

Mental Disorder and Serious Violence: The Victims

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Background: Media representation of violence by people with mental disorder tends toward images of random, serious violence to strangers. Studies of general psychiatric patients do not support this representation, but include few cases of serious or homicidal violence. This study describes the relationship of mentally disordered offenders to victims of an attack that was serious enough to result in the offender's detention in a high-security hospital. Hypotheses tested were that perpetrators of stranger violence would be more likely than those targeting people they know to be male, nonwhite, and younger and have a violence history and less likely to have psychotic features.

Method: A clinical register and record study of all patients with an index offense of interpersonal violence who were resident in English high-security hospitals Jan. 1, 1993, to June 30, 1993, was conducted.

Results: Among 887 men and 88 women, 33% had attacked strangers. After adjustment for the high proportion of men in this male-dominated population, men were still more likely than women to have attacked strangers. There was no independent association between stranger victimization and perpetrator's age, ethnic group, or violence history. Stranger victimization was, however, more likely to have been committed by those with personality disorder than those with psychosis. The most serious violence and homicide were more likely to be against intimates than strangers.

Conclusion: Among patients selected for high risk to the public, high rates of stranger victimization would be expected. The rates appeared, however, only slightly higher than in other reported patient samples and lower than in an untreated sample. The safety of people close to such patients urgently needs improvement.

(*J Clin Psychiatry* 2003;64:819–824)

Received July 3, 2002; accepted Nov. 12, 2002. From the Institute of Psychiatry, Kings' College, London; and Broadmoor Hospital, Crowthorne, United Kingdom.

The project was funded by the (English) Department of Health National Programme on Forensic Mental Health Research and Development, Liverpool, United Kingdom.

In the spirit of full disclosure and in compliance with all ACCME Essential Areas and Policies, the faculty for this CME activity were asked to complete a full disclosure statement. The information received is as follows: Ms. Johnston and Ms. Taylor have no financial interest to disclose relative to this presentation.

The authors are grateful to Rachel Daly, M.R.C. Psych., L.L.M., and Deborah Williams, M.R.C. Psych., for some initial data collection; to Martin Butwell, B.A., for additional case register material; to Morven Leese, Ph.D., for statistical advice; and to Christine Tonks for secretarial support.

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Public fears about dangers posed by people with mental disorder are long-standing¹ and regularly re-evoked in news media.² In the United States, the MacArthur Foundation and National Stigma Clearing House statement³ sought to redress this imbalanced representation. While there is evidence of a statistically significant relationship between some major mental disorders and violence,^{4,5} the contribution of people with mental disorder to a community's violence is tiny.⁶ In England and Wales, there is evidence that the contribution of people with mental disorder to national homicide figures has fallen since 1957.⁷ Nevertheless, since 1984, independent and often public inquiries after homicide by people in any contact with psychiatric services at the time have remained mandatory in these countries,⁸ reflecting continued public anxiety.

Studies of general psychiatric samples in the United States show that when people with mental disorder are violent to others, the violence tends to be toward people they know. In a community mental health sample of 169 people interviewed over 30 months, for example, just 16% of those who had been violent had attacked strangers.⁹ In the MacArthur multicenter study of over 1000 managed care patients with brief inpatient admissions, the proportion of stranger assaults was similar; just over half of those who had been violent had assaulted a family member, and one third had assaulted a friend or acquaintance.¹⁰ Although homicides occurred in this series,

generally, the violence was not life threatening. Are victimization patterns similar in relation to more serious violence?

We conducted a literature search using PsycLit and MEDLINE for the period April 1996 to June 2000, applying terms including *violence, violent, offender, victim, stranger, intimate, mental illness, mentally ill offender, victim type*, and various combinations thereof. This search revealed no further studies in this area in relation to people with mental disorder, but did provide some additional data from U.S. criminal populations. Among violent crimes overall, there was a slight preponderance of stranger victims¹¹; homicides were, however, most likely to have been committed against intimates. A review¹² identified factors associated with stranger victimization as youth, male sex, being nonwhite, and living in poverty.

