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## Violent behavior and gender: are there important differences between men and women with and without mental disorders?

*Comportamento violento e gênero: existem diferenças importantes entre homens e mulheres com e sem transtornos mentais?*

*Comportamiento violento y género: ¿Existen diferencias importantes entre hombres y mujeres con y sin trastornos mentales?*

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## ABSTRACT

Published studies on violent behavior have reported lower rates of violent behavior in women than in men. Various studies have found that starting in adolescence, women display significantly less aggressive behavior and fewer arrests for violent crimes. In the general population, men are physically more aggressive than women. The purpose of this editorial is to discuss the differences between gender on violent behavior, focusing on mental disorders, according to studies on the subject. The presence of mental illness decrease this difference significantly, although the rates are still higher in men. The findings also indicate that violent behavior in women with or without mental disorder is more frequently targeted to family members, while in men it is mostly targeted to strangers. A greater supply of mental health services is needed for all this population, especially for alcohol and substance use disorders, considering the processes of psychosocial rehabilitation. Such services should be open, community-based, and provided by multidisciplinary teams. Jointly, these interventions can certainly reduce the frequency of violent behavior in both sexes.

**Keywords:** violence, violent behavior, mental disorder, schizophrenia, gender.

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## RESUMO

Estudos publicados sobre comportamento violento relataram taxas mais baixas de comportamento violento em mulheres do que em homens. Vários estudos descobriram que, a partir da adolescência, as mulheres exibem um comportamento significativamente menos agressivo e menos prisões por crimes violentos. Na população em geral, os homens são fisicamente mais agressivos do que as mulheres. O objetivo deste editorial é discutir as diferenças entre gênero e comportamento violento, com foco nos

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transtornos mentais, de acordo com estudos sobre o tema. A presença de doença mental diminui significativamente essa diferença, embora as taxas ainda sejam maiores nos homens. Os resultados também indicam que o comportamento violento em mulheres com ou sem transtorno mental é mais frequentemente direcionado a membros da família, enquanto nos homens é direcionado principalmente a estranhos. É necessária uma maior oferta de serviços de saúde mental para toda essa população, especialmente para transtornos por uso de álcool e substâncias, considerando os processos de reabilitação psicossocial. Tais serviços devem ser abertos, baseados na comunidade e prestados por equipes multidisciplinares. Juntas, essas intervenções certamente podem reduzir a frequência de comportamento violento em ambos os sexos.

**Palavras Chave:** violência, comportamento violento, transtorno mental, esquizofrenia, gênero.

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## RESUMEN

Los estudios publicados sobre el comportamiento violento han reportado tasas más bajas de comportamiento violento en las mujeres que en los hombres. Varios estudios han encontrado que a partir de la adolescencia, las mujeres exhiben un comportamiento significativamente menos agresivo y menos arrestos por delitos violentos. En la población general, los hombres son físicamente más agresivos que las mujeres. El objetivo de este editorial es discutir las diferencias entre género y comportamiento violento, con un enfoque en los trastornos mentales, según los estudios sobre el tema. La presencia de enfermedades mentales disminuye significativamente esta diferencia, aunque las tasas siguen siendo más altas en los hombres. Los resultados también indican que el comportamiento violento en las mujeres con o sin trastorno mental se dirige con mayor frecuencia a los miembros de la familia, mientras que en los hombres se dirige principalmente a extraños. Existe la necesidad de una mayor oferta de servicios de salud mental para toda esta población, especialmente para los trastornos por consumo de alcohol y sustancias, considerando los procesos de rehabilitación psicossocial. Dichos servicios deben ser abiertos, basados en la comunidad y prestados por equipos multidisciplinares. Juntas, estas intervenciones ciertamente pueden reducir la frecuencia de comportamientos violentos en ambos sexos.

**Palabras clave:** violencia, comportamiento violento, trastorno mental, esquizofrenia, género.

Violence is considered one of the twenty leading causes of disability-adjusted life years worldwide, and its contribution to disability is expected to increase in the next two decade [1].

Published studies on violent behavior have reported lower rates of violent behavior in women than in men. Various studies have found that starting in adolescence, women display significantly less aggressive behavior and fewer arrests for violent crimes. In the general population, men are physically more aggressive than women, based on different measures of aggression, including convictions for homicide and other violent crimes [2].

Crime perpetrated by women has attracted growing interest in the Brazilian and international literature. According to a Prison Census [3] conducted in Brazil, women represent 5.4% of the country's prison population. Violence by women tends to be less visible than violence by men, since it tends to occur more against family members inside the household and is often not reported to law enforcement [4].

