

Community Factors, Violence, and the Mentally Ill: A Case Study

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## **Abstract**

The association between serious mental illness (SMI) and violent behavior is not well understood. Though research indicates a higher incidence of violent behavior from individuals with certain diagnoses of mental illness, there is neither agreement nor clarity as to the nature of this association. One perspective suggests that if a causal relationship does exist, it is strengthened by unhealthy social factors; yet the stigma associated with mental illness often dictates that community living facilities for the mentally ill be situated in locations marked by higher rates of crime and violence. Is it possible that the risk for violence by individuals with SMI would be reduced if community housing facilities were located in more risk-free areas of the community? The history of Geel, a community in Belgium, has circumstantially addressed that question. In Geel patients with SMI (“boarders”) have lived in homes of ordinary citizens of Geel (foster families) and have functioned freely within the community ever since the Middle Ages. Yet Geel has never had any extraordinary problem with violent behavior by boarders. Thus, Geel offers an opportunity to observe socialization patterns of those with SMI who are allowed to function in a natural social community and demonstrates that it is possible for those with SMI to live peacefully and safely in the community. Whereas, in some communities, exclusionary practices may contribute to unhealthy frustration and a sense of isolation for individuals with SMI, from Geel we might learn how to help both the community and those with SMI to adjust to living together within the community.

## **Community Factors, Violence, and the Mentally Ill: A Case Study**

The question of whether individuals with serious mental illness (SMI) are more prone to violence than the general population is complicated. While there appears to be a higher incidence of violent behavior from individuals with certain diagnoses (McNiel & Binder, 1995), there is neither agreement nor clarity as to the nature of this relationship (Mulvey, 1994). However, while researchers continue to examine the nature of the relationship, the public's understanding is often more decisive, based only on those news stories that make the headlines. In this way, myths regarding mental illness and the accompanying stigma are kept alive and deter progress that could benefit all members of society.

Rates of violent behavior do appear to change relative to adjustment processes and social factors:

- Former psychiatric patients, assessed over time, showed a slight increase in rates of violence shortly after hospitalization, but increases quickly declined to community rates (Steadman, et al, 1998).
- Violent behavior by current and former patients, compared to community controls, is most likely when the patient feels personally threatened or experiences thoughts that over-ride self-controls (Linke & Stueve, 1994).
- Perceived hostility from identified and unidentified others increases the risk of violence in individuals with chronic SMI (Estroff & Zimmer (1994).

Since risk can often be lessened with proper intervention, there is a clear need for appropriate mental health services in the community (Monahan, 1992), and continued research can help to determine what is "proper" and "appropriate."

### **The Community of Geel: A Case Study**

A community where individuals with SMI are functioning successfully offers an opportunity for this type of research. During the Middle Ages, a unique system of community care for the mentally ill evolved in Geel, a town of 33,655 located near Antwerp, Belgium (see Appendix B). It continues even today, under the direction of the Belgian Ministry of Health, and, at the end of 1999, 549 boarders were housed in the homes of 455 care-taking families. Though the boarder population has been as high as 3,800, the town of Geel has never had extraordinary problems with violent behavior by their boarders. The only serious crime committed by a boarder in the 20<sup>th</sup> century occurred early in the century when the Lord Mayor was murdered by a patient. However, this was such an exceptional incident that it inspired several theatre pieces and, undeterred by this isolated tragedy, Geel's patient population experienced its greatest increase in the first 40 years of the 20<sup>th</sup> century.

Today the age range of boarders is 15 to over 80 (see Appendix A Figure 1). Sixty to 70 percent of Geel's boarders are men, and about one-third of all boarders have been diagnosed with schizophrenia (see Figure 2). Geel's foster families, however, are unaware of their boarders' diagnoses and receive no training except what they've learned through generations of experience in the city and/or in their own families.

