Patient's Experiences of Violence as Perpetrator: A Qualitative Study from Patients with Schizophrenia in Indonesia

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Abstract

BACKGROUND: Individuals with schizophrenia are at an increased risk for violence – limited study on exploring the experience of violence in patients with schizophrenia as a perpetrator.

AIM: This research aimed to investigate the perception of violence as a perpetrator in Indonesia in patients with schizophrenia.

METHODS: This study used phenomenology using a purposive sampling technique. A total of 40 patients were from the psychiatric ward of significant mental hospitals in West Java, Indonesia. The inclusion criteria for patients were the following: Age over 18 years old confirmed diagnosis with schizophrenia. Focus group discussion of patients comprised four groups. Each group consisted of tens of patients.

RESULTS: The patient's experiences as a perpetrator were categorized into six subthemes: Committing physical violence to family, quarreling with family, verbal abuse to family, a perpetrator of verbal violence to neighbors, expression of anger to object, and physical violence to nurse.

CONCLUSION: The patient's experiences of violence were not linear, but rather it was a complex experience of being a perpetrator, yet at the same time as of perpetrator violence. A staff training program to reduce patient violence is needed.

Introduction

Workplace violence against nurses in the mental health unit and at the hospital in the world is increasing. Patients and their families were the prominent people who abused them with words and bodies. According to Spector *et al*. [1], 36.4% of nurses reported bodily injury, 66.9% reported non-physical violence, 39.7% reported harassment, and 25% reported sexual harassment. There is a wide variation in the incidence of workplace violence in different nations; for example, a study conducted in eight European countries found that the prevalence was 40.5% [2]. While the prevalence in Asian nations such as Egypt was 27.7% [3] and 38.9% in Thailand [3], the prevalence in the United States was 20.7% [2]. More than half of Taiwanese nurses reported being physically or verbally harassed at work [4]. There is a need for additional assessment of nurse abuse in the workplace, particularly in mental health settings, taking these critical factors into account.

Several variables have been highlighted in the literature as contributing to the rise in violence against nurses. The underlying issue is patient and family dissatisfaction with hospital services. High rates of nurse violence result from patient dissatisfaction with nursing care, particularly about interpersonal connections and communication [5], [6]. Other research has revealed that the source of discontent with nurses is primarily related to communication and interpersonal connections [7], [8], [9] suggested that the dissatisfaction of patients and their families concerning the communication element drives them to commit violence against nurses.

Violence done by patients with schizophrenia is frequently recorded in the media, often sensationalized. Violence done by mentally ill patients, on the other hand, is sometimes justified. It is reinforced by research findings that show that psychopathy and clinical variables are substantially connected with the frequency of violent behavior [10]. According to another study, most violence is perpetrated by schizophrenia patients during auditory hallucinations [11], [12]. Calls for more intensive treatment of mental illness to mitigate violent crime are also accompanied by these studies [13]. Of course, the premise behind this view is that psychotic symptoms or psychotic disorders enhance the likelihood of aggression. The psychosis is correlated with a 49–68% increase in the risk of aggression [14] in a meta-analysis

of 204 studies based on 166 independent data sets. In addition, most providers of mental health services do not measure or control the risk of violence or offer care for the prevention of violence [15], leading to suboptimal treatment and the continuation of an unnecessarily high risk of violence. Many patients are put in forensic medical settings, jails, or prisons to compound the issue, where there are significant obstacles to having proper mental health treatment [16]. Most (72%) people with schizophrenia who commit a criminal crime do so before first contact with health services. This fact is expressed in the findings of a recent meta-analysis showing that at least one attack has previously been committed by 35% of people who approached services for the first episode of psychosis. However, many previous studies were focused on nurses' experience of violence [17], [18], [19], making the experience of violence as a perpetrator unexplored. This research aimed to investigate the perception of violence as a perpetrator in Indonesia in patients with schizophrenia.

Methods

Study design and sample

This study was conducted using phenomenology at the psychiatric ward of two mental hospitals in West Java, Indonesia. The inclusion criteria for patients were the following: Age over 18 years old confirmed the diagnosis with schizophrenia and had no acute psychosis symptoms. Patients who had difficulties communicating and uncontrolled treatment were excluded. A total of 40 patients were recruited using a convenience sampling technique.

Data collection

Three focus group discussions (FGDs) were conducted with patients to make a qualitative assessment of exposure to violence. FGD of patients comprised four groups. Each group consisted of tens of patients. The total number of patients who followed FGD was 40 patients. The patients had been selected by an ethical board team at a mental hospital in West Java, made up of doctors, nurses, psychologists, and social workers. Before attending the FGD, the participants had been selected according to their abilities in social interaction and verbal communication by the Nursing Ethical Board team. Audio recording and notes were taken for the sessions, and all necessary precautions were announced to carry out the session successfully.

