

Case Report

Victim of a Patient with Mental Disorder: A Case Report of a Physical Adult Abuse with Blunt Trauma

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Abstract

Patients with severe mental illness are more likely to be violently victimized than other individuals in the community. People with schizophrenia have more risks of physical assaults. In people with severe mental illness, violent victimization is associated with unemployment, non-adherence to treatment and being a perpetrator of violence. Herein, we reported a 51 year old man with schizophrenia who was found dead with blunt trauma as a consequence of a physical assault. Individual was exposed to blunt trauma to the whole body and blunt trauma was reported to have an effect to the patient's death. No toxic material was detected in toxicological examination. Patients with mental disorders should be followed closely by their family physicians and specialty mental health services in order to deal with and decrease the number of victims of physical assault.

Keywords: Violence; Physical assault; Mental disorders; Schizophrenia

Case Presentation

Several studies have estimated high rates of adult or lifetime criminal victimization, intimate partner violence, sexual abuse, physical aggression, and death by homicide, among people with mental illness [1-4].

Much attention has been given about violent behaviour among people with severe mental illness while little attention has been given to the fact that these people are often the victims of violence. In recent decades, studies have shown that patients with serious mental illness (SMI) are more likely to be violently victimized than the general population [2,5,6]. According to Walsh's study, a prevalence range of 16-18% is found; a figure more than twice that recorded in the general population [6]. Violent victimization of persons with severe mental illness is in risk of physical trauma [5]. Silver et al. (2005) found that people with schizophrenia form disorders experienced more threatened and completed physical assaults [7].

In this case report, we reported a 51 year old man with schizophrenia who was found dead with blunt trauma as a consequence of a physical assault.

A 51 year old man with schizophrenia was found dead lying on a mat on the floor in his house leaning at one side. There was a long-sleeved shirt on him with bloodstains. There was also blood on his face and ecchymosis and scars on his left arm, soil under his right foot, bloodstains on his right toes and bloodstains on his jeans in the wardrobe.

The autopsy revealed that the decedent was about 50-55 years old with a blunt trauma to the whole body.

Autopsy Findings

External examination

The decedent was 51 years old, with 163 cm height, bald on his upper forehead, black haired going grey, with black eyebrows and

eyelashes, beards with 2-3 weeks, dark skinned and circumcised. Livor mortis were formed as pale colour on his back at supine position. Rigor mortis was continuing and his cornea was blurred.

Multiple scratches were found with 0.5 and 2 centimeters long on both right and left sides of his forehead and there were right periorbital ecchymoses and hematoma and diffuse ecchymoses with violet-dark blue colour on the whole arm beginning from his left shoulder to the left dorsum of the hand and again diffuse ecchymoses with the same features on the whole arm beginning from his left shoulder to the left dorsum of the hand (Figure 1), ecchymoses with violet-dark blue colour and some of going to yellow-brown colour on front region of left femur with 8x10 cm size, on left knee with 5x5 cm size, a crusted scratch with 2x1 cm size on the left knee, crusted scratches with 1x1 cm size on the 1/3 upper front region of the left leg, diffuse ecchymoses on the dorsum of the left foot, ecchymoses with yellow-brown colour and some of going to yellowish colour on right front region of the thorax with 8x5 cm size and on the right breast region with 4x4 and 1x1 cm sizes, diffuse ecchymoses with violet-dark



Figure 1: Diffuse ecchymoses with violet-dark blue colour on the whole arm beginning from the left shoulder to the left dorsum of the hand.



Figure 2: Diffuse ecchymoses on both of the scapula region some of rail formed and various scratches on the back.

blue colour on the lateral region of the right femur, ecchymoses with the same features on the right leg, the right knee and 1/3 anterior and inferior of the right femur, ecchymoses covering the dorsum of the whole right foot, diffuse ecchymoses on both of the scapula region some of rail formed and various scratches on the back (Figure 2). Left shoulder was dislocated. A barrel chest was seen. An operation scar was seen on the midline of the abdomen on the right part of the umbilicus and an old scar caused by a possible drainage, was seen 1x1 cm sized on the right part of the abdomen.

