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Attachment and Tendency of Schizophrenia Sufferers to Crime in the Study of Criminology and Islamic Law

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Abstract

This research is motivated by increasing public concern regarding the relationship between schizophrenia and crime, which is often oversimplified and burdened with social stigma. The study aims to analyze the linkage and tendencies of individuals with schizophrenia toward criminal behavior through a comprehensive perspective of criminology and Islamic law. This research employs a qualitative field study approach, supported by in-depth interviews, observations, and analysis of criminology, psychiatry, and Islamic law literature. The findings indicate that the tendency to commit crime among individuals with schizophrenia is not deterministic, but rather influenced by the interaction between internal factors, such as neurobiological and psychological disorders, including persecutory delusions and auditory hallucinations, and external factors, including stigma, discrimination, and weak social support. Criminal behavior tends to be reactive and situational rather than a manifestation of conscious criminal intent. From an Islamic legal perspective, individuals with schizophrenia cannot be fully held criminally responsible based on the principles of *ahliyah* and *maqāṣid sharia*. The implications highlight the need for a shift toward preventive, rehabilitative, and humanistic approaches. In conclusion, a comprehensive understanding is essential to reduce stigma and ensure sustainable social security and welfare.

Keywords

Crime, Criminology, Islamic Law, Mental Disorders, Schizophrenia.

1. Introduction

Crime is a social phenomenon that continues to be a serious concern for society and law enforcement officials due to its far-reaching impact on public order and safety. Crime is not solely influenced by economic or social factors but is also related to the individual characteristics of the perpetrator, including psychological and mental health conditions (Siahaan & Yusuf, 2024). In this context, criminals are not limited to specific groups based on age, gender, or social status, but can also involve individuals with mental disorders, known as People with Mental Disorders (*Orang Dengan Gangguan Jiwa/ODGJ*), thus requiring a more comprehensive and multidisciplinary analytical approach (Nurtias & Yusuf, 2024).

One form of mental disorder often associated with deviant and aggressive behavior is schizophrenia, alongside major depressive disorder and bipolar disorder. Data from the 2023 Indonesian Health Survey shows that the national prevalence of households with a family member with schizophrenia reached 4%, with 3% of these individuals having received a medical diagnosis. In fact, a Cross River Therapy report ranked Indonesia as the country with the highest number of schizophrenia sufferers, at 829,735 (Cross River Therapy, 2025). Regionally, Aceh Province recorded 3,892 schizophrenia sufferers throughout 2024, with West Aceh Regency having the highest number, at 747. This data indicates that schizophrenia is a significant mental health issue and has the potential to impact social dynamics, including the potential for crime (Open Data Aceh, 2025).

Neurobiological and psychiatric studies provide a scientific basis for understanding the link between schizophrenia and aggressive behavior. Research by Araya et al. (2020) demonstrated increased aggressive behavior in schizophrenia sufferers, correlated with decreased total cortical volume, impaired global white matter integrity, damage to the Dorsolateral Prefrontal Cortex (DLPFC), decreased Inferior Parietal Lobule (IPL) volume, and disruption of the Internal Capsule (IC). The main symptoms of schizophrenia, such as hallucinations, delusions, and thought disorders, are rooted in structural and functional brain dysfunction, which, criminologically, has the potential to impact self-control and rationality (Purnama et al., 2016).

The tendency to commit crimes among individuals with schizophrenia cannot be explained solely by internal biological factors. External influences, including stigma, discrimination, and negative societal labeling, significantly contribute to the escalation of deviant behavior. The widespread misconception that all individuals with schizophrenia are dangerous further intensifies their psychological burden, often exceeding the impact of the disorder itself. Such stigma affects not only active sufferers but also recovered patients who continue to face social rejection due to fears of relapse (Supriyadi, 2024).

From an Islamic legal perspective, schizophrenia is not explicitly recognized as a medical term but is categorized as a mental disorder (*'aql*) that affects legal competence (*ahliyah*). Islam recognizes the principle of lifting the legal burden (*raf' al-qalam*) for three groups: children until puberty, people with mental disorders until they become conscious, and those sleeping until they awaken, as stated by the Prophet Muhammad (peace be upon him). The concept of *ahliyah* in Islamic law emphasizes that a person's ability to bear legal responsibility depends heavily on their mental state, therefore, criminal acts committed by people with mental disorders require careful and proportional review (Ahmad, 2020).

