



BIPOLAR DISORDERS Factsheet

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How is criminal offending, aggression and violence related to bipolar disorder?

Criminal offending covers a wide range of behaviours from destructive acts, stealing, sexual assaults, to physical assaults causing injury or death. The majority of patients with a mental illness will never commit a crime, however, the few who do may help perpetuate a negative public stereotype that mental illness is associated with violent behaviour.

It is difficult to determine whether the violent acts of an individual with bipolar disorder are a consequence of the illness, or are traits of that particular individual. This ambiguity is confounded by the fact that people with mental illness may be at particularly high risk for exposure to the social factors that contribute to violent or homicidal tendencies in the general population, including social disadvantage and substance abuse. Furthermore, any increase in violent behaviour seen in an individual with bipolar disorder could be the result of a co-morbid psychiatric disorder such as antisocial personality disorder.

What is the evidence for criminal offending, aggression and violence?

Moderate to low quality evidence finds the overall arrest rate for any crime by people with schizophrenia or a bipolar disorder is around 40%, which is similar to people with other mental disorders.

For rates of violent criminal behaviour, moderate quality evidence finds no differences between people with bipolar disorder and general population rates, however rates were higher in people with bipolar disorder than in people with major depression or anxiety disorders, and were lower than in people with a psychotic disorder.

For any psychiatric inpatient violence and aggression, moderate to high quality evidence finds the overall prevalence is around 17%, with a strong association between increased inpatient violence and having a history of violence. However, having a diagnosis of bipolar disorder was not necessarily associated with increased risk of inpatient violence. Moderate quality evidence finds a large increased risk of inpatient aggression in people with previous psychiatric admissions, small to medium-sized effects of increased inpatient aggression in people with a history of illicit substance abuse or involuntary admissions, and small effects of increased risk of inpatient aggression in males, people with a history of self-destructive behavior, and people who were not married. Moderate to low quality evidence finds a small increased risk of inpatient aggression in younger patients.

For more information see the technical table



NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about bipolar disorder or its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at neura.edu.au.