

Unravelling the Complex Relation Between Schizophrenia, Criminal Behaviour, and Victimhood

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ABSTRACT

The significant advancement in psychiatry has provided a developed theoretical framework to examine the link between mental illness and violent behaviour. It is exceedingly difficult to understand how criminalization, schizophrenia, and victimisation are related. According to some research, schizophrenia leads to violent action, while others claim it makes people more prone to being victims. The research sought to concentrate on both viewpoints and analysis of the factors that contribute to criminal behaviour and victimisation. We discovered that people with schizophrenia are more likely to conduct crimes if they were sexual abuse as a kid, are less educated or illiterate, take drugs, or have been hospitalised more than four times. Having high crazy symptoms, unemployment, and depression symptoms makes people more likely to be victims than criminals. Also, Peer victimisation is common among people with schizophrenia.

Keywords: *Schizophrenia, Crime, Victim, Violent Behaviour, Forensic Psychology, Mental Illness, Aggression, Victimisation*

Schizophrenia is regarded as among the most serious mental diseases. Many people with schizophrenia can never recover fully even after completing the necessary medical attention. It is a severe mental illness that affects the person's thought process, behaviour, and emotions. People with schizophrenia might lose touch with reality, adversely affecting personal relationships with friends and family. The illness makes regular day-to-day activities a challenge for the affected individual. Typically, between the ages of 16 and 30, symptoms start to appear in adults. Though they could differ from person to person, the symptoms are typically categorized as cognitive, negative, and psychotic. The person's capacity for thought, behaviour, and worldview is impacted by psychotic symptoms. When psychotic symptoms are present, a person becomes detached from reality. Hallucinations are the experience of hearing, tasting, smelling, or feeling things that are not real. Patients with schizophrenia often report hearing voices. Delusions: To others, delusions may seem unreasonable, but they are actually strong, mistaken beliefs.

A thought disorder is characterized by strange or irrational thinking. People with mental disorders may find it challenging to structure their voice and ideas. Occasionally, a speaker

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will abruptly change topics, stop speaking in the middle of a sentence, or use words that have no real meaning. Movement disorder: characterized by atypical body movements. Certain movements may be performed repeatedly by people with movement disorders. Negative symptoms include things like a lack of drive, disinterest in or satisfaction from routine duties, withdrawal from social interactions, difficulty expressing emotions, and trouble going about daily activities. Cognitive symptoms include difficulties paying attention, remembering things, and focusing. These symptoms could make it difficult to focus during a conversation or learn something new. Environmental variables, stress, change in the brain's structure and function, and heredity all impact symptoms.

Numerous researches on schizophrenia have lately been conducted, and some papers have been published relating the illness to victimisation or crime. None of the papers have included both aspects together. To address this, the study is separated into two sections: victimisation and criminalization. One domain focuses on the circumstance/emotion/factor that motivates criminal behaviour, whereas the other domain examines the circumstance/emotion/factor that makes schizophrenics susceptible to becoming victims.

The term "violence" covers a wide range of behaviours, including animosity and verbal threats as well as murder. Numerous schizophrenia-related issues, including drug abuse, stress, lack of impulse control, violent parents (childhood trauma), problems with anger management, and many more, contribute to or are impacted by this violent behaviour. As for the victimisation, these include emotional issues, poor judgment, and a high degree of crazy symptoms.

LITERATURE REVIEW AND RESULT

32 citations in total were examined for the study, of which 25 research papers, 3 books, and a few online articles were used to comprehend what schizophrenia is and how it affects the behaviour of a person. To determine the characteristics affecting the behaviour various procedures, methodologies, analysis methods, and interpretations are contrasted.

The first study mentioned was published by Branimir Margetic a, Branka Aukst Margetic b, and Dragutin Ivanec and was named "Temperament and character in homicidal patients with schizophrenia (2019)"; it focuses on the first domain of the paper, which is schizophrenia and crime. (Branimir Margetić, 2019) was to determine whether homicidal and other forensic patients with schizophrenia who are primarily aggressive had similar temperaments and character traits, and if so, what traits are present in the patient that led them to commit such horrible crimes. Seventy-one male forensic schizophrenia patients who did not suffer from antisocial personality disorder or substance misuse were assessed.

According to the research article, they were split into two groups: (1) Homicide and attempted homicide (N 30; 42%) and (2) Other offenses (N 41; 58%). The Personality along with Character Inventory - the Positive and Negative Syndrome Scale were used to examine patients. The t-test was used to compare variations between the groups.

Table 1: shows the t-test results for distinctions regarding age, degree of psychopathology, and personality factors among groups.