Boarders often work for the family -- (e.g.) in small family businesses or farms -- and

historically, in 19<sup>th</sup> century Geel, “raving madmen” were considered good risks based on a belief that they would have more vitality and, once freed from bondage, that vitality would be channeled into energy for work. In modern times, violent behavior associated with paranoid schizophrenia can be a counter indication for admission into the Geel program. However, several patients who had exhibited violent behavior in other social contexts have been moved to Geel and accomplished successful socialization in that environment

A Belgium masters thesis described the pattern of problem behavior by boarders of Geel across a ten year period (Goosens, 1986). During this period there was a consistently low rate of delinquent occurrences (e.g., physical fights and verbal fights between boarders) and, across the ten year period, an overall decrease in occurrences. The study reported here looks at more current archival data and also compares rates of violence by boarders to that of the community of Geel.

### **Method and Results**

Archival data were used to examine and compare patterns of violence by members of the community of Geel and the boarders of Geel. Records of violent acts for both groups were available for 1996 to 1999. Comparisons in these four years were made for three different types of violent acts: vandalism, aggression, and sexual acts. The rate for each of these three categories was determined for both populations (community and boarders) in addition to a rate based on the total of all three categories (see Appendix A, Table 1 and Figure 3).

A  $\chi^2$  test for independence compared total acts of violence for boarders and community members. If the social environment of Geel helps to protect against an increase in acts of violence due to mental illness, we would expect support for the null hypothesis. Indeed,  $\chi^2$  analysis revealed no significant difference between community members and boarders for any of the years examined [1996:  $\chi^2$  (1,  $N$  = 33,630) = .341; 1997:  $\chi^2$  (1,  $N$  = 33,593) = .400; 1998:  $\chi^2$  (1,  $N$  = 33,577) = .080; 1999:  $\chi^2$  (1,  $N$  = 33,549) = .520]

### **Discussion**

As in Goosens’ 1986 thesis, the current study found an extremely low rate of violence for both boarders and citizens of Geel, with no significant difference between the two groups. However, in order to assess the usefulness of such a study we must assess the presence or absence of other important community variables – (e.g.) the availability of guns.

Though Belgium does not have overly restrictive gun laws, if one wishes to purchase a gun, one must first obtain a permit at the police station and, before the permit is issued, there is a background check that includes checking with the applicant’s neighbors. During this process, a history of mental illness would be revealed and it is unlikely that a permit would be issued.

Since substance abuse is associated with an increased likelihood of violence by those with SMI (Steadman, et al, 1998), the approach to alcohol use among boarders in Geel is of special interest. Pub life is a part of social life in Geel, and boarders are not routinely kept out of pubs. Yet this does not cause any apparent problem, possibly because, though boarders in Geel are allowed the freedom of living a normal life within the community, the Geel system also ensures that they will be compliant in following their schedule of medication. Research has suggested that it is alcohol or substance abuse in combination with medication non-compliance that is

significantly associated with violent acts by those with SMI (Torrey, 1994; Swartz et al, 1998).

Research also suggests that a sense of threat and hostility can increase the risk of violence by those with SMI ((Estroff & Zimmer, 1994; Linke & Stueve, 1994). Though the incidence of crime in the community of Geel appears to have increased in the last four years (see Appendix A, Table 2 and Figure 4), there is still a low rate of violence and the city probably offers a relatively safe social environment. Thus, it is indeed possible that, in other communities, the risk for violence by individuals with SMI would be reduced if community housing facilities were located in more risk-free areas of the community

In a study such as this it is impossible to arrive at cause and effect statements. However, several factors have been identified, in a clinical and historical context, which appear to contribute to Geel's overall success. These same factors could very well help to protect against violence among Geel's boarders:

1. System and city acknowledge boarder's "human needs":
  - "social clubs" specifically for boarders
  - free access to local pubs
  - allowed to work at home or at day center
2. Central hospital (120 beds) available for:
  - Observation of new patients
  - Temporary physical problems
  - Acute psychiatric problems
  - Chronic patients needing complex care
  - Temporary care when (e.g.) foster family ill or on holiday
3. Entire town acts as "Foster Community"
  - Everyone looks out for boarders
  - Long community "experience" with reality of mental illness

