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IMORTANCE OF MENTAL DISORDERS IN VICTIMIZATION

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Abstract

AIM: The aim of this study was to show the importance of mental disorders in victimologic analysis of socio-demographic and psychopathologic characteristics among victims of the sexual violence in Bosnia and Herzegovina (B&H) in the post-war period from January 1st 2003. to December 31st 2012.

METHODS: Our hypothesis on involvement of mental disorders in victimization was tested on a sample of 150 non-violent female victims with mental and behaviour disorders. The control group consists of 150 victims of violent victimization. The study has been designed as multicentric, retrospective form of a matched case-controlled study 1:1, it was statistically processed through multivariate analyses.

RESULTS: In a regressive analysis, violent persons were separated from the non-violent ones by these redicting predictive factors: age (R = 0.731, df = 2, χ^2 = 3.341, *P* = 0.006, OR = 0.520 (95%), CI = 0.820-0.950), father's education, mother's education, house, mother's prostitution, PAS in family, sexual abuse and desire for victimization. Members of the control group had more often lived as lodgers (R = 0.015, χ^2 = 4.431, *P* = 0.007, OR = 0.203, CI = 0.390-0.492), with alcohol abuse and high rate of the family violence, nicotinism and sexual abuse. Psychological predictive factors in dividing non-violent from violent victims are: psychoticism (R = 0.791, χ^2 = 4.783 df = 1, *P* < 0.001, OR = 0.749, (95%) CI = 0.368-0,936), HDRS - total: (R = 1.174, χ^2 =10.341, df = 1, *P* < 0.001, OR = 0.770 (95%) CI = 0.650-0.910), incorporation, orientation, depressiveness and destructiveness with significance of *P* = 0.001 in Plutchi's test.

CONCLUSION: Sexual violence among mentally disordered persons makes 20.50% of all victimizations which were committed by patients with personality disorders and neurotic persons. It has been demonstrated that females in B&H were more exposed to sexual violence because of poor mental health protection and increased violence in the family. Transgenerational model of the stress transmission, victimization in microsocial model of violence.

Key words: importance, mental disease, victimization, B&H

Introduction

Rape is a sexual violence by physical force. The International Classification of Mental Diseases and Behaviour Disorders (ICD–X) has coded rape as Y05 [1]. Synonyms for "rape" include "sexual attack," "sexual abuse" and "sexual violence" [2]. Non-violent victimization is sexual violence to mentally disordered, emotionally deprived and socially exploited persons which creates the need to remove the mentally disordered person from to risk and danger [3], either as a risk of patients themselves, or of other society members [4]. Non-violent victimization contains characteristics of violence, but studies have heterogenous samples of patients and some case of violence not clearly defined [5].

The system of mental health protection in B&H is in the process of deinstitutionalization which has created the risk of making publicly known of those with mental disease [6]. Victimization of persons with mental diseases is associated with serious clinical symptoms and substance abuse [7]. Studies demonstrate high prevalence of criminal victimization to mentally disordered [8] and persons with temporary acco-modation [9] as well as those without social care but with a history of victimization [10]. In B&H the criminal law defines sexual crime as acts against the dignity of personality comprising "various forms of contact with sexual organs, mouth and tongue, fingers, that is, mouth or victim's anus with hands in order to satisfy sexual instinct of the violator".

In studying there are rapes with the use of drugs in order to break resistance of the victim, in cases when aged people commit violence or are violated [11-14]. Social problems are clear in anomia in younger population and broken home results in long-term vulnerability [15-17]. Prevalence of non-violent victims ranges from 10% to 16% [18-19]. Social environment contributes to the delict of non-violent victimization [20], and a great number of violent persons never experience sanctions [21]. Forensic exanimation is in the domain of psychiatric work [22] and medical finding is obtained after examination of the victim [23-24].

Aim

Aim of the study was to emphasize importance of mental disorders in the victimologic analysis of socio-demographic and psycho-pathologic characteristics of victims of the violence in B&H in post-war period from January 1st 2003. to December 31st 2012.

Hypothesis

In the post-war period in B&H, females were most often exposed to sexual violence because of poor mental health protection, increased family violence, and anomia. We have hypothesized a model of transgeneration al transmission of stress, victimization in the micro-social model of violence.