For England and Wales, the National Confidential Inquiry Into Suicide and Homicide¹³ found that a small minority of people with mental illness (9%) had stranger victims, compared with one quarter of those with personality disorder or without mental health problems.

The aim of our study was to describe the relationship between victim and offender in an index offense committed by people sent to a high-security hospital in England. On the basis of the previous studies cited, we sought to test the hypotheses that those who attacked strangers would be more likely to be male, nonwhite, and younger and have previous violence records and be less likely to have psychotic features.

METHOD

Sample

The sample studied was of all men and women resident in English high-security hospitals between Jan. 1, 1993, and June 30, 1993, whose admission had in part resulted from conviction for a criminal offense of violence against another person. Over 70% of the individuals had been deemed as posing serious risk to the public by a higher (Crown) Court, and the rest had been found to be uncontainable in other institutional settings, generally because of repeated violence.

Data Collection

Information was extracted from clinical records by clinician researchers. Police and witness statements relating to the index offense were generally available. Additional data were taken from a research database, the national special hospitals' case register. This register contains information from a variety of sources including official criminal records and semistructured interviews conducted soon after admission. These interviews focus on social and substance misuse histories. (For further details, see Taylor et al.¹⁴)

Data Organization

Diagnoses were made according to international diagnostic criteria (ICD-10),^{15,16} but to maintain group sizes for analysis they were combined as follows. The largest single group, who had schizophrenia (F20) (N = 577), together with those with delusional disorder (F22) (N = 44), schizoaffective disorder (F25) (N = 39), and bipolar affective disorder with psychotic features (F31.2, 5) (N = 3), formed a single category of "mental illness"; those with any primary diagnosis of personality disorder but no process psychotic illness were combined in 1 category of personality disorder; and those with mental retardation without mental illness or personality disorder and those with severe mental retardation (with or without additional diagnoses) were grouped into 1 category of mental retardation.

Details of victim relationships similarly led to categories too small for separate analyses. Victim relationships to offenders were thus grouped as follows. (Numbers in parentheses represent offender-victim relationships in each specific category; where there was more than 1 victim, coding was for the one most harmed.)

Intimate. Spouses or cohabitants (42), ex-spouses (15), fiancées or lovers (20), progeny (23), parents (79), grandparents (7), siblings (20), and other relatives (30) were grouped in this category.

Acquaintance. Fellow patients (55), fellow prisoners (10), coworkers (11), and acquaintances, friends, fellow lodgers, or neighbors (212) were grouped in this category.

Authority figure. Police officers (29), prison officers (6), doctors or nurses (39), and other people acting in an official capacity (60) were grouped in this category.

Stranger. This category comprised strangers other than authority figures (317).

No victim details. This category included relationships of 201 offender-victim pairs. The missing data were unevenly distributed by offense type: homicide 9 (2%), sex offenses 32 (20%), and nonfatal personal violence 161 (28%).

All recorded or reported antisocial violence (not just criminal convictions) prior to the index offense was rated according to the Gunn and Robertson Scale.¹⁷ The levels were as follows: life in danger or taken = 4, personal injury = 3, personal assault with worst injury requiring no treatment = 2, threats or minor property damage only = 1, none = 0.

Finally, the number of offense categories was also reduced. For the index offense, homicide was used to cover all killings; the category of attempted homicide was retained, as was wounding; and all other nonfatal violence was taken as 1 category; sexual offenses included rape, pedophile offenses, and buggery.