Ethics considerations

The Institutional Oversight Board has been given ethical approval. Studying this sensitive topic, particularly those who might be vulnerable, raised specific ethical issues related to the method of study and the methodology used. In various clinical procedures in psychology and academic areas, like nurses, researchers have professional experience – a thorough review by both the core medical staff and nurses of possible participants. At the time of the initial screening, specifics of the study were given. The voluntary goals of the study, independent consent, parental consent, non-binding consent, the right to withdraw, and the privacy of the findings were conveyed to the participants. Silent consent is not acceptable. Before the interview, participants offered informed permission. The informed consent provided participants with the opportunity to answer their inquiries, good questioning, and active listening. In the context of this violence research question, however, concerns such as parents' transportation problems, coordination, and in-depth discussions with hospitals can be discussed.

Data analysis

Data analysis was conducted using Colaizzi's technique [20]. There are seven steps to completing the analysis. In the first step, the interviewee's statement was read and reread to get a general sense of what they have been through. The second step is to take the most critical statements from the text to get information directly related to phenomenon studies. The third steps write definitions in scientific language to show how different phenomenon contexts are related to each other. The fourth step is to group them into theme clusters and cross-reference them to the original text. In the fifth step, the discovery was then combined into a succinct explanation of the desired phenomenon and returned to the participant for confirmation (Step 6). The final step is to implement any changes recommended by the informants.

Rigor

The research team conducted the interviews. Two researchers' coders conducted an independent study of the interviews. Strategies were adopted to promote the researchers' credibility, meaning, skills, and knowledge, a thick summary of the participants' fascinating encounters, frequent debriefing times, and discussions that provided the researchers with an opportunity to test and scrutinize the interpretation of the ideas and expectations between them. To facilitate transferability, a thorough explanation of the context, identification and explanations of respondents and data collection procedures, and a rich representation of the findings, along with appropriate quotations of the participant's own words, was provided. To encourage reliability, the research design was specified. The researchers have discussed results to guarantee reliability. A description of the findings has been submitted to the respondents for confirmation; none of this has been disputed.

Findings

Committing physical violence to family

Throughout their lifespan, schizophrenic patients spent most of their time at home with their families rather than at the hospital. Therefore, the tendency to commit physical violence to their family was high. Physical attacks become a typical scenario where the patient **"**beat, struck, attack, amok, hit, berserk, burn, amok or burn anything.**"** This physical violence often coincides with the rise of verbal violence to family members such as to their son, husband, or mother. The following excerpts are explained.

- (A8) – "I screwed up at home, and I beat my son."
- (A9) – "If I do not agree, yes … I beat my mother."
- (C1) – "My behavior was like a criminal, often striking and attacking people, and often got drunk."
- (D2) – "Money to buy cigarettes had been thrown to me by my parents, and then I beat them right away."
- (D9) – "I beat someone, got awry, ran amok, burned pillows, and removed the furniture anyhow."

Quarreled with family

A quarrel was when the patients had an angry argument or disagreement when interacting with their family. They usually took exception to anything or disagreed with something. Schizophrenic patients often get angry, crushing, reprimanding, fighting, and become grumpy. The following sentences indicate that schizophrenic patients have had some experience in heated arguments and quarreled with their family members.

This can be seen in the following data:

- (A6) – **"**If I become angry, I crush pillows.**"**
- (A9) – **"**I am angry with my mother since she only took care of her younger half-brother.**"**
- (C1) – **"**My boyfriend reprimanded me. I reprimanded behind my parents.**"**
- (D1) – **"**I fought against my family.**"**
- (D2) – **"**I often got grumpy; goods were so messy at my house.**"**

Verbal abuse to family

In Indonesian culture and language, humiliating someone or abusing own family members can be demonstrated in harsh words. The characteristics of a very harsh language are marked by the appearance of "animal symbols" in communication that is considered more despicable. This can be seen in examples such as "dog, pig, pot-bellied, etc." In addition, words such as "angry" or "grumpy" may indicate that the patient has

also flared with verbal abuse. For more details, see the following:

- (C4) – **"**I said to my family: Which points should come first, the truth or Islamic law? You are like dog, pig, pot-bellied**."**
- (A9) – **"**I was angry with my mother because she only gave attention and took care of her younger half-brother.**"**
- (B1) – **"**I was grumpy at my parents. It is normal.**"**

The perpetrator of verbal violence to neighbors

Schizophrenic patients who have completed treatment at a mental hospital will return to their families. While at home with their family, they interact with their neighbors. However, during a hallucination, the patients could not control their emotions. In addition, when the patient is engaged in a "conflict with the neighbor," the coping mechanism employed is not always constructive. Patients are often in conflict with their neighbors. The essential keywords that appear over and over in the patients' transcripts were their "Neighbors" as indicated by the following sentences:

- (A8) **– "**I was hyperactive, cursing and damaging neighbor's roof-tile, and could not sleep. Finally, my temper exploded, breaking my neighbor's roof-tile.**"**
- (B1) **– "**I was grumpy at my parents; I also often did it to my neighbors.**"**
- (C4) – **"**Because my desire to argue loudly while pointing at neighbors.**"**

Expression of anger to object

In addition to expressing anger to family, neighbors, or nurses verbally, patients also express their anger by destroying objects. The items around their house such as' mattresses, pillows, and furniture were used as the object to express their anger. This patients' emotional expression is a form of communication in which they tell their neighbor that they "disagree." According to the patient, the problem could not be solved anymore with regular communication. The data that appeared are as follows:

- (D1) – **"**There were whisperings of demons and voices that ordered me to burn the mattress.**"**
- (D9) – **"**Beating, awry, amok, burning cushions, removing furniture.**"**
- (C4) – **"**Initially, I was going berserk in my house.**"**
- (DI) – **"**I want to hit; I went berserk at my home."