Methods

This study analyses victimization in post-war period in B&H without a direct relationship to the war and it is important in de-institutionalization of the mental health institutions. Victimization has been analysed with the aim to protect females in B&H within the period from January 1st 2003. to December 31st 2012**.**

Patients

The sample was collected in B&H. Because of migrations examinees were tested in the place where the crime was committed. Groups were formed multi-centrically during forensic and diagnostical-therapeutical work in the mentioned time and location, so that the data base was created for further works. Rapes as war crimes were not the subject of this study. This study is the first in B&H which makes it especially important.

1. Examined group with criterion of non-violent victimization was made of 357 females (examinees). All patients were

submitted to sociological, psychologic-psychiatric and criminological processing before being included into the study. 207 persons were excluded from the group: 105 persons due to poor criminological processing and 102 of them due to poor forensic examination. The final sample consisted of n = 150 females.

Non-violent victimization of mentally disordered patients in our region varies from 17.13% (2003) to 24.46% (2009) and 20.67% (n = 31) on average in the research period. One part of the sample includes cases of social victimization: 119 persons because of abuse at work - 51.34 % (n = 77) and poor forensic exanimation - 28.00% (n = 42) [25]. The first professional contacts of the respondents after the rape were: gynecological examinations (49.00%), social interview (26.00%), psychological (12.00%) and psychiatric exanimation (10.00%) and police report (3.00%). Victims were examined in the following phases [2]: hyperacute- from the moment of rape to the fourth week - 16.67% (n = 25), acute- from 4-8 weeks - 36.67% (n = 55) and phase of resolution after the eight week 40.00% (n = 60). Data were collected from the victims themselves or from the family. In this way homogenous group of the non-violent victimized females with mental disorders or with social victimization was made.

2. The control group consisted of 975 persons with violent victimization and troubles due to "violation of person's dignity and moral" [11]. Victims were analysed by sociologic, psychologic-psychiatric and criminalistical methods before being included into the study. From this group 455 persons were excluded because of poor criminalistic and 352 persons because of poor forensic processing. Victims of non-violent victimization were examined in the following phases [2]: hyperacute-from the moment of rape to the fourth week - 40.00% (n = 60), acute from 4-8 weeks - 30.00% (n = 45) and phase of resolution after eight weeks - 26.67% (n = 40). So the group was made of 150 females. All victims were in psychiatric treatment such as having some form of the disease, transitory anxiety crisis, crises of depression, identity and sexuality as well as suicidal ideation.

The study was designed as a multicentric, retrospective matched case-controlled study 1:1, for the analysis of victimizaton and mental status of the raped victims in B&H in period from January 1st 2003. to December 31st 2012**.** Two victimized groups were compared: experimental "non-violent" group with 150 females and control "violent" one with 150 females. Study is original. One part of the selected data is from the Houses of Correction and from Prosecutor's Offices in B&H [25]. All victims are citizens of B&H. The study has been completed at the Medical Faculties in Foča and Belgrade as well.

Measurement instruments

1. The general data list (GDL), consists of a questionnaire for basic socio-demo-graphic data on: gender, age, education, parent's occupation, family, violence, heredity, migrations, abuse and special data on place of living, job and victimization [1-2].

2. Eysenck's Personality Questionnaire (EPQ) [26] has 102 questions: extroversion - (21 questions), neuroticism - (30), psychoticism - (23), Lie scale - (28). The questionnaire can be completed by individuals and by groups. In this study it was completed by in groups. Questionnaire was made because of samples with Disordo persone in both experimental and control groups.

3. HDRS - Hamilton's Depression Rating Scale with 21 questions from 1960 [27]. HDRS determines the severity of depression: 0-8 no depression, 8-17 mild depression, 17-24 moderate depression; above 24 the depression is highly expressed. HDRS items are analysed in 5 groups: 1. depression; 2. anxiety/agitation;

3. cognitive disorders; 4. retardation and 5. vegetative disorders and total score on the HDRS**.**

4. Profile Index of Emotions (P.I.E.-Plutchic R –1980). Variables are: 1. Incorporation - ZNINC, 2. Protection - ZNPRO, 3. Orientation - ZNORI, 4. Deprivation - ZNDEP, 5. Rejection - ZNREJ, 6. Destruction - ZNDES, 7. Exploration - ZNEXP, 8. Reproduction - ZNREP, 9. Bias - ZNBIA. The emotional structure of a person has been determined on the basis of 62 items [28].