The development of criminal behavior in women differs from that in men. Physical and sexual abuse, financial difficulties, mental health problems, and substance abuse are almost always present as antecedents in these women [4]. Meanwhile, murder of intimate partners by women frequently follows previous domestic violence by their male partners. Another finding is that women are less likely than men to use firearms to commit murder [5].

While investigating the mechanisms leading to violent behaviors in women, Weizmann-Henelius *et al.* [6] studied a sample of 60 female offenders incarcerated in Finland. Of these, 49 (82%) were under the influence of alcohol and/or psychoactive substances at the time of the criminal offense, compared to only 11 (18%) who were not under the influence. Women in the intoxicated group were typically marginalized and with personality disorder, history of alcohol and/or substance abuse or addiction, and low intellectual level.

A study with a sample of 103 females incarcerated for aggressive behavior found that women with a history of alcohol abuse showed higher rates of physical aggression, psychological abuse, and sexual abuse against their spouses, causing significantly more injuries in the latter. They were also more likely to suffer violence from their male partners [7].

Robbins *et al.* [8], in a nationwide study on crime in the United States, found that only 14% of victims of violent crimes reported that the violence had been perpetrated by women or girls. A study [9] that followed male and female adolescent offenders into adulthood found that women were significantly less likely to persist in their violent behavior, especially those who developed impulse control and were employed, thus remaining at a distance from potentially violent situations.

When studying gender differences in violent behavior, the following methodological questions require more in-depth discussion [10]: **1.** there may be a selection bias by which men and women are selected differently for emergency centers or hospitals; **2.** there may be greater concern over the possibility of injuries from violence caused by men, resulting in more rapid intervention when men display signs of violence, as opposed to women and **3.** the findings may be due to an artifact in measuring violence in general, including different forms of violent behavior.

Clinicians may view intimate partner violence as less representative of severe psychopathology, when compared to violence in general. Thus, to be hospitalized, patients whose violence is directed against the husband often present severe violent behavior and display more psychopathology. Since violence by the female partner is predominantly domestic, such factors may result in lower presence of women in emergency services. In addition, the women who are seen at emergency services may present more severe psychopathology [11].

Studying the gender differences in the manifestation of violent behavior, community-based studies have drawn increasing attention. One study [12] found that men reported three times more violent behaviors than women and were twice as likely as women to engage in alcohol or substance abuse. Compared to women, men had four times more alcohol dependence syndrome or antisocial personality disorder. Another finding was that violent men and women displayed higher levels of psychiatric morbidity compared to their peers without a history of violent behavior. Meanwhile, women with violent behavior showed higher risk of mental disorders, especially psychoses, antisocial personality disorder, and alcohol dependence syndrome when compared to men with this violent behavior, thus highlighting the greater importance of this association in the case of women.

A follow-up study by Hodgins [13] examined mental health and prison records in a sample of individuals and compared the group defined as having a history of psychiatric hospitalization or intellectual deficiency with

individuals that did not present these conditions. The study found that 14.6% and 6.3% of men and women, respectively, with major mental disorders (schizophrenia, major affective disorders, paranoid disorders, and other psychoses) had been convicted of violent crimes. The conviction rates were lower in individuals without mental disorders, but the difference between the genders was proportionally larger, i.e., 5.7% of men and 0.5% of women with major mental disorders had been convicted of a violent crime. In other words, gender differences in incarceration rates for violent crimes were smaller among individuals with severe mental disorders, when compared to these differences in the general population.

Other researchers have studied violent behaviors during hospitalization in psychiatric wards among patients with schizophrenia, schizoaffective disorder, and bipolar disorder [14]. They found that women committed significantly more physical and verbal assaults. However, men tended to commit more serious physical aggression. Positive psychotic symptoms, irritability, and difficulties in the ward routine and social interactions were strongly associated with verbal aggression in both men and women.

A similar study [15] of 205 patients with serious mental disorders in psychiatric wards found that male patients had four to five times more convictions for violent crimes, compared to men in the general population. Meanwhile, women in the sample had eight times more convictions for this kind of crime, compared to women in the general population. An Italian study [16] of patients in a hospital ward found that violent behavior in the month preceding hospitalization was associated with male gender, substance abuse, and psychotic symptoms.

Violent behavior in the general population is more common in men, but in the presence of mental illness the differences between genders decrease significantly, although the rates are still higher in men. The findings also indicate that violent behavior in women with or without mental disorder is more frequently targeted to family members, while in men it is mostly targeted to strangers [17].

A greater supply of mental health services is needed for men and women, especially for alcohol and substance use disorders, for individuals in crisis situations, and in processes of psychosocial rehabilitation. Such services should be open, community-based, and provided by multidisciplinary teams. Jointly, these interventions can certainly reduce the frequency of violent behavior in both sexes.



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