

Schizophrenia and the Criminal Justice System

Kevin O’Neal¹

¹Affiliation not available

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Schizophrenia is one among the most recognizable mental illness, but is also one of the least understood. Typically understood by the entertainment media and the public to be synonymous with *crazy*, schizophrenia is one of the most devastating, and misunderstood, mental illnesses. “Schizophrenia is the most common of the psychotic disorders and is characterized by fundamental distortions of thought (delusions), perception (hallucinations) and emotional response” (Morgan et al., 2008, p. 1). This paper will further examine the characteristics of schizophrenia, as well as delve into explanations and etiology. Understanding schizophrenia also requires a look at it’s connection with crime and its interactions with the criminal justice system.

Characteristics

Schizophrenia is just one of several similar mental illnesses in a larger class called psychotic disorders, which are broadly characterized by delusions and hallucinations. According to the American Psychological Association (as cited by Schug and Fradella, 2015), the diagnostic criteria for schizophrenia are delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, and negative symptoms (diminished emotional expression or avolition). In order for someone to be diagnosed with schizophrenia, two or more of these symptoms must be present for a significant portion of a 1-month period, one of the first three symptoms must be present.

Symptoms are categorized into positive and negative symptoms. Positive and negative are used in a numerical sense here, rather than in a connotational *good* and *bad* sense. Positive symptoms are thoughts, feelings, or behaviors that seem to be added to the way a normal person would think, feel, or behave. These positive symptoms include delusions, hallucinations, catatonic behavior, and disorganized speech. Negative symptoms are thoughts, feelings, or behaviors that seem to indicate that something is lacking compared to a normal person’s thinking, feeling, behaviors. These negative symptoms include diminished emotional expression and avolition (Schug & Fradella, 2015). Now that the basic characteristics of schizophrenia are understood, an examination of theoretical explanations and etiology is required

Theoretical Explanations and Etiology

Neurobiological and psychosocial factors are two of many theoretical explanations for schizophrenia. The overarching thought that those with schizophrenia may be biologically distinct is indicated by brain imaging. Walsh & Yum (2013) discuss a “neurodevelopmental model that incorporates genetics, neurological functioning, and immunological factors” (para. 1), highlighting that multiple factors must be assessed when examining this theoretical explanation. Various research over the years has looked at the neurobiological factors that may lead a diagnosed schizophrenic to become violent and criminal. Similarly, links with violent schizophrenia have been made between a person’s upbringing, parents, early childhood deprivation, previous abuse or trauma, religiosity, and current or prior homelessness. Schug & Fradella (2015) conclude their thoughts on these points by saying that finding from multiple studies “may suggest that biological, psychosocial, or interactional trajectories may lead to homicidal violence in schizophrenia” (p. 211) and

“potential pathways to crime and violence among those with schizophrenia may not necessarily be illness related (p. 213).

Schizophrenia rarely occurs along as a diagnosis and is usually accompanied by comorbid substance abuse. Substance use, and abuse, is high among those diagnosed with schizophrenia. This is likely due to an attempt to self-medicate and reduce psychotic symptoms (Schug & Fradella, 2015). It is a generally accepted fact that people diagnosed with schizophrenia are much more likely to abuse substances which leads to higher crime and violence rates. “Much of the increased risk for criminality and violence among persons with major psychotic disorders (e.g., schizophrenia) can be attributed to co-occurring substance abuse” (McCabe et al., 2012, p. 272). This fact adds to the complexity of this disorder’s effect on the general public, and more specifically, it’s link to the criminal justice and the criminal justice system.

Connections with Crime

Schizophrenia is one of the most interesting disorders due to it’s perception by entertainment media and it’s common association with crime and violence. While not among the most prevalent of mental illnesses, it is one of the most well-known by name, though not by definition, and it captures the intrigue of more people than most any other mental illness due to it’s apparent link to crime. “It must be remembered... that most individuals with schizophrenia are not violent” (Schug & Fradella, 2015, p. 169-170). Statistically speaking, 80% of people diagnosed with schizophrenia have been found to not be violent, however multiple studies of criminal populations have found higher rates of schizophrenia compared to the general public. Interestingly, there are also studies that show an increased rate of criminal schizophrenia over the years.

The crime rate of schizophrenia patients was lower than that of the general population until the 1960s (Rabkin 1979); however, population-based studies (Swanson et al. 1990; Stueve and Link 1997) and birth cohort studies (Brennan et al. 2000; Hodgins 1992; Arseneault et al. 2000; Räsänen et al. 1998) convincingly show that criminality is now more prevalent among people with schizophrenia than in the general population. (Munkner, Haastrup, Joergensen, & Kramp, 2003, p. 1). Nonetheless, “the joint prevalence of schizophrenia and offending is rare” (Morgan et al., 2008, p. 5).

Schizophrenia has a concrete link to violence. The National Institute of Mental Health (as cited by Schug & Fradella, 2015) shows over a 15% prevalence of minor violence and just under 4% prevalence of serious violence. Kinworthy (2016) concurs by saying that “only a small minority of patients with Schizophrenia commit violent crimes” (p. 54). While this shows that the vast majority of those with schizophrenia are not violent, no one should doubt it’s connections to violence and violent crimes. However, a 2009 meta-analysis concluded that the majority of violence (both criminal and non-criminal) among individuals with schizophrenia was due to substance use disorders (McCabe et al., 2012, p. 272), which shows a more significant correlation between substance abuse and violence rather than schizophrenia and violence. The comorbidity of these two mental illnesses blurs the lines when thinking about correlation.