Ethical Issues

The project was approved by research ethics committees recognized by the English State Department of

Table 1. Demographic Characteristics of Perpetrator and Relationship to Victim^a

Perpetrator Characteristic	Stranger		Acquaintance		Authority ^b		Intimate		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Age, median, y ^c	28.3	24.4	29.5	24.7	30.2	26.0	31.5	31.4	29.5	26.0
Marriage/cohabitation ^d	23 (8)	1 (7)	33 (13)	6 (18)	14 (12)	1 (6)	65 (31)	5 (21)	135 (15)	13 (15)
Sex of victim ^e										
Male	115 (38)	2 (13)	169 (66)	10 (30)	85 (72)	5 (31)	54 (26)	12 (50)	423 (48)	29 (33)
Female	187 (62)	13 (87)	86 (34)	23 (70)	33 (28)	11 (69)	158 (75)	12 (50)	464 (52)	59 (67)
Total	302 (34)	15 (17)	255 (29)	33 (38)	118 (13)	16 (18)	212 (24)	24 (27)	887 (100)	88 (100)

^aValues shown as N (%) unless otherwise noted.

^bRefers to a relationship in which the victim was an authority figure.

^cAnalysis of variance for differences between victim groups, $p < .05$; age measured at time of admission.

^dChi-square statistic for differences in marital status at time of offense and victim groups: $\chi^2 = 54.9$, $df = 3$, $p < .05$.

^eChi-square statistic for differences between sex of victim and victim groups: $\chi^2 = 95.7$, $df = 3$, $p < .05$.

Health. Patient consent was obtained for research register entries.

Analyses

Analyses were conducted using SPSS Version 9 (SPSS Inc., Chicago, Ill.). Simple relationships between factors are presented using all 4 victim categories as described above. Logistic regression analysis, using forward stepwise selection, was conducted to estimate the factors independently associated with violence against strangers, using only the stranger/familiar dichotomy. The choice of factors entered into the regression was determined by the hypotheses and the preliminary analyses just described.

RESULTS

General Characteristics of the Sample

The sample consisted of 887 men and 88 women with valid victim data, who had a median age of 29.5 and 26.0 years, respectively. Most men (692, 78%) and women (77, 88%) were from the white indigenous population. The only substantial ethnic minority group was of Anglo/Afro-Caribbeans (116 men, 13%; 7 women, 8%). Few of the sample had been married or cohabiting at the time of the index offense (135 men, 15%; 13 women, 15%). There were 663 people in the psychosis/mental illness group, 253 in the personality disorder group, and 59 in the mental retardation group. Four hundred seventeen people had been convicted of homicide; 396, of nonfatal violence; and 124, of sex offenses.

Gender and Victim Relationship

Table 1 shows that the male patients victimized differently from the women ($\chi^2 = 11.0$, $df = 3$, $p < .05$). This difference was mainly accounted for by the relative excess of men attacking strangers and women attacking acquaintances; they differed little in attacks on intimates or authority figures. Overall, the victims were more likely to have been female than male. Female patient-perpetrators deviated from this pattern with intimate victims; for the

male patient-perpetrators, there was a reversal of the pattern with respect to acquaintance and authority victim categories. Stranger victimization was associated with relative youth of the perpetrator, regardless of gender.

Mental Disorder and Victim Relationship

Table 2 shows that there was a significant difference in relationship to the victim according to nature of the perpetrator's mental disorder. While there appeared to be more or less equivalent victim type when the patients had been psychotic, nearly half of the personality disorder group had attacked strangers and over half of the retardation group had assaulted acquaintances. Psychotic symptoms at the time of the offense differed in line with this disorder distribution ($\chi^2 = 60.8$, $p < .05$), with their relative absence among stranger-victim offenders (108, 34%) and presence in offenders against intimates (142, 60%) and authority figures (87, 65%).

Details of motivation, gathered from case register interview, yielded some subgroups too small for individual analysis, such as "defense of another person" (17) and "defense of property" (4). The 2 largest groups were sexual motivations (260) and jealousy (148), with theft (60) the only other group large enough for analysis. Sexual motivation was not exclusive to designated sex offenses, but the distribution by victim type was similar (stranger 143, 55%; acquaintance 75, 29%; authority 17, 7%; intimate 27, 10%; $\chi^2 = 100.4$, $df = 6$, $p < .05$). Jealousy was associated with victim familiarity (intimate 58, 39%; acquaintance 52, 35%; authority 19, 13%; stranger 19, 13%; $\chi^2 = 40.2$, $df = 6$, $p < .05$).