5. Complete forensic file for each examinee.

Statistical analysis

Statistical methods and procedures in the study are standardized for: mean values, standard deviation, and frequency of results. Validity of the difference between group characteristics was done by descriptive analysis on EPQ test, direct and indirect signs of depression on HDRS test, and measures of basic emotions and aggression on Plutchic test. As regards descriptive statistical methods, measures of central tendency (arithmetic mean value), measures of variability (standard deviation) and relative numbers (structure markers) were used. As regards methods for testing statistical hypotheses, we used Chi-square test and analysis of variance. For the analysis of correlation of time and sexual abuse the canonical discriminative and multivariate regression model has been used. The hypotheses were tested on the level of statistical significance (alpha level) of 0.05, with OR (odds ratio) and CI (confidence interval) at 95% of significance. Statistical processing was performed on a PC using: Word, Excel 10 for data base and tables, and using "SPSS" statistical software 12.0 (SPSS Inc, Chicago, IL, USA) [29].

Results

Initial analysis of socio-demographic data shows significance regarding gender, age and smaller differences in education of B&H population, as shown on Table 1.

For the univariate regressive analysis, violent persons are significantly different from the non-violent ones regarding these following factors: age (χ^2 = 3.341, P = 0.006), father's education (χ^2 = 4.783 P = 0.001), mother's education (χ^2 = 2.234, P = 0.009), living in a house (χ^2 = 7.980, P = 0.009), mother's prostitution (χ^2 = 11.725, P = 0.009), PAS in the family (χ^2 = 3.340, P = 0.001) sexual abuse (χ^2 = 7.797, P = 0.001) and wish for repeated victimization (χ^2 = 3.341, P = 0.001). Violent group shows significance in: being lodger (χ^2 = 4.431, P = 0.001), alcohol abuse (χ^2 = 3.834, P = 0.001). There ,are high values also in family violence, nicotinism, and sexual abuse. Violence was in 40.00% of cases committed in the evening hours, and in 25.00% of cases at night. Sexual violence peaked during spring and autumn, with more persons from the vulnerable groups.

EPQ test first shows μ±SD, then significance, odds ratio and confidence interval in Table 2. Members of the non-violent group show significantly higher incidence (P = 0.005), psychoticism (P = 0.001), and extraversion (P = 0.005), Lie scale (P = 0.003). Discrimination analysis demonstrated a correlation between: extroversion-neuroticism: r_c = 0.150; extroversion-psychoticism: r_c = 0.070, extroversion-Lie scale: r_c = 0.080; neuroticism-psychoticism: r_c = 0.050, neuroticism-Lie scale: r_c = - 0.140, and psychoticism-Lie scale: r_c = - 0.190.

Table 1. Socio-demographic factors of non-violent and violent group of victims

Number of subjects of victimization: Examinees (n=150) and Control group (n=150)							
Questionnaire		Examinees	Controls	$P^{\S}$	OR	CI	
		f/μ±SD	f/μ±SD			Lower	Upper
Gender (male/female)		0/150'	0/150	0.009	0.375	0.179	0.785
Age		23.50±5.3	19.50±7.	0.006	0.520	0.820	0.950
Years of education: <8;12;>12		41/90/9	35/90/15	0.489	0.182	0.097	0.157
Nationality: B&H/other		144/6	140/10	0.921	0.849	0.230	0.330
Father's education: <8; 12;>12		53/66/21	74/65/11	0.001	0.151	0.809	0.942
Father's occupation	worker	86	97	0.011	0.112	0.356	0.469
	office worker	64	53	0.346	0.248	0.622	0.795
Mother's education: <8;12; >12		52/78/20	32/68/50	0.001	0.611	0.378	0.988
Mother's occupation	housewife	92	78	0.357	0.534	0.568	0.675
	office worker	58	72	0.023	0.829	0.481	0.740
Place of living	house	52	11	0.001	0.829	0.481	0.942
	flat	39	54	0.001	0.501	0.260	0.726
	rented flat	59	85	0.007	0.203	0.390	0.492
Heredity	mental disease	74	25	0,003	0.560	0.695	0.720
	father's	58	49	0.639	0.833	0610	0.774
	mother's	85	42	0.009	0.950	0.659	0.973
Family	chronic diseases	45	34	0.736	0.412	0.681	0.926
	violence in family	95	65	0.012	0.555	0.370	0.939
	PAS in family	97	48	0,001	0.958	0.456	0.730
Migration		97	59	0,001	0.153	0.460	0.530
Abuse	Alcoholism	27	45	0.015	0.179	0.086	0.354
	Nicotinism	79	80	0.392	0.192	0.110	0.320
	Sexual	86	41	0.001	0.185	0.097	0.510
Occupation		63	37	0.727	0.340	0.086	0.358
Desire for being victim		68	22	0.000	0210	0.051	0.210