Physical violence to nurse

Of the 40 patients who attended the FGD, only two could verbalize that he had committed physical abuse to the nurses. This physical violence can be seen from the keyword data such as "bite" or "hit" the nurse. For more details, see the data below:

- (D3) – *"I would like to talk at random; immediately, I hit a nurse and rage violently."*
- (C8) – *"I bit my nurse's leg."*

Discussion

This study found that patients admitted to threatening their neighbors. This is supported by Gerlinger *et al.* [21] report concluding that most mental patients have the stigma, particularly shyness or isolation from their neighbors. However, in schizophrenia patients, it appears to be influenced by the hearing hallucination that instructs them to do destructive something. In addition, the typical symptoms of severe schizophrenia are the inability to distinguish between fantasy and reality [22]. This study showed that patients have violence against their neighbors in this study. This finding is consistent with earlier studies [23], [24], [25].

Some patients never resorted to physical violence in their family, staff, or neighbor. However, in this study, especially from the "nurses' perspective," it was found that the patient has done violence physically, psychologically, verbally, and sexually abused on nurses, although it has occurred on various scales. This finding is supported by earlier studies concluding that "Nurse exposure to physical and non-physical violence, bullying, and sexual harassment" [1], [5]. Physical violence occurs as a result of hallucination, expression of anger, or clients' communication to express their feelings. This finding confirmed the results of the FGD followed by staff. The results of nurse FGD suggest high physical violence by patients in the mental hospital. Several studies found that most incidents were reported by nurses, security staff, and nurse assistants [26]. This supports the findings of FGD in the group followed by the patients. In addition, research has shown that positive actions of employees can dramatically decrease violent behavior. For instance, violence and aggression toward employees decreased when patients viewed staff responses as collaborative, validating, and valuable [27]. In addition, seclusion, restraint, and employee disability decreased as employee maturity in demonstrating therapeutic interpersonal skills increased [28].

Violence is not inevitable among people with psychotic disorders. Risk factors may be evaluated, and appropriate treatment modalities, including inpatient and outpatient facilities, occur across a continuum of care. Programs providing evidence-based services that target abuse, however, are uncommon. In addition, due to medical concerns about its chances of potentially lethal side effects, clozapine, the only antipsychotic drug that has been proven to reduce abuse in psychotic patients substantially is under-prescribed in the population. Programs such as FACT or the more violent AOT can be helpful to avoid the incidence of illegal activity and imprisonment in patients who are not adherent to therapy. In addition to the direct benefit to the patient, the stigma associated with severe mental illness can also be minimized by reducing the causes of aggression among psychotic individuals. As noted by [29], attempts to encourage a more optimistic perception of people with psychosis are less likely to be successful in stigma reduction than actively reducing violent actions. However, this involves a systematic approach [30] that includes identifying the multiple contributions of disease-related causes (e.g., unique psychotic symptoms and traits of antisocial personality), drug abuse, socioeconomic factors such as poverty, and mental health system issues, including lack of risk evaluation of violence and insufficient care opportunities.

Develop an electronic system is needed to help nurse. In addition, it is critical to give nurses legal immunity and establish an ethics committee that can protect the interests of nurses and patients. It is critical to protect nurses from litigation and form an ethics committee that can protect "nurses' or patients' rights." In addition, it is planned to establish an insurance scheme for nurses working in mental hospitals, emphasizing physical and psychological stress. Future research examining additional factors linked with violence among patients with mental health disorders in Indonesia is also justified to gain a better grasp of the country's significant concerns with violence.

Limitations

To begin, some of our findings may be difficult to extrapolate to other countries. However, we observed two characteristics of patients acting as perpetrators relevant to other nations. In addition, there are few qualitative studies on violence perpetrated by patients. Thus, our findings may help identify future study topics. Second, interviewees were selected from hospital-based activity groups; consequently, patients who do not participate in these groups may have more severe instances.

Conclusion

The patient's experiences as a perpetrator were categorized into six subthemes: Committing physical violence to family, quarreling with family, verbal abuse to family, the perpetrator of verbal violence to neighbors, expression of anger to object, and physical violence to nurse. Having medicine for an illness can sometimes stop people from angry, but this is not always the case. Patients can get help from nurses to get over their aggression quickly, taking into account other treatments such as therapy or independent living. Psychoeducation would be beneficial to reduce the

amount of time spent evaluating and selecting coping mechanisms. Future studies examine further how the process of coping with violence could be vital for people with schizophreni**a.**

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