



Victimization and Serious Mental Illness

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Violent victimization occurs when a person experiences violence from another person or group of people. The U.S. Department of Justice currently considers the following as violent victimization:¹

- Aggravated assault (physical violence with a weapon)
- Simple assault (physical violence with no weapon)
- Robbery (using violence or the threat of violence to take a person's belongings)
- Sexual assault (non-consensual sexual contact of any kind)
- Rape (non-consensual penetration or intercourse)

The exact prevalence of violent victimization among people with serious mental illness (SMI) is difficult to determine. One review of the literature² found that anywhere between 7% to 56% of people with SMI have experienced violent victimization within the past year. Although the exact prevalence of violent

victimization among people with SMI is difficult to determine, the review concluded that people with SMI are more likely to experience violent victimization than the general population. Rates of violent victimization can also vary substantially across types of victimization and demographic groups (Table 1).

Adults with SMI also report experiencing physical or sexual abuse when they were children more often than the general population, with prevalence estimates ranging from 34% to 53%. While people with SMI are more likely to be victimized as adults than as children, it is important to be aware of trauma that occurs in childhood, as these traumatic events are among the most likely to lead to post-traumatic stress disorder.⁶

In addition to violent victimization, people with SMI are more likely than the general population to experience nonviolent

Table 1. Violent victimization for men and women with SMI

	Men with SMI	Women with SMI	Men overall	Women overall
Experienced recent physical violence ³	21%	21%	18%	16%
Experienced domestic violence in the past year ⁴	13%	27%	5%	9%
Experienced sexual violence in the past year ⁵	3%	10%	0.3%	2%

Why do people with SMI face higher rates of victimization?

The elevated risk of victimization among people with SMI may be caused by a variety of factors. For example, experiencing delusions of invulnerability or unrealistic power may lead people with SMI to encounter dangerous situations at a higher rate than the general population.¹³ SMI can also cause people to engage in odd, unexpected, or violent behaviors, which may attract unwanted attention or elicit aggressive reactions from others. People with SMI are also more likely than the general population to live in neighborhoods that are poor and disadvantaged and that have higher rates of crime,¹⁴ which may also increase the likelihood of being victimized.

Treatment may help people with SMI to manage delusions, decrease incidences of violence, and improve interpersonal and community functioning, all of which may help to decrease risk of victimization.

forms of victimization such as financial victimization and property crimes.

Approximately 19% of people with psychotic disorders report experiencing recent nonviolent victimization, a rate 4 to 6 times higher than that of the general population.⁷ However, the prevalence of nonviolent victimization can increase substantially for people with SMI who have additional risk factors for victimization. For example, in one study, 70% of people with SMI and comorbid substance abuse diagnosis and who received SSI or SSDI payments reported they had been financially victimized in the past month.⁸

The prevalence of all types of victimization can change over the course of a person's illness journey. Having co-occurring substance abuse,⁹ more severe symptoms,¹⁰ experiencing homelessness,¹¹ and being involved with criminal activity¹² all increase the likelihood that someone will experience victimization.

Consequences of victimization

Following violent victimization, a victim may be left with bruises, broken teeth or bones, or severe bleeding, and may contract a sexually transmitted disease or become pregnant. They may require medical attention, which can be difficult to access if they are already suffering from psychotic symptoms due to their SMI. People with

SMI may also be less likely than the general population to seek care for physical health conditions due to disorganized thinking, mistrust of providers, or negative symptoms like avolition.¹⁵

Recognizing the effects of trauma²³

Experiencing victimization can be a traumatic experience. The effects of trauma vary between person to person, but may include the following:

- Trouble sleeping
- Brain fog (e.g., difficulty thinking clearly)
- Anxiety or depression
- Increased substance use
- Feelings of shame, self-blame, self-loathing
- Experiencing flashbacks of the traumatic event
- Suicidal thoughts or self-harming behaviors
- Chronic health conditions and pain

Recovery from trauma can be a long and difficult journey. Psychological interventions, medications, and social support may be useful tools for people who are recovering from a traumatic experience of victimization.

In addition to these serious physical consequences, there are lasting psychological consequences to

experiencing victimization. One review of the literature¹⁶ noted that experiencing physical violence can have negative impacts on health beyond physical injury. Among people with SMI, experiencing physical violence can cause an increase in symptoms and is also associated with increased use of services, increased substance abuse, and lower community functioning. The psychological impacts of victimization can in some cases be deadly. For example, among women with SMI, being a victim of a serious sexual assault led 53% of women to attempt suicide. This is a rate 15 times higher than that for women with no mental illness who were victims of comparable sexual assaults.¹⁷

Helping people with SMI who have experienced victimization

Given high rates of victimization among people with SMI, it is important for clinicians and health care providers to treat patients in a way that does not make people

relive potentially traumatic experiences of victimization. It is critical for care providers to assess people with SMI for traumatic stress and adjust the way they deliver care accordingly. Some providers may not conduct these evaluations because they are unsure of their ability to accurately assess trauma in patients with SMI. While it is true that some people with SMI may be too symptomatic to provide information about their personal history, some studies have shown that the same instruments typically used to assess PTSD and trauma history can also be used reliably with people who have SMI.¹⁸

Importantly, trauma-focused treatments can help people with psychosis to have better outcomes.²⁰ People with psychosis and PTSD who receive trauma-focused treatments appear to have fewer negative outcomes, including fewer hospitalizations and crisis contacts, as well as less substance abuse, self-harm,

Reporting recent victimization to law enforcement

After experiencing victimization, it is often recommended to report the event to law enforcement officials. However, those who care for people with SMI should be aware that law enforcement can be a source of victimization and trauma for people with SMI. Studies of police departments have found that people with SMI are 11.6 times more likely to experience any use of force and 10.7 times more likely to be injured by that force than the general population.¹⁹

Law enforcement involvement can be essential for recovering stolen property and pursuing charges against perpetrators of harm. However, meetings with law enforcement officials may be triggering to people with SMI who have previously had traumatic experiences with the criminal system. It is important to speak with people with SMI who have been victimized about whether they wish to involve law enforcement and about any steps that can be taken to increase their comfort.

Compared to the general population,²⁴ people with SMI are

3.6X

more likely to report experiencing physical violence without a weapon

4.2X

more likely to report experiencing physical violence with a weapon

3.6X

more likely to report experiencing sexual violence

2.0X

more likely to report experiencing psychological violence

2.6X

more likely to report experiencing neglect at the hands of law enforcement officials.

and aggressive behavior than people with psychosis and PTSD who receive usual treatments for psychosis. People who receive trauma-focused treatments are also less likely to be revictimized than people who receive treatment as usual.²¹ However, even though trauma-focused treatments yield better outcomes for people who have both SMI and PTSD, “the screening, diagnosis, and treatment of PTSD in most mental health centers remain suboptimal, and traumatic experiences are often overlooked and unaddressed.”²²

Conclusion

Many studies have shown that individuals with SMI are especially vulnerable to

being victimized. This can involve acts such as theft of clothing or money or violent victimization such as physical and sexual assault, emotional abuse, and homicide. While all evidence-based treatments can help people with SMI to manage their symptoms and improve community functioning, people with SMI who have experienced traumatic life events also benefit from treatments that are trauma-focused. People who care for those with SMI should recognize that this population is disproportionately likely to have experienced victimization and may benefit from trauma-informed interventions accordingly.

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