Although various studies have addressed crime and mental disorders, there remains a research gap that integrates modern criminological analysis with an Islamic legal perspective in depth, particularly regarding schizophrenia (Hapsari & Yusuf, 2024). Previous research by Ahmad (2020) has tended to focus solely on medical or positive legal aspects, without comprehensively exploring the

interrelationships between biological, social, and Islamic normative factors. Therefore, the novelty of this research lies in its interdisciplinary approach, combining criminology and Islamic law to understand the tendencies, attachments, and limits of legal accountability of schizophrenia in the context of crime.

Based on the foregoing description, this study focuses on two main research problems, namely the relationship and tendencies of individuals with mental disorders, particularly schizophrenia, toward crime, as well as how criminology and Islamic law perceive crimes committed by individuals with mental disorders. This study aims to provide a more equitable and comprehensive understanding of this phenomenon, while also offering implications for strengthening legal policies, promoting rehabilitative approaches, and reducing social stigma toward individuals with mental disorders in society.

2. Literature Review

2.1. Schizophrenia and Criminal Tendency from a Criminological Perspective

Modern criminology views crime as the result of a complex interaction between individual factors and the social environment. In the context of mental disorders, particularly schizophrenia, several studies by Yao (2023) have shown an increased risk of aggressive behavior compared to the general population, although not all sufferers have criminal tendencies. Neuropsychiatric studies have revealed that impairments in cognitive function, impulse control, and perception of reality, such as hallucinations and delusions, can affect an individual's decision-making process, increasing the potential for deviant behavior. Biological and psychological criminology view these conditions as predisposing factors, not the sole cause of crime (Yusuf, 2025).

On the other hand, sociological criminology emphasizes the role of the environment in shaping the criminal behavior of people with schizophrenia. Labeling theory explains that the stigma and negative labels attached by society to people with mental disorders can lead to social marginalization, isolation, and psychological stress, which exacerbates mental health conditions. Consequently, individuals with schizophrenia are more vulnerable to social conflict and are more likely to commit crimes in response to discriminatory treatment (Freska, 2023). Thus, criminology literature shows that the tendency towards crime in schizophrenia sufferers cannot be separated from structural factors and social reactions in society.

2.2. Criminal Responsibility of People with Mental Disorders

In Islamic legal studies, discussions of criminal acts committed by individuals with mental disorders are based on the concept of legal competence (*ahliyah*) (Surdi et al., 2023). Scholars agree that reason is the primary requirement for a person to be legally responsible (*taklif*). Therefore, individuals with severe mental disorders, including schizophrenia, which impairs consciousness and rational thinking, are categorized as lacking in *ahliyah* (Mustafa et al., 2025). This principle is based on the hadith of the Prophet Muhammad (peace be upon him) concerning the removal of the pen to record deeds from an insane person until he regains consciousness, which serves as the normative basis for determining criminal legal responsibility (Baroroh & Rosdiyanti, 2019).

However, the literature on Islamic jurisprudence (*fiqh jinayah*) does not necessarily ignore the aspect of community protection (Efgeni & Nugraha, 2025). Islamic law distinguishes between exemption from criminal sanctions and the obligation of the state or guardian to undertake preventive and rehabilitative measures (Fauzan, 2022; Amin & Khan, 2024). This approach positions individuals with mental disorders not as objects of punishment but as subjects of protection and care (Assaad, 2017). Thus, Islamic law offers a more humanistic perspective, aligning

with contemporary criminological approaches to balancing justice, humanity, and social security.

3. Methods

This study employs a qualitative research design with a field study approach to examine in depth the relationship and tendencies of individuals with schizophrenia toward criminal behavior from the perspectives of criminology and Islamic law. The qualitative design is selected to facilitate a comprehensive understanding of complex social phenomena, particularly those involving subjective experiences, meanings, and interactions that cannot be adequately explained through quantitative methods. Through this approach, the study seeks to explore how criminal behavior is constructed, perceived, and influenced by internal psychological conditions as well as external social environments.

