Background
The implications of the connection between the criminal justice system and individuals with schizophrenia persist despite decades of research on criminalization and risk of arrest. Research exploring the broader construct of criminality has predominantly focused on individuals with severe mental illness as a collective. 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 factors and comorbid diagnoses were collected from a 10-year arrest cohort of 1,538 clients of a public arrest system. Demographic factors and comorbid diagnoses were assessed cross-sectionally using demographics and comorbid diagnoses in separate logistic regression models.

Results
Across our cohort, 63% experienced arrest for resistance or low-level offenses, 9% were arrested for serious violent crimes, and 46% were charged with property crimes over the 10-year period. Comorbid antisocial personality disorder produced the strongest relationships with arrest, comorbid substance or alcohol use disorders, prevalent among 46% of our cohort, elevated risk of arrest across all criminal categories.

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PTSD and Serious Violent Crime
We dichotomized comorbid anxiety disorders into two variables, those with PTSD and those without. Replacing the anxiety disorder 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 1.20–4.65, p = 0.013) and non-PTSD anxiety disorders were not (OR = 1.17, 95% CI 0.64–2.13, p = 0.615). This finding was similar for males and females and consistent with observations made 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 offenses categories. Risk assessment and interventions aimed at reducing offending and re-offending should identify and target comorbid psychiatric and substance abuse disorders in their effort to reduce the likelihood of justice involvement among persons with schizophrenia.