§level of significance p calculated from univariate logistic regression

Table 2. Logistic analysis of non-violent and violent victims (EPQ)

	Examinees n=150	Controls n=150			CI	
Qestionnaire	μ±SD	μ±SD	$P^{\S}$	OR	Lower	Uppper
Extroversion	15.12±6.92	17.82±4.07	0.005	0.470	0.380	0.605
Neuroticism	14.88± 6.12	13.55 ±5.63	0.010	0.560	0.747	0.970
Psychoticism	16.57±7.22	7.96±6.47	0.001	0.749	0.368	0.936
Lie scale	9.97±4.50	13.43±5.49	0.003	0.775	0.667	0.990

§level of significance p calculated from univariate logistic regression

Table 3. Logistic analysis of depressivnes in non-violent and violent victims (HDRS)

Questionnaire	Examinees n=150	Controls n=150	$P^{\S}$	OR	CL	
	μ±SD	μ±SD			Lower	Upper
Depression	2.72±0.31	0.23±0.19	0.001	1.786	0.902	1.206
Anxiety	1.04±0.25	2.80±0.16	0.005	0.898	0.777	0.995
Cognitive disorder	1.58±0.30	0.23±0.12	0.002	0.908	0.708	0.928
Retardation	1.79±0.34	0.31±0.22	0.002	1.097	0.836	1.082
Vegetative disorder	1.03±0.22	2.25±0.12	0.005	0.944	0.744	0.964
HDRS Total	57.72±7.08	22.14±0.25	0.005	0.770	0.650	0.910

[§]level of significance p calculated from univariate logistic regression

In an analysis of depression among the non-violent persons, a significant difference is found in depression (P = 0.001), cognition (P = 0.003) and retardation (P = 0.002). Violent victims show significantly greater anxiety (P = 0.005) and vegetative set (P = 0.005) than the non-violent victims in Table 3.

In the non-violent group depressiveness is higher than 24 in 77 persons (51.34%), higher than 17 in 35 persons (30.43%) and lower than 17 in 38 persons (24.34%). In the violent group depression score is higher than 24 in 8 persons (5.34%), higher than 17 in 36 persons (24.00%), lower than 17 in 40 persons (26.67%) and lower than 8 in 85 persons (56.67%). Difference between the groups in the total score of the Hamilton's scale is significant: P = 0.005, OR = 0.770, (95%) CI = 0.650-0.910.

Profile Index of Emotions (P.I.E.) is shown in the form of matrix of discriminating function. Discriminating analysis gives data: = 0.899, l_w = 0.117, χ^2 = 444.034, df = 28 i P = 0.001, so the matrix of discriminating function has been done according to this and it is shown in Figure 1.

Correlations of variables are: psychotism (F = 0.054, A = 0.073), incorporation (F = 0.262, A = 0.649), orientation (F = 0.298, A = 0.703), destruction (F = 0.389, A = 0.769), reproduction (F = 0.373, A = - 0.683), reduced correlation have: protection (F= - 0.123, A0 = - 0.512), exploration (F = 0.219, A0 = 0.059) and comformism - Lie scale on EPQ (F = - 0.155 A = - 0.408).