Internal examination

There was a diffuse haemorrhage in the vertex and frontal region under scalp in head examination. In examination of the thoracic cavity, haemorrhage and hematoma were seen in the inferior lobe of the left lung with 8 cm in diameter. There was a diffuse parenchymal haemorrhage in the inferior lobe of left lung and the other sections of the left lung were hyperemic. There was a solid mass 4x2 cm close to right helix and the right lung was intermediately oedematous and this mass was taken as a sample for examination. A 10-15 cc sero-hemorrhagic fluid was seen in the pericardial space. No any additional pathology was defined in the evaluation of heart and coronary arteries. The abdominal cavity was normal.

Toxicological examination

No toxic material detected in toxicological examination.

Result

- 1) Individual is exposed to blunt trauma to the whole body.
- 2) Blunt trauma has an effect to individual's death.

Discussion

Patients with SMI are more likely to be victims of violence than

to commit a violent act. There are several reasons why persons with severe mental illnesses are more likely to be victims of violence than the other individuals in general population. There is a possibility that patients who are symptomatic and behaviors that are inappropriate for the situation may provoke violence from others and increase the likelihood of being victimized [8]. In people with severe mental illness, violent victimization was associated with unemployment, non-adherence to treatment and being a perpetrator of violence [9]. Non-adherence is likely to be associated with poorly controlled symptoms [9]. Management of medication adherence can contribute to reducing of victimization of patients with severe mental illness [5].

In order to deal with and decrease the number of victims, primary care and specialty mental health services play important roles. Patients with mental disorders should be followed closely by their family physicians. A suspected history and physical examination should alert family physicians and a possible assault should be suggested. As family physicians have the opportunity to provide adequate time for patient visits, they should perform detailed mental health assessments and manage medication adherence and inquire about possible assault.

References

1. Lovell AM, Cook J, Velpy L. [Violence towards people with severe mental disorders: a review of the literature and of related concepts]. *Rev Epidemiol Sante Publique*. 2008; 56: 197-207.
2. Maniglio R. Severe mental illness and criminal victimization: a systematic review. *Acta Psychiatr Scand*. 2009; 119: 180-191.
3. Honkonen T, Henriksson M, Koivisto AM, Stengård E, Salokangas RK. Violent victimization in schizophrenia. *Soc Psychiatry Psychiatr Epidemiol*. 2004; 39: 606-612.
4. Fitzgerald PB, de Castella AR, Filia KM, Filia SL, Benitez J, Kulkarni J. Victimization of patients with schizophrenia and related disorders. *Aust N Z J Psychiatry*. 2005; 39: 169-174.
5. Latalova K, Kamaradova D, Prasko J. Violent victimization of adult patients with severe mental illness: a systematic review. *Neuropsychiatr Dis Treat*. 2014; 10: 1925-1939.
6. Walsh E, Moran P, Scott C, McKenzie K, Burns T, Creed F, et al. Prevalence of violent victimisation in severe mental illness. *Br J Psychiatry*. 2003; 183: 233-238.
7. Silver E, Arseneault L, Langley J, Caspi A, Moffitt TE. Mental disorder and violent victimization in a total birth cohort. *Am J Public Health*. 2005; 95: 2015-2021.
8. Teasdale B, Daigle LE, Ballard E. Trajectories of recurring victimization among people with major mental disorders. *J Interpers Violence*. 2014; 29: 987-1005.
9. Tsigebrhan R, Shibre T, Medhin G, Fekadu A, Hanlon C. Violence and violent victimization in people with severe mental illness in a rural low-income country setting: a comparative cross-sectional community study. *Schizophr Res*. 2014; 152: 275-282.