The population of this study comprises individuals with schizophrenia, along with key stakeholders who are directly or indirectly involved in their social and legal contexts. This includes family members who provide daily care and support, mental health professionals such as psychiatrists and psychologists with clinical experience in treating schizophrenia, as well as officials and community leaders who play roles in maintaining social order and legal processes. The selection of this population is intended to ensure a holistic and multidimensional understanding of the phenomenon, capturing not only the perspectives of individuals with schizophrenia but also the broader social and institutional responses surrounding them.

Data collection techniques involve both primary and secondary sources. Primary data are obtained through in-depth interviews and direct observations. Interviews are conducted with selected informants to gain detailed insights into their experiences, perceptions, and interpretations related to schizophrenia and crime, while observations are undertaken to capture real-life interactions and social dynamics within family and community settings. Secondary data are collected from relevant documents, including laws and regulations, criminology literature, Islamic legal doctrines, court decisions, and previous research findings, which serve to support and contextualize the primary data.

The data analysis technique follows a qualitative analytical framework consisting of data reduction, data display, and conclusion drawing. Data reduction involves selecting, focusing, and simplifying raw data obtained from the field. The organized data is then systematically presented to identify patterns, relationships, and key themes. Finally, conclusions are drawn through an interpretative process that integrates empirical findings with theoretical perspectives from criminology and Islamic law. This analytical procedure ensures that the findings are not only descriptive but also explanatory, thereby providing a comprehensive understanding of the research problem.

4. Results

4.1. Relationship between People with Schizophrenia and Criminal Acts

Understanding the relationship between schizophrenia and crime must begin with a valid clinical diagnostic framework. The World Health Organization (WHO), through ICD-11, defines schizophrenia as the presence of more than two core symptoms for at least one month, including persistent delusions, hallucinations, disorganized thinking, or experiences of influence and control. In contrast, the American Psychiatric Association (APA), through the DSM, requires a minimum duration of six months with at least one month of active symptoms, focusing on delusions, hallucinations, and disorganized speech. These differences indicate that schizophrenia is a chronic disorder with severe symptoms affecting cognitive, affective, and behavioral functioning (WHO, 2024). Both frameworks agree that

delusions, hallucinations, and disorganized thinking are dominant core symptoms that distort perception of reality and impair the ability to distinguish real from imagined threats. In criminology, such impairments may influence decision-making and impulse control, increasing the risk of aggressive or unlawful behavior, although not all individuals exhibit this tendency (American Psychiatric Association, 2022).

Cross-national empirical findings strengthen the understanding of the dominance of delusional symptoms in schizophrenia. A systematic study and meta-analysis by Collin et al. (2023) of 20,979 sufferers from 30 countries showed that persecutory delusions had the highest prevalence at 64.5%, followed by delusions of reference at 39.7%, grandiose delusions at 28.2%, delusions of control at 21.6%, and religious delusions at 18.3%. The dominance of persecutory delusions has criminogenic implications because it creates a perception that the surrounding environment is threatening, thus encouraging excessive defensive or anticipatory actions.

From a neurobiological perspective, this tendency is not incidental but closely linked to structural and functional brain abnormalities. Gray matter atrophy in the prefrontal cortex and superior temporal lobe has been shown to impair higher-order cognitive functions and the perception of reality (Ji et al., 2024). The prefrontal cortex, particularly the dorsolateral Prefrontal Cortex (dlPFC), is responsible for working memory and thought organization; damage to this region results in disorganized thinking. Furthermore, impairment of the ventromedial Prefrontal Cortex (vmPFC) is associated with impulsivity and emotional dysregulation, while dysfunction in the medial Prefrontal Cortex (mPFC) is linked to delusions and reduced empathy (Breithaupt et al., 2025). In addition, damage to the Superior Temporal Lobe (STL) plays a significant role in the emergence of auditory hallucinations. The STL is involved in speech and language processing as well as distinguishing internal from external stimuli (Picó-Pérez et al., 2022; Bawole et al., 2025). When disrupted, individuals experience impaired self-monitoring, leading them to perceive internal voices as external, thereby influencing behavior in social and legal contexts (Johnson & Kotz, 2021; Jagkson & Prayuti, 2025).