	Homicide and attempted homicide Mean (SD) N30	Other offences Mean N41
Age(years)	42.6	44.4
Positive and negative syndrome scale score	81.9	86.1
Novelty seeking	16.6	16.4
Harm avoidance	19.0	14.7
Reward dependence	13.5	12.1
persistence	3.7	4.3
Self-directness	26.53	29.3
Self-transcendence	16.9	16.8
cooperativeness	28.1	27.7

IBM SPSS Statistics for Windows version 20 was used for statistical analyses in order to generate descriptive statistics and use t-tests to compare two sets of independent samples. The results indicated that higher HA scores in forensic patients with schizophrenia might be used to identify individuals who have a higher risk of homicide. (Margetić Branimir, 2019)

In a separate research, 1435 schizophrenia patients were observed for 18 months. also self-reported injurious and non-injurious violence during follow-up were kept under the monitor.

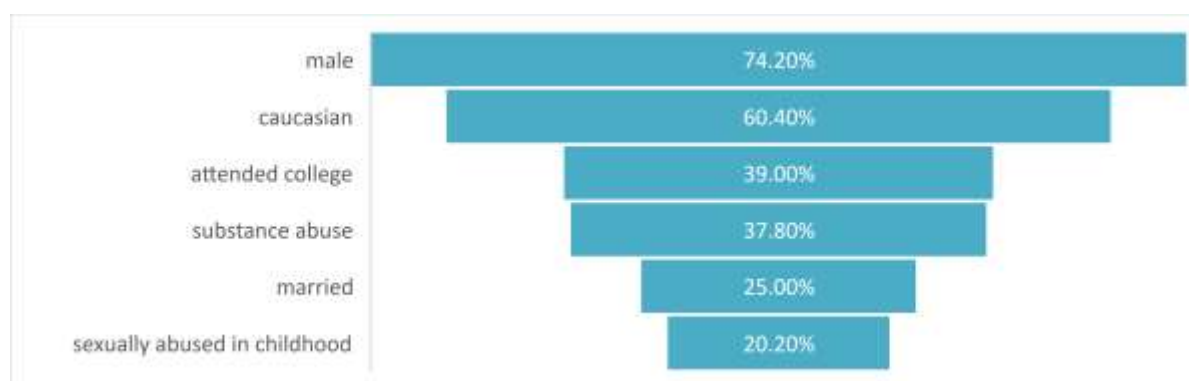


Table 2: shows categories that show signs of committing a crime and the percentage value.

Variable	Multivariable Hazard Ratio	95% Wald CI
Minimum level of non-harmful violence	4.02	2.12, 7.60
Violently victimized in the past 6months	3.52	1.62, 7.64
Drug use severity	2.93	1.65, 5.18
Baseline noninjurious violence	2.72	1.45, 5.09
Childhood sexual abuse	1.85	1.12, 3.05
Medication nonadherence	1.39	1.04, 1.86
baseline non-harmful aggression	3.02	1.63, 5.58
Childhood sexual abuse	2.13	1.22, 3.72
Drug use severity	1.63	1.21, 2.21
Medication nonadherence	1.48	1.07, 2.04

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TABLE 2. (Alec Buchanan P. M., 2019) Proportional hazards model (multivariable) of baseline predictors of time to first injurious violence (months 1–18)

A 95% Wald confidence interval is a 95% probability estimate of the range of values containing the real percentage of a binomial variable. It was observed from the above tables that the variables drug use, Substance misuse, illiteracy, childhood maltreatment, sexual abuse, being shunned by family and friends, and depression lead people to engage in aggressive behaviour toward others. (Alec Buchanan P. M., 2019)

Combining all the research conducted on schizophrenia, we found in most cases where the criminal was found to be schizophrenic, the person is generally male, aged from 25 to 44 years of age, is either illiterate or has very little education, is unemployed, and has a history of substance abuse. Homicide or attempted homicide is the most common crime committed by them and they generally attack a single person rarely attack a group of people. As they are the only perpetrators of crime.

