p < 0.001

Source: Authors

Table 2 shows the basic clinical data for both offender groups. There are no significant differences regarding age at the onset of the illness. However, the duration of illness among the subjects belonging to the indigenous ethnic groups

of Central Asia was less than in the other group; the individuals were rarely referred to psychiatric care because of the popularity of alternative medicine and the stigma attached to mental illness. A positive correlation between violence and various psychotic symptoms, such as delusions, hallucinations, and thought disorder, has also been demonstrated in this group. On the other hand, the individuals in the other group were found to be significantly more likely to suffer from the residual subtype of schizophrenia than representatives of the indigenous ethnic groups of Central Asia.

Conclusion

Sociocultural characteristics, such as delayed referral for psychiatric care because of the popularity of alternative medicine and the stigma attached to mental illness among the indigenous ethnic groups of Central Asia, frequently factor into committing serious acts of assault because of developing psychotic symptoms at the early stages of disease despite their sufficient socioenvironmental adaptation. Our findings highlight the need for detection of psychosis at early stage and have important implications for the identification of schizophrenic patients at risk of violent behavior and, most importantly, risk management adjusted for sociocultural characteristics.

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