One hundred nine people (11%) had abused drugs other than alcohol, but neither substance abuse diagnosis nor use at the time of the offense was related to victim type. There was no difference by victim group in alcohol-related diagnoses of the perpetrator, but there was a difference in patterns of alcohol use at the time of the offense ($\chi^2 = 30.6$, $df = 12$, $p < .05$). Alcohol had been used then by the offender alone in 132 cases (14%), by the offender and the victim in 60 cases (6%), and by the victim alone in 78 cases (8%); neither victim nor offender had been

Table 2. Mental Disorder Group and Victim Type, N (%)

Legal Category	Stranger	Acquaintance	Authority	Intimate	Total
Mental illness	179 (27)	187 (28)	110 (17)	187 (28)	663 (68)
Personality disorder	120 (47)	71 (28)	19 (8)	43 (17)	253 (26)
Mental retardation	18 (31)	30 (51)	5 (8)	6 (10)	59 (6)
Total ^a	317 (33)	288 (30)	134 (14)	236 (24)	975 (100)

^a $\chi^2 = 60.1$, $df = 6$, $p < .05$.

Table 3. Index Offense and Victim Type, N (%)

Offense Type	Stranger	Acquaintance	Authority	Intimate	Total
Homicide	87 (21)	163 (39)	19 (5)	148 (35)	417 (100)
Attempted murder	24 (28)	18 (21)	18 (21)	25 (29)	85 (100)
Wounding	44 (34)	32 (25)	27 (21)	27 (21)	130 (100)
Other violence ^a	72 (40)	40 (22)	49 (27)	20 (11)	181 (100)
Sexual	78 (63)	28 (23)	8 (6)	10 (8)	124 (100)
Total ^b	317 (33)	288 (30)	134 (14)	236 (24)	975 (100)

^aAssaults with injuries generally not requiring inpatient hospital treatment, robbery, and aggravated burglary.

^b $\chi^2 = 203.5$, $df = 15$, $p < .05$.

Table 4. History of Prior Violence and Victim of Index Offense^a

Previous Violence	Stranger	Acquaintance	Authority	Intimate	Total	% of Total Sample
Life in danger/taken	5 (22)	11 (48)	3 (13)	4 (17)	23 (100)	2
Personal injury	49 (38)	37 (28)	15 (12)	29 (22)	130 (100)	13
Personal assault	116 (41)	83 (29)	39 (14)	47 (16)	285 (100)	29
Aggression/ minor property damage	104 (31)	105 (31)	57 (17)	74 (22)	340 (100)	35
None	42 (22)	52 (27)	20 (10)	81 (42)	195 (100)	20
Total ^b	316 (32)	288 (30)	134 (14)	235 (24)	973 (100)	

^aValues shown as N (%) unless otherwise noted. N = 973 because data on offense history were missing for 2 patients.

^b $\chi^2 = 56.0$, $df = 12$, $p < .05$.

drinking in 705 (72%) of the cases. Offender-only drinking (54, 41%) was most likely to have occurred in relation to stranger-victim offenses, and offender-with-victim drinking (30, 50%) was most likely to have occurred in relation to acquaintance-victim offenses.

Nature of Offense and Type of Victim

Table 3 shows that the type of victim differed with offense type; homicide was committed against intimates or acquaintances (together, 75% of homicide victims), and sex offenses were more likely to have been directed against strangers. Stranger victims were in a minority in the nonfatal violence group, but constituted its largest victim subgroup.

Most people (80%) had a history of violence prior to the index offense if threats and property damage were included, but only 2% had previously killed or put life in serious danger and less than half (45%) had personal violence on their record (Table 4). There was a significant relationship between antecedent violence and victim type at the index offense. Prior nonviolence when the index victim was an intimate contributed most strongly to this relationship.