At the multivariate regressive analysis violent persons are separated from the non-violent ones regarding the following predicting factors: age (R = 0.731, df = 2, χ^2 = 3.341, P = 0.006), father's education (R = 0.715, df = 3, χ^2 = 4.783 P = 0.001) mother's education (R = 0.875, df = 2, χ^2 = 2.234, P = 0.009), living in the house (R = 9.751, df = 4, χ^2 = 7.980, P = 0.009), mother's prostitution (R = 1.130 df = 4, χ^2 = 11.725, P = 0.009), PAS in the family (R = 0.305, df = 2, χ^2 = 3.340, P = 0.001) sexual abuse (R = 0.875, df = 4, χ^2 = 7.797 P = 0.001) and desire for being victim (R = 5.875, df = 2, χ^2 = 3.341, P = 0.001). Non-violent group shows significance in: living in rented flat (R = 0.752, df = 3, χ^2 = 4.431, P = 0.001), alcohol abuse (F = 0.175, df = 2, χ^2 = 3.834, P = 0.001), but there are high values of violence in family, high level of nicotinism and sexual abuse.

Psychological predicting factors separating non-violent from the violent

victims are: psychoticism (R = 0.791, χ^2 =4.783, df = 1, $P < 0.001$, OR = 0.749, (95%) CI = 0.368-0,936), neuroticism (R = 0.430, χ^2 = 3.171 df = 1, $P < 0.010$, OR = 0.560, (95%) CI = 0.747-0.970) total score on HDRS: (R= 1.174, χ^2 =10.341, df = 1, $P < 0.001$, OR = 0.770, (95%) CI = 0.650-0.910), incorporation (R = 0.417, χ^2 = 8.890, df = 2, $P < 0.001$, OR = 0.774, (95%) CI = 0.703-0.853), orientation (R= 0.929, χ^2 =11.725, df = 1, $P < 0.001$, OR = 0.873, (95%) CI = 0.789-0.965), depression (R = 1.121, χ^2 =10.436, df = 2, $P < 0.001$, OR = 0.501, (95%) CI = 0.820-0.980), destruction (R = 0.723, χ^2 = 17.134, df = 1, $P <0.001$, OR = 0.205, (95%) CI= 0.360-0.430) and reproduction (R = 0.571, χ^2 = 7.175 df = 2, $P < 0.001$, OR = 0.862, (95%) CI = 0.393-0.438).

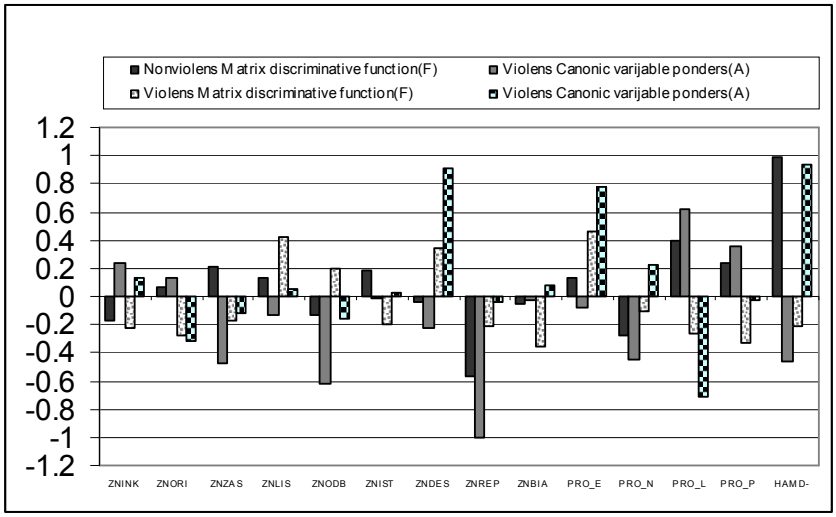

Fig 1. Discrminating function of matrix structure (F) and canon poders of varibles (A)

Discussion

In the study victimization, was experienced by females at the end of the second and during the third decade of life, with poor education, who are migrants, from violent families and hereditary burdened. There is significance regarding mental diseases in the family, then prostitution, and it is noted that 45%-51% of prostitutes had been sexually abused in childhood [30].