A significant number of schizophrenia patients commit a crime or perform an act of crime before beginning therapy. Approximately 40% of all killings committed by patients occur during the early stage of illness. Furthermore, it indicates that physical or sexual abuse is only marginally connected with aggression. A high number of patients who have committed the crime are reported to have auditory hallucinations and/or delusional beliefs. Persecutory delusional ideas are frequently spawned by auditory hallucinations. This auditory hallucination and/or delusions lead them to commit acts of violence. Furthermore, poor insight or lack of understanding of the consequences of the act has been found to be a link between violence and the illness, but not consistent across all research. A well-conducted meta-analysis (Witt et al., 2013) demonstrates that insight has a significant impact size. Violence appears to be more significantly impacted by a lack of understanding than by the positive indicators. There are various contradictory findings about impulsivity. However, we pointed out that a thorough meta-analysis (Witt et al., 2013) that comprised 11 research came to know that people with psychosis had a high risk of aggression and poor impulse control. (Rund, 2018)

A parent convicted of a violent crime, gender, substance misuse, more than four hospitalizations, having a first-degree relative with schizophrenia, and suicide attempts were all significantly connected with violent crime. Similar outcomes were obtained from a multivariate analysis using only the factors that were determined to be significant in the univariate analysis: substance misuse, having a parent convicted of a violent crime: and having a parent who was arrested for committing a crime increases the risk of violence factor in a patient, having more than four hospitalisations: Hospitalization for more than four times indicates a severe condition, and poor treatment compliance raises the likelihood of violence. Having a first-degree family member with schizophrenia was also linked, albeit not significantly, to violent crime. Fleischman, A. (2014)

The chance of committing violent crimes also rises as the frequency of stressful events increases. Experiencing multiple stressors can lead to impulsive actions in an attempt to regain inner balance, increasing the likelihood of criminal behaviour. The stressors include social isolation in adulthood: it was discovered that individuals who are likely to be isolated from society are less likely to commit violent crimes but are more likely to engage in nonviolent crime. (Johannes Kirchebner I. M., 2022)

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Forced mental health care before the crime that resulted in the patient's present forensic hospitalization: Individuals who have been given psychiatric treatment against their will in the past tend to commit crimes as these coercive treatments are very stressful, distressing, and traumatic for the patient. Weeks later, emotions like worry, rage, or powerlessness may still exist, representing a very severe stressor that is frequently excluded from therapy as part of inpatient treatment. The longer they last more they become stressful for the individual which leads to the development of negative emotions as anger and revenge. In the worst situation, this might result in corrective action taken in an effort to regain emotional equilibrium, which would be a violent offense.

Unemployment: Patients were more likely to conduct violent crimes if they were jobless at the time of the first offense. The financial condition, as well as the sense of being "useful" and social interaction derived through the job, all play a significant impact in this regard. (Johannes Kirchebner 1. M., 2022)

Concentrating on the paper's following section, which discusses victimisation and schizophrenia. People with mental illnesses are more vulnerable to victimization and less stable than those without. As one of the most serious mental illnesses, schizophrenia renders a person more vulnerable to it. Victimisation and schizophrenia are frequently linked to the victim's violent behaviour and are more frequently correlated with social engagement, traumatic experiences, substance use, and depression than it is with schizophrenia symptoms. Treatments that promote social interaction may unintentionally increase the likelihood of victimisation. To decode this one of the studies conducted by (Alec Buchanan, Elina Stefanovics, and Robert Rosenheck) was titled "Victimization in Schizophrenia and its Relation to Violence". they studied patients with schizophrenia participating in antipsychotic treatment for intervention effectiveness trials. Self-reported victimisation throughout the 18-month CATIE follow-up was the dependent variable. Demographics, childhood experiences, recent victimisation and violent behaviour, social conditions, and mental health symptoms were all evaluated as independent factors at the beginning of the research. Out of 1179 participants, 206 participants were reported to be victims of one or more than 1 crime. most of the perpetrators were the family or a known person to the patient.