Independent Associations With Stranger Victimization

The logistic regression correctly classified 74% of cases. The logistic regression confirms that women were less likely to have attacked strangers than people known to them than were the men. Overall, victims were more likely to have been female, even when all of the other potentially confounding variables were taken into account (Table 5). Perpetrators with personality disorder were confirmed to be nearly twice as likely to have attacked a stranger as those with psychosis, but alcohol use at the time of the index offense was not independently associated with victim type. With homicide as the reference category, attempted murder was no more likely to have been committed against strangers, but other offenses of personal violence were over twice as likely and sexual offenses were over 3 times more likely to have been committed against stranger victims. Sexual motives for the offense were nearly twice as likely in the stranger group. Marriage or cohabitation and motives of jealousy were confirmed as inversely related to stranger violence. Motives of material gain were over 4 times more likely than not to be associated with stranger violence. A number of other factors, including ethnic group, age at time of ad-

Table 5. Logistic Regression Analysis for Factors Associated With the Stranger Victim Group^a

Factor	Odds Ratio (Exp [B])	95% Confidence Interval	p Value
Sex of perpetrator—female	0.44	0.23 to 0.84	< .01
Married/stable relationship	0.38	0.22 to 0.66	< .001
Disorder category			
Personality disorder	1.83	1.27 to 2.63	< .001
Mental retardation	0.84	0.43 to 1.65	.62
Motive			
Theft	4.17	2.22 to 7.69	< .001
Sexual	1.72	1.15 to 2.56	< .01
Jealousy	0.33	0.19 to 0.57	< .001
Sex of victim—female	1.47	1.05 to 2.07	< .02
Alcohol			< .03
Victim only	2.74	0.80 to 9.37	.11
Both drinking	1.07	0.51 to 2.26	.86
Neither drinking	0.66	0.42 to 1.04	.07
Unknown	1.02	0.49 to 2.10	.96
Offense			
Attempted murder	1.65	0.92 to 2.95	.09
Wounding	2.17	1.33 to 3.53	< .001
Sexual	3.58	2.11 to 6.09	< .001
Other violence	2.51	1.62 to 3.89	< .001

^aReference categories were as follows: sex of offender: male, marriage or stable relationship > 5 years: no, legal category: mental illness, motive theft: absent, motive sexual: absent, motive jealousy: absent, sex of victim: male, alcohol: offender only drinking, offense: homicide. Additional factors the analysis excluded as not significant included age at admission, length of stay, lifetime frequency of violence, lifetime seriousness of violence, age at first psychiatric treatment, ethnicity, and absence of motive for the offense.

mission to high-security hospital, and previous violence, were not independently associated with victim type.

DISCUSSION

Serious Offender Patients and Their Victims

The little previous literature in this area would suggest that among people with mental disorder who are violent to others stranger victimization is unlikely, although Arseneault and colleagues¹⁸ have questioned whether this is an artifact of studying only treated samples. The series reported here is of another “treated” sample, although only about one third were unequivocally in treatment at the time of the index offense. As our sample is a sample of people from high-security hospitals, which in England are explicitly for people considered to pose a danger to the public, it would be expected that there would be a bias toward stranger victimization in the sample as a whole. The National Confidential Inquiry for England and Wales¹³ provides a reference point for the homicides only, and for this group tends to confirm the bias toward stranger victimization. Twenty-one percent of the homicides in our sample had been committed against strangers to the patient, while in the national series of all homicides only 9% of those with mental illness had killed strangers.

The overall rate of stranger victimization in our sample was 33% and thus higher, but not substantially higher, than in other treated patient samples. It was substantially lower than for any of Arseneault’s largely untreated

groups, except for the tiny schizophrenia-spectrum disorder group (31% stranger attacks). It may be that treatment, however intermittent, and whether or not it reduces seriousness or frequency of attacks, does have some modifying effect on who is vulnerable to those attacks.