Non-violent victimization to mentally disordered persons in our study constitutes 20.67% (n = 31) of all victimization in research period and ranges from 17.13% (2003) to 24.46% (2009). Social victimization was perpetrated against 119 persons (18.50%) due to abuse at the workplace – 42.75% (2004) and unclear delict situation in 37.50% of cases (2004) [14-25]. This is a consequence of deinstitutionalization and lack of protection of mentally disordered persons. Exploration phase of victimization in non-violent victims is the highest after 8 weeks (65.00%), then after 4-8 weeks (57.50%) and in 7.50% of cases 4 weeks after rape. Results are similar to the ones in other studies [31-32] with higher anomia in our region, vulnerable family [14-17], sensational media [33] without monitor ing in B&H [15-25].

In the non-violent group significant differences from the violent group include the father's education, mother's education and living in the house, then violence in the family and migrations (P = 0.001) more often lead to sexual abuse and further victimization (P = 0.001). Violent victims more often live in rented flats with

exposure to alcohol abuse as well (P = 0.001). In both groups nicotinism and insufficient employment are present. Deprivation in both groups confirms trans-generational PTSD and long-term vulnerability of the family [15-17]. The control group's disposition towards development of behaviour and personality disorders are developed.

Psychological exploration of non-violently victimized persons shows that they have high level of psychoticism (P = 0.001), significant neuroticism (P = 0.010), and violently victimized persons show extraversion (P = 0.005) and Lie scale (P = 0.003). Psychoticism and neuroticism suggest presence of psychosis and behaviour disorders in non-violent group, and extraversion and conformism confirm violence to conspicuous persons. In non-violent victims a circle of social segregation [14] with comorbidity [34] develops and there is serious stigmatisation in both groups [35] as well as fight against disease and stigma, possible mental disorders and suicidal thoughts [36]**.** On the HDRS depression, cognitive disorders and retardation are more frequent (P = 0.001), but in non-violent victimization (P = 0.005) anxiety and vegetative disorders are more frequent. Non-violent victims have high incorporation, orientation, depression, destruction and reproduction (P < 0.001). That is a picture of psychotic persons or persons who can not understand significance of act of victimization. Increased reproduction in the form of sexual desire reveals the fact that disinhibition of instincts is enormous, without possibility of control, and this also speaks in favour of evolutional theory of victimization.

In violent victimization, anxiety and vegetative disorders are associated with alcohol abuse, living in rented flats, extraversion resulting in neurosis or personality disorder. They ask for help very late with already developed crisis of identity and sexuality and when severity of trauma creates disposition for psychotic crisis. High level of reproduction, depression, inability to control, destruction and psychotism confirm evolutional theory in the study [24], because *Ego* mechanisms do not control insticts [37]. Silver E. (2005) reported that "less than a half of victims were attacked two years before the interview, which shows us that personal experience of a violence can explain the proportion of non-violent victimization in the sample, and the connection between serious mental disorder and victimization is shown as individual tendency towards violence" [10].

There are more aspects for analysis of victimization in other studies and environments. Hidnay VA. (2002) analysed cases "with psychosis in those who were born in cities, and social deprivation [5] making them more susceptible to become victims of violence in criminally organised environment" that correspond to our condi-tions. Walsh E. (2003) found non-violent victimization in 16% of 691 patients who lived in a community, which means that they had treatment outside of institutions [18].

Social victimization was found in 79.34% of the cases. Related to exploration phase, victims give data in resolute phase (65.00%), in acute phase (57.50%), and immediately after rape in 7.50% of cases data are obtained from police. This form is characterised by immaturity in a wider sense and it is difficult to separate influences of social, hereditary and psychological factors. Because of anomia these victims are afraid of objectivisation of the rape and this continues sexual abuse (P = 0.001). Transgenerational model of prostitution is the extreme of social victimization [38], which is partially proven in the study by heredity and family. Violent victimization occurs mostly at the end of the second and more often in the third decade of life, among divorced, single and adventurous persons. In our study as well as in other studies there is significant family [38] and environmental influence [39], as well as alcoholism

together with substance abuse [40], which greatly influences upon violent victimization [37]. In forensic work victim does not give many data, due to the stigma, possible pregnancy etc [38]. In this group 30.00% of persons have been taking illegal substances before the rape, which reveals the problem of relation between the violent person and victim before [41], during and after the act, so that the delict situation remains completely undefined even after forensic exanimation [14, 40]**.**

Suicidal ideas and clinical symptoms in the study are more serious than victims' claim [42], and this is confirmed also by Walsh E (2003) as well as by other studies [5]. Significant factors for victimization are hopelessness [43], substances abuse [44], and history of violence [45]. All studies have the problem with different samples of patients in victimized groups [5]. In this study victims are without experience but practice substance abuse, they do not have knowledge of sexual violence. Victims misuse forbidden substances, they do not have enough experience of possible attack and they also have diagnosis of comorbidity [44]. In our country there is also PTSD with social unprotection [46].