Schizophrenia also involves damage to the microstructural integrity of white matter fibers in key pathways such as the thalamic pathway, cingulum bundle, uncinate fasciculus, and inferior longitudinal fasciculus (Park, 2023). White matter plays a crucial role in the transmission of information between brain regions. Impaired myelination due to oligodendrocyte dysfunction leads to impaired communication between cognitive, emotional, and social systems (Buyanova & Arsalidou, 2021). This condition, known as the dysconnectivity model, explains that schizophrenia is a global information integration disorder, not a local deficit, resulting in uncoordinated and unpredictable behavioral responses in sufferers (Zarghami & Zeidman, 2023; Adraoui, 2023).

In the context of criminology, the relationship between schizophrenia and crime is multicausal and situational and cannot be explained deterministically due to limited comparative quantitative data across subtypes. Criminogenic potential is highly influenced by clinical conditions, social environment, and access to treatment. The literature indicates that the paranoid subtype, characterized by delusions and active hallucinations, has a relatively higher risk compared to negative symptoms such as apathy. Persecutory delusions are frequently associated with aggressive behavior, as perceived threats may trigger exaggerated defensive responses, including violence (Dr. M and Dr. S). This is further supported by practitioner findings that ineffective emotional regulation, particularly anger, often serves as a primary trigger of aggressive actions among individuals with schizophrenia.

In addition to delusions, auditory hallucinations, particularly command hallucinations, possess significant criminogenic potential. A study by Salim et al. (2021) involving 280 schizophrenia patients found that 39.6% experienced auditory hallucinations, and 83.8% of them experienced command hallucinations. Among this

group, 57% complied with the commands, with most violent acts directed toward objects or property. Another study reported that the risk of aggression among patients with command hallucinations was 8.12 times higher than that of those without such symptoms (Araya et al., 2020). However, criminal tendencies in individuals with schizophrenia cannot be separated from social factors. Stigma, discrimination, and negative labeling often trigger conflicts that lead to legal violations, while social pressure, family rejection, and limited support exacerbate emotional dysregulation and hinder recovery. Patients with poor social support have a 3.1 times higher relapse risk, indicating that crime emerges from complex neurobiological and social interactions.

Table 1. The Relationship between Schizophrenia and Potential for Criminal Acts

Main Symptoms of Schizophrenia	Neurobiological Basis	Psychological Impact	Criminogenic Potential
Delusions (especially persecutory/paranoid)	Atrophy of mPFC & vmPFC	Feelings of threat, paranoia	Defensive or aggressive tendencies
Auditory hallucinations	Damage to language and auditory processing areas (LTS)	Distorted perception of reality	Increased risk of acting on command hallucinations
Disorganized thinking	Dysfunction in dlPFC	Illogical thinking, loose associations	Uncontrolled/unpredictable behavior
Emotional dysregulation	vmPFC damage	Impulsivity, irritability, anger	Conflict and aggressive outbursts
Social isolation	Dysconnectivity in social brain networks and white matter	Chronic social stress	Aggressive response in situational crises

Table 1 shows that the link between schizophrenia and criminal activity is complex, multicausal, and non-deterministic. Core symptoms such as persecutory delusions and auditory hallucinations, particularly command hallucinations, have a higher criminogenic potential because they are rooted in structural and functional brain disorders that affect perception of reality, emotional control, and decision-making. However, this potential only becomes apparent when exacerbated by external factors such as stigma, discrimination, family rejection, and minimal social support. Therefore, criminalization based on mental disorders is not only unjust but also counterproductive, as it reinforces the cycle of stigma and worsens the psychosocial well-being of sufferers. A holistic approach that integrates medical, social, criminological, and humanitarian aspects is key to understanding and addressing this phenomenon fairly and civilly (Picó-Pérez et al., 2022).

4.2. Crimes Committed by People with Schizophrenia

From a criminological perspective, crimes committed by people with schizophrenia cannot be understood solely as individual violations of the law, but rather as the result of a complex interaction between psychological conditions and social structures. The labeling theory proposed by Goldman (2021) provides an important analytical framework for understanding this phenomenon, namely that deviance is not inherent in individuals, but is formed through the social process of assigning the label “deviant.” When someone is labeled as dangerous or criminal, this label has the potential to shape their identity and influence their behavior, leading them to behave in accordance with the stigma attached to them (Edrisy et al., 2023).

The application of labeling theory to people with schizophrenia suggests more serious implications than to individuals with normal psychological conditions. Patients with hallucinations and delusions experience a fragile perception of reality, so negative labels received from the social environment have the potential to be internalized into delusions or hallucinