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# Conference briefings

## The science and psychiatry of violence*

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Aggression constitutes an inalienable part of human behaviour, but like sex, although 'necessary', is also regarded as 'evil', best done within the regulatory confines of a socially sanctioned relationship and culturally acceptable norms. Developing this analogy, psychotherapist Professor Digby Tantam suggested that there might be grounds for considering disorders of aggression in a similar framework to that used for the classification for sexual disorders; in this case, it involves abnormally strong drive, abnormal choice of person as the object of the aggression, abnormal expression of aggression towards that person, or abnormality in the relief of tension at the climax of aggression.

Other speakers referred to aggression as being a complex behaviour, best understood in terms of the contributory organic, psychological, socio-economic and cultural factors. In animal models, even though it is a component of many different forms of behaviour, aggression itself takes a fairly consistent form which might point to a corresponding neural control system. Physiologist Dr Joe Herbert from Cambridge described recent research on peptides which can not only alter aggressive output, but also respond to aggression-provoking stimuli. In man, the putative existence of an association between impulsiveness and low levels of the neurotransmitter 5-HT in murderers and arsonists has been studied, but so far without conclusive results.

Controversy over the relationship between psychiatric illness and violence continues. On the one hand, most psychiatric patients are neither criminal nor violent, although new evidence from a community based survey and a criminal career study indicates there may in fact be a definite – but modest – association between psychosis and both crime and violence. The nature of the link, though, remains unclear; perhaps the actual experience of illness is an important link between the two. This relationship is most marked in those with schizophrenia of long duration and a delusional presentation.

Although forensic psychiatrists are concerned with only a small part of the vast range of violent behaviour, they are likely to be involved in the management of violence in the context of the care of psychiatric patients in the community, hospitals, and prisons. Appraisal of the relationship between punishment and treatment in prison leads to wider questions about the boundaries of psychiatry, as well as to decisions as to which types of violence are a proper concern for the psychiatrist.

Violence towards women, especially rape, has received increasing attention over the last 20 years, following the work of Burgess and Halstrom in America, who coined the term 'rape trauma syndrome'. Recently, high rates of PTSD have been described in rape victims up to 17 years after the event, most frequently in women who perceived a life-threat, were injured, or experienced completed rape. Increased rates of depression and anxiety, drug abuse, poor social adjustment, and low self-esteem have also been found after rape. However, in Britain there has been a dearth of research in this area, which may perhaps be due to the practical, moral and ethical issues faced here, whereas in the United States, national priority has been given to supporting work in this area.

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