Victimization is also result of negligence of the immediate family which pays no attention to victims of possible violence [17]. Deprivation and rejection in childhood are the risk factors of mental diseases in adults [43], and they have great influence on the changes in behaviour [45] ranging from depression to promiscuity [42]. Mental – hygienic rationalization [44] leads victims to late exploration [47].

Limitations of work

Poor protection of women, poor protection of mentally disordered persons, transition, small sample and hardly accessible data, including all problems of developing institutions.

Further possibilities of work in the struggle against victimization: medico-legal processing of sexual criminality; protocols for victims examination; better sectors for social protection, police, health care, education, non-government organizations; monitoring of government institution in criminalitstics, human rights, publicity: information feed-back with all those institutions; implementation of WHO Protocols as an obligatory instrument in forensic work and analysis of sexual criminality.

Conclusion

Non-violent victimization to the raped persons in B&H was found in 20.50% of cases of mentally disordered persons, and in 79.50% to persons with social influence on victimization. Violent victimization has been committed by persons with personality disorders and by neurotic persons. It has been demonstrated that females in B&H were more exposed to sexual violence because of poor protection of mental health, growth of family violence and anomia. Model of transgenerational transmission of stress, victimization in micro-social model of violence have been demonstrated.

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ZNAČAJ MENTALNIH OBOLJENJA U VIKTIMIZACIJI

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Sažetak

CILJ: Cilj rada je viktimološka analiza sociodemografskih i psihopatoloških odlika lica žrtava seksualnog nasilja u BiH u poratnom periodu: 01.01.2003. do 31.12.2012. godine.
METODE: Na uzorku n = 150 nenasilnih ženskih žrtava s mentalnim oboljenjima i poremećajima ponašanja, uz kontrolnu grupu n = 150 žrtava nasilne viktimizacije testira se hipoteza o učešću mentalnih oboljenja u viktimizaciji. Dizajn studije je multicentrični retrospektivni oblik studije parova 1:1, obrađen statički multivarijantnom analizom.
REZULTATI: Na regresivnoj analizi nasilne od nenasilnih razdvajaju prediktori: godine (R = 0.731, df = 2, χ^2 = 3.341, P = 0.006, OR = 0.520, (95%) CI = 0.820-0.950), edukacija oca, edukacija majke, kuća, prostitucija majke, PAS u porodici, seksualna zloupotreba, i želja za viktimizacijom Nasilna grupa češće živi kao podstanar (R = 0.015, χ^2 = 4.431, P = 0.007, OR = 0.203, (95%) CI = 0.390-0.492), uz alkoholni abusus i visoke vrijednosti nasilju u obitelji, nikotinizaciju i seksualnu zlouporabu. Psihološki prediktori neviolentne od violentnih žrtava razdvajaju: psihoticizam (R = 0.791, χ^2 = 4.783, df = 1, P < 0.001, OR = 0.749, (95%) CI = 0.368-0,936), HDRS-ukupno: (R = 1.174, χ^2 = 10.341, df = 1, P < 0.001, OR = 0.770, (95%) CI = 0.650-0.910), inkorporacija, orijentacija, depresivnost i destruktivnost sa signifikacijom P = 0.001 na Plutchic-ovom testu.
ZAKLJUČAK: Seksualno nasilje nad mentalno oboljelim je 20.50% od svih viktimizacija. Nasilnu viktimizaciju čine lica s poremećajem ličnosti i neurotske ličnosti. Dokazano je da su u BiH lica ženskog pola više izložena seksualnom nasilju zbog loše zaštite mentalnog zdravlja, povećanja nasilja u obitelji. Dokazani su: transgeneracijski model prenošenja stresa, viktimizaciju u mikro-socijalnom modelu nasilja.

Ključne riječi: značaj, mentalna oboljenja, viktimizacija, B&H

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