Mentally Disordered Offenders and Stranger Victims: Little Similarity to Prisoners?

As in the general prison population, male sex of perpetrator was confirmed as a factor associated with stranger victimization in this sample, but aside from the association between stranger victimization and theft, there were few other similarities to the reported nonclinical offender population. Neither age at admission—generally about 12 to 18 months after the index offense—nor ethnic group was relevant to victim type, nor was the nature or frequency of previous offending. A diagnosis of personality disorder probably indicates people most similar to offenders remaining in the criminal justice system. In England and Wales, most prisoners have a diagnosis of personality disorder.¹⁹ Personality disorder was independently associated with stranger victimization, which perhaps also echoes U.S. prisoner findings.¹¹ Sexual motives for the index offense were also independently associated with stranger victimization.

Long-Standing Indicators of Potential Risk to Strangers?

Neither age at onset of violence nor age at first psychiatric treatment record was a useful indicator of patterns of victimization. Although regression analysis failed to confirm independent relationships between antecedent violence and type of victim, preliminary findings in relation to nature and frequency of violence prior to the index offense suggested that the relationship between antecedent violence and index victim may nevertheless be an area for attention. Violence to intimates and authority figures, mainly hospital workers, appeared less predictable on the basis of prior violence history than violence against strangers or acquaintances.

In the case of hospital staff, this finding may indicate successful earlier management of potential violence; it is also possible that people in the families of such patients are generally adept at diffusing violence, but in relation to the index offense their ordinary control systems broke down catastrophically. Study of outcome after de-escalation of threatened or anticipated violence in such circumstances may be an important next step in violence prevention research.

The Dangers of Intimacy and Acquaintanceship: A More Important Focus for Further Research and Action?

People within the patients’ social circles were most likely to have died as a result of these assaults, although

marriage or cohabitation was associated with lower risk to strangers. Over half of the intimate victims were female spouses/ex-spouses (30%) or mothers (21%). The latter echoes a previous finding within a general psychiatric population,⁹ which highlighted the vulnerability of mothers to violence if the perpetrator is mentally ill. In the general population, there is evidence that having a spouse or similar partner is associated with a lower risk of offending or re-offending.²⁰ Among people with schizophrenia, several studies have indicated that, overall, those with partners have a better prognosis than those who do not,²¹ but there is also evidence of a subgroup at special risk. Three reports are consistent in showing that men with schizophrenia who become homicidal are particularly likely to be living in a marriage or similar partnership.^{22–24} Since serious intimate victim offenders in our study were the people least likely to have had prior histories of violence, assessment of both parties in any intimate relationship in which at least one person has a mental disorder is another area for further research. In particular, this assessment might track dynamic factors and symptom development.

It is arguable, however, that there are enough data even now to support a case for pursuing inquiry in clinical practice about the state of relationships and how those close to the patient deal with deteriorating mental state and/or acute stress. Staff working in close proximity to the patient over long periods may be helped by similar inquiry. Furthermore, recognition of changing dynamics with such staff may in itself raise alerts to possible problems within family relationships. Additional professional support at such times, for relatives as well as the patient, and perhaps occasional temporary separation as necessary, may, in addition to specific treatment for the disorder, prevent domestic tragedies.

CONCLUSION

Even in this sample selected for risk to the public, attacks on strangers by people with mental disorder constituted a minority group. Homicidal attacks were least likely to affect strangers. Those most in need of increased protection were the intimates and acquaintances of the people with psychotic illness. Future work should perhaps take better account of victim-centered factors and relationship dynamics. The persistence of untreated or inadequately treated specific features of illness should perhaps be a particular indicator for relationship assessment and additional support. In this study, overvalued ideas and delusions of jealousy were associated with intimate or acquaintance attacks.

Disclosure of off-label usage: The authors have determined that, to the best of their knowledge, no investigational information about

pharmaceutical agents has been presented in this article that is outside U.S. Food and Drug Administration–approved labeling.

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