Association of Demographic Factors and Comorbid Diagnoses with Crime Type in an Arrest Cohort with Schizophrenia and/or Related Psychosis

Patrick J. McCabe
University of Massachusetts Medical School

Let us know how access to this document benefits you.
Follow this and additional works at: https://escholarship.umassmed.edu/psych_cmhsr

Part of the Health Services Research Commons, Law and Psychology Commons, Medical Jurisprudence Commons, Psychiatric and Mental Health Commons, Psychiatry Commons, and the Psychiatry and Psychology Commons

Repository Citation

This material is brought to you by eScholarship@UMassChan. It has been accepted for inclusion in Implementation Science and Practice Advances Research Center Publications by an authorized administrator of eScholarship@UMassChan. For more information, please contact Lisa.Palmer@umassmed.edu.
Association of Demographic Factors and Comorbid Diagnoses with Crime Type in an Arrest Cohort with Schizophrenia and/or Related Psychosis


BACKGROUND
The implications of the interface between the criminal justice system and individuals with schizophrenia persist despite decades of research into discrimination and risk of arrest. Research exploring the broader construct of criminality has predominantly focused on individuals with some mental illness as a cohort. This study diverges from others by examining diagnoses correlated with schizophrenia and related psychoses and their relationships with risk of arrest across a spectrum of criminal categories ranging in severity.

METHODS
Demographic and comorbid diagnoses were collected from a 10-year arrest cohort of 3,538 clients of a public mental health system who had received an important diagnosis of schizophrenia or related psychosis. The likelihood of arrest across a broadly defined criminal range categories were examined using demographics and comorbid diagnoses in separate logistic regression models.

RESULTS
Across our cohort, 63% experienced arrest for nuisance or low-level offenses, 50% were arrested for serious violent crime, and 46% were arrested for alcohol use or alcohol use disorders, prevalent among 46% of our cohort, elevated risk of arrest across all criminal categories.

PTSD and Serious Violent Crime
We dichotomized comorbid anxiety disorders into two variables, those with PTSD and those without. Repeating the anxiety disorder indicates with these two variables in the full cohort Serious Violent Crime model revealed that comorbid PTSD was associated with Serious Violent Crime arrest (OR = 2.35, 95% CI: 1.20-4.58, p = 0.013) and non-PTSD anxiety disorders were not (OR = 0.97, 95% CI: 0.46-2.15, p = 0.893). This finding was similar for males and females and consistent with observations about violent behavior and a history of trauma in similar populations.

CONCLUSION
Diagnoses correlated with schizophrenia carry implications for risk of arrest across a spectrum of offense categories. Risk assessment and interventions aimed at reducing offending and re-offending should identify and target comorbid psychiatric and substance abuse disorders in their efforts to reduce the likelihood of justice involvement among persons with schizophrenia.