As previously mentioned, the vast majority of those diagnosed with schizophrenia have been found to be not violent. The connection between schizophrenia and nonviolent or property crimes has not been studied significantly. Interestingly, Kinworthy (2016) asserts that non-violence is linked to higher cognitive functioning in those with schizophrenia.

Moreover, it is believed that individuals with Schizophrenia that are prone to violence can be distinguished from both those with Schizophrenia who are non-violent as well as controls based upon performance on neuropsychological tasks (Naudts and Hodgins, 2006; Schug and Raine, 2009), thus suggesting that cognitive impairment in individuals with Schizophrenia may contribute to violent behaviors and the presence of cognitive impairment can be utilized in determination of risk of future violence. (p. 20-21)

Additionally, McCabe and colleagues (2012) found that “individuals with serious mental illness are more likely to commit and be prosecuted for minor nuisances than for serious crimes as compared to those without mental illness” (p. 281).

Schizophrenia's link to sexual crimes is one fraught with dramatization. "Despite sensationalized media accounts of violent schizophrenic sexual attackers... and reports of the bizarre and terrifying nature of these attacks..., sexual crimes appear to be comparatively rare among schizophrenic persons" (Schug & Fradella, 2015, p. 201). Studies by Alish and colleagues (as cited by Schug & Fradella, 2015) show that only a very small percentage - between 2-5% - of sexual offenders are diagnosed with schizophrenia. Additionally, psychotic offenders comprised a significantly lower percentage of sexual offenders than their nonpsychotic counterparts, according to Nijman and colleagues (as cited by Shug & Fradella, 2015). "Ultimately, however, schizophrenic sex offenders comprise a small subgroup of schizophrenic criminals requiring highly specialized treatment" (Schug & Fradella, 2015, p. 205).

Interactions with the Criminal Justice System

With the obvious connects between schizophrenia and crime, it logically follows that schizophrenia regularly comes into contact with the criminal justice system. People with schizophrenia, like people with other mental illnesses, pose specific challenges to each level of the criminal justice system: law enforcement, the courts, and corrections.

Law enforcement is the first line in the criminal justice system, and serve as the boots on the ground for much of what enters the criminal justice system. Law enforcement are often in contact with schizophrenics, who are either the perpetrator of a crime or the victim of one. Calls involving the mentally ill have increased potential to be unpredictable and possibly violent. Most law enforcement departments have a Psychiatric Emergency Response Team (PERT), or an equivalently designated team, for incidents regarding someone with a known mentally illness such as schizophrenia. For example, the Escondido Police Department (n.d.) has a dedicated police officer partnered with a licensed medical health clinician that work together to assess mentally ill individuals and determine the next steps to take. However, these kinds of specially trained teams are not always available, and officers rarely knows the mental condition of suspects prior to their first engagement and are typically undertreated prior to contact with law enforcement (McCabe et al., 2012). As such, it is important for those on the front line of the criminal justice system to be given adequate training to understand and handle situations with the mentally ill. "Officers must possess an understanding of schizophrenia so that they realize that individuals suffering from schizophrenia may not readily understand or comply with police commands, or be able to communicate details of an offense where they are victims rather than perpetrators" (Walsh & Yun, 2013, p. 9).

The courts are given the challenge of determining the culpability of those with mental illness. Additionally, they are responsible for determining if punishment or rehabilitation is the proper course of action for those with schizophrenia. Unfortunately, many schizophrenics go undiagnosed or untreated and end up getting sent to prison or jail for their criminal offenses, which according to schizophrenia.com (n.d.), are mostly minor offenses such as trespassing. According to McCabe and colleagues (2012), "the fact that the majority of mentally ill detainees do not receive adequate treatment before arrest, while incarcerated, or upon reentry makes successful transition into the community all the more challenging" (p. 281). In order to best serve this challenging population group, the courts must prioritize treatment at mental health facilities over incarceration in jails or prisons.

Statistically, "at least 10% of jail populations, 18% of state prison populations, and 16% of federal prison populations have severe mental illness" (McCabe et al., 2012, p. 272). Schizophrenia is a major mental illness that is well represented in correctional facilities across the country. According to schizophrenia.com (n.d.), "the vast majority of people with schizophrenia who are in jail have been charged with misdemeanors." Prison life is not easy for any inmate, but it is especially poor for those with schizophrenia and can even lead to worsened symptoms. According to Blitz, Wolff, & Shi (2008), "Overall, both males and females with mental disorder are disproportionately represented among victims of physical violence inside prison." In addition, a well representation within jails and prisons, a significant number of people with schizophrenia exist within this country's probation/parole system. Walsh & Yun (2013) postulate that proper mental health training is even more necessary for probation and parole officers than for law enforcement officers, due to their more

frequent contact with the mentally ill. They note that supervising people with schizophrenia is disconcerting and a large task given the mandatory treatment orders, a medical concern that must be enforced by the officer, who has no medical training.

Conclusion

Schizophrenia is a calamitous mental illness that is linked to increased criminality. This link is best understood by looking at its characteristics and etiology, which show schizophrenia to be a challenging and complex mental illness. This complexity leads to much misinformation and misunderstanding on the part of the public and our law enforcement professionals. Schizophrenia's interaction with the criminal justice system is excessive and is often fruitless to the never-ending pursuit of peace in our communities. It seems that the best course of action is for our criminal justice system to advocate for and implement public services that reduce its future involvement in the affairs of mental illness. In this way, the criminal justice system is best able to serve the community while also ensuring proper treatment of those with schizophrenia.

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