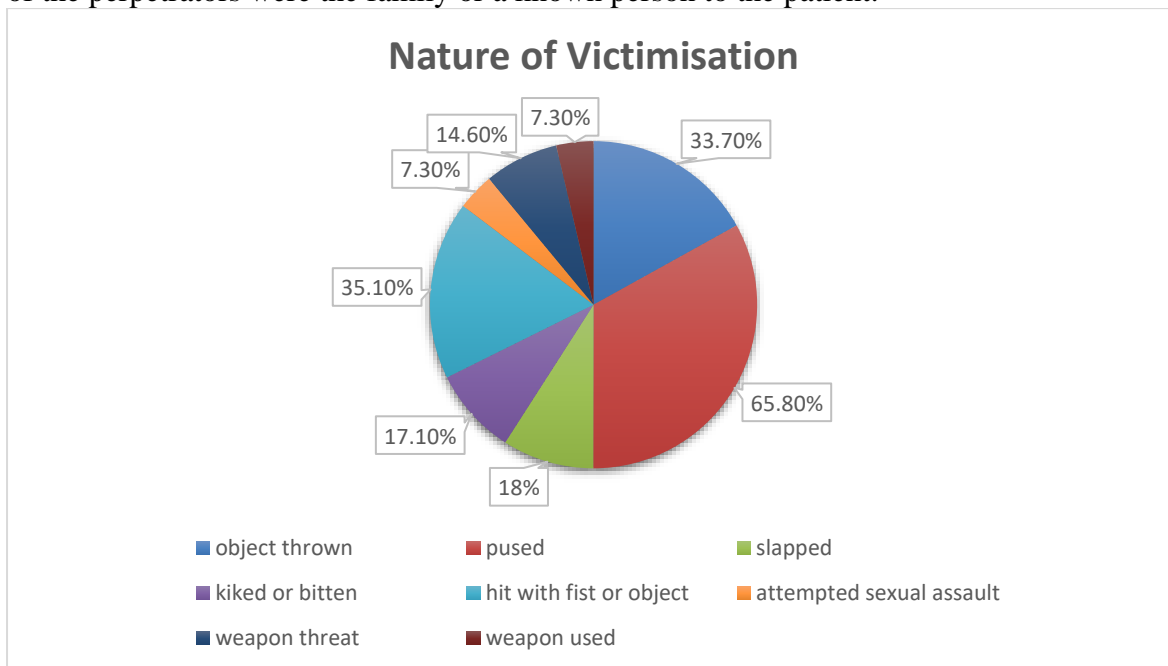


Fig1. Nature of victimisation (n=205)

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Over the course of 18 months, 14.6% of the 205 people were threatened with a gun, knife, or other deadly weapon, and 7.3% had a knife or a gun used against them. The remaining 13%, or 65.8%, were kicked, bit, or assaulted with a fist or instrument. The remaining 18.0% were slapped. (E. S. Alec Buchanan, 2023)

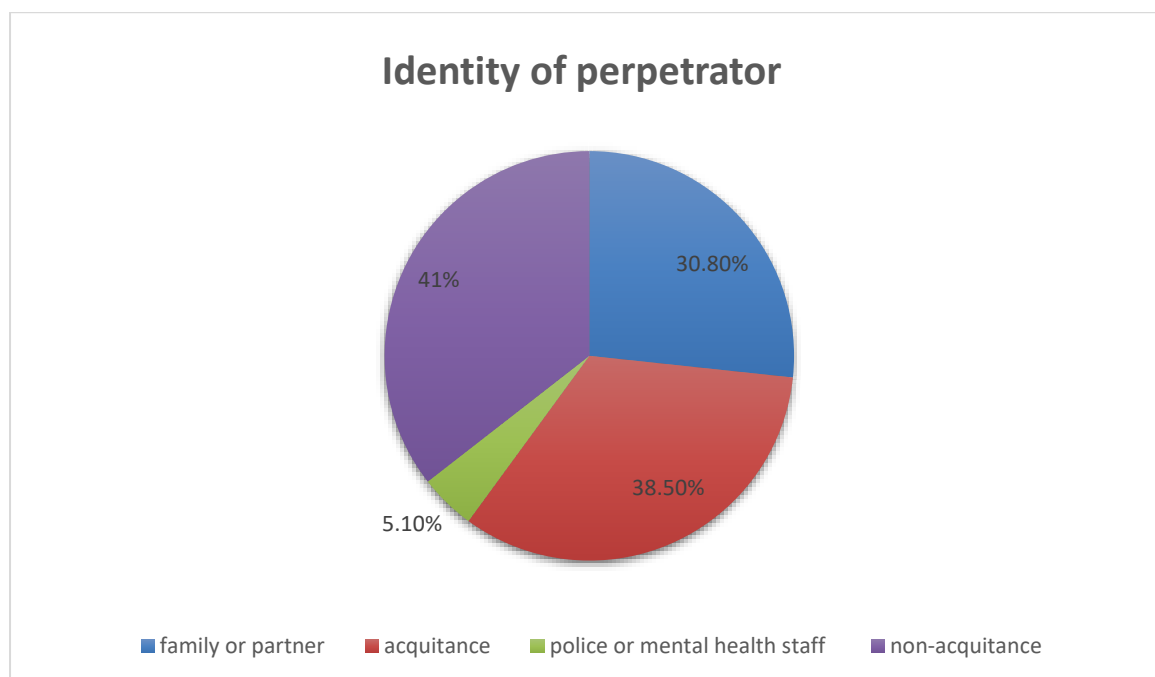


Fig 2: Identity of the perpetrator (n = 93) in participants experiencing victimization but not acting violently (Alec Buchanan E. S., 2023)

39 of the 93 participants (45%) who reported victimisation but did not behave violently throughout the follow-up phase were able to name an overall of 45 perpetrators throughout the course of the 18-month period. Of the 39, 30.8% were victimised by a family member, 38.5% by acquaintances, 5.1% by law enforcement or mental health professionals, and 41.0% by strangers.