In spite of a possible risk related to mental illness, other "high risk" groups are as great a threat to the community, and acts of violence by the mentally ill only account for a small proportion of violent acts in society (Link & Stueve, 1995). Thus, it seems prudent to sort out and identify various high risk factors and address each one in an appropriate manner. From Geel we may develop insights into how to assist, or even protect, those with SMI who are particularly vulnerable to unhealthy social factors. However, in spite of its value as a case study, Geel does not receive extensive attention in the United States. For example, a survey of abnormal psychology textbooks, published in the United States, found mentions of Geel most often in the 1950s and 60s (see Appendix A, Table 3), the age of deinstitutionalization.

Though Geel is unique in some ways, what Geel does can be done by any community -- by the community as a whole or by neighborhood units within large communities. What Geel does best is to acknowledge and accept the human needs of their boarders and respond to those needs rather than to myth-driven fears.

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Appendix

Tables

Table 1.

Acts of Violence (1996 - 1999), Community of Geel vs Boarders of Geel (acts / group population = rate)

|             | 1996                 |                 | 1997                 |                 | 1998                 |                 | 1999                 |                 |
|-------------|----------------------|-----------------|----------------------|-----------------|----------------------|-----------------|----------------------|-----------------|
|             | Community            | Boarders        | Community            | Boarders        | Community            | Boarders        | Community            | Boarders        |
| Vandalism   | 80 / 33,000<br>.002  | 2 / 630<br>.003 | 95 / 33,000<br>.003  | 3 / 593<br>.005 | 120 / 33,000<br>.004 | - 0 -           | 160 / 33,000<br>.005 | - 0 -           |
| Aggression  | 61 / 33,000<br>.002  | - 0 -           | 61 / 33,000<br>.002  | 1 / 593<br>.002 | 54 / 33,000<br>.002  | - 0 -           | 87 / 33,000<br>.003  | 2 / 549<br>.004 |
| Sexual Acts | 17 / 33,000<br>.0005 | - 0 -           | 6 / 33,000<br>.00002 | - 0 -           | 31 / 33,000<br>.0009 | - 0 -           | 26 / 33,000<br>.0008 | 1 / 549<br>.002 |
| TOTAL       | 158 / 33,000<br>.005 | 2 / 630<br>.003 | 162 / 33,000<br>.005 | 4 / 593<br>.007 | 205 / 33,000<br>.006 | 0 / 577<br>.000 | 273 / 33,000<br>.008 | 3 / 549<br>.005 |

Note. Number of acts of violence in community come from Geel Police Department records; numbers for boarders come from central hospital records.



Table 2.

Criminal Acts in Community of Geel (population for each year  $\approx$  33,000)

| Crime Type                     | 1996 | 1997 | 1998 | 1999 |
|--------------------------------|------|------|------|------|
| Vandalism                      | 80   | 95   | 120  | 160  |
| Aggression (w/out guns)        | 61   | 61   | 54   | 87   |
| Sexual<br>(personal integrity) | 17   | 6    | 31   | 26   |
| Robbery<br>(may include guns*) | 870  | 960  | 1100 | 1210 |
| Alcohol abuse†                 | 8    | 8    | 8    | 7    |

\* When guns are used, the sentence is four times greater.

† Usually not reported to the police.

Table 3.

Geel Mentions In Abnormal Psychology Texts (by decade)

| <b>Decade</b> | <b>Texts Examined</b> | <b># w/ Geel Mention</b> | <b>% w/ Geel Mention</b> |
|---------------|-----------------------|--------------------------|--------------------------|
| 1950s         | 4                     | 2                        | 50                       |
| 1960s         | 10                    | 5                        | 50                       |
| 1970s         | 24                    | 3                        | 13                       |
| 1980s         | 17                    | 3                        | 18                       |
| 1990s         | 15                    | 5                        | 33                       |