Victimised individuals included young and having little education. Physical abuse, sexual abuse, or a conduct disorder diagnosis made in childhood was all associated. Following up, victims were more likely to be participants who had recently experienced either violence, victimisation, or both. These factors may increase their vulnerability to abuse: living in assisted housing, earning less money, and spending more time with intimate partners and close friends than with other family members.

Clinical variables were substance usage (both alcohol and drugs), depressed symptoms (although not total psychotic symptoms), lack of things essential to performing everyday tasks and feeling unheard by loved ones. At baseline, recent victimisation had the most impact (more than five times as likely to occur again). Following up on multivariable analysis, more time spent participating in activities with close friends, childhood sexual abuse, and depressive symptoms were all linked to victimisation at a significant level. People with depressive symptoms may have seemed unable to stand up for themselves, making them more susceptible to bullying by predatory peers. Victimised individuals may have been more likely to act impulsively and occasionally provocatively due to substance

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usage. Individuals who are victimised, when they act violently the chances of then being a victim again also increase. (Alec Buchanan E. S., 2023)

Greater degrees of manic symptoms were linked to a greater likelihood of reporting having experienced physical abuse. manic episodes in involuntary individuals with schizophrenia and associated illnesses suggest a higher risk of victimisation.(Federico Fortugno1, 2013)

DISCUSSION AND CONCLUSION

The study conducted in 2019 by Margetić et al. examines the differences in temperament and personality characteristics between schizophrenia patients, especially those who have committed murderous offences. Scores on elevated harm avoidance (HA) scale appear to be promising markers for identifying those who are more likely to engage in homicidal conduct. After a thorough examination spanning 18 months, a sizable group of 1435 schizophrenia patients was shown to exhibit violent behaviour due to a combination of causes. A number of complex factors have been found to have an impact on the expression of aggression, including drug usage, substance addiction, and illiteracy, maltreatment in childhood, sexual abuse, social exclusion, and depressive symptoms. Through the integration of many studies, a combined profile that outlines the traits of mentally unstable offenders emerges. Ages 25 to 44 make up the majority of the population, with unemployment and low educational attainment. Murder and attempted murder are the most common types of crimes, and they usually involve lone victims as opposed to group dynamics. One important finding is that early in the course of their illness, people with schizophrenia are more likely to commit crimes. One notable example of a key trigger for violent conduct is auditory hallucinations, especially those that promote persecutory delusions. Strong predictors of violent crime in the schizophrenia cohort include gender, drug abuse, repeated hospitalizations, familial schizophrenia, and history of violence in the family. Multivariate analyses confirm these characteristics' importance in explaining the inclination towards violence.

It is an important finding that there is a positive association between the frequency of stressful events and an increased propensity for violent criminality. Critical stresses that lead to impulsive actions include social isolation, enforced mental health interventions, and unemployment. Psychotic experiences, substance abuse, depressive symptomatology, and social interaction all have a complex role in how vulnerable people with schizophrenia are to victimization. Surprisingly, therapies that prioritize social engagement could unintentionally increase a person's vulnerability to abuse. Victims in the schizophrenia paradigm exhibit certain characteristics, such as being younger, having less education, and having experienced physical or sexual abuse in the past. The vulnerability to victimization is increased by external variables including living in assisted housing and having limited resources.

The connection between increased manic symptoms and a higher risk of physical abuse highlights the complex interaction between the manic spectrum and the susceptibility of individuals with schizophrenia to abuse.

Collectively, a comprehensive grasp of the intricate relationship between victimization, criminal activity, and schizophrenia can be acquired by the literature. It emphasizes the value of early intervention, addressing risk factors, and creating specialized treatments that take into account the particular difficulties that people with schizophrenia confront. The results also highlight the necessity of a comprehensive strategy that takes into account

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biological, psychological, and social aspects in order to comprehend and treat the intricacies of schizophrenia and the behaviours that are linked with it.

Future studies should use cutting-edge neuroimaging methods to clarify the neurological foundations of temperament and character traits. Furthermore, longitudinal research is necessary to understand how victimization and criminal behaviour change during the course of schizophrenia and to enable tailored therapies at crucial points. By combining interdisciplinary methods and state-of-the-art technologies, this complicated interaction's complexity will be resolved, opening the door to more targeted therapeutic interventions and prevention measures.

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Conflict of Interest

The author(s) declared no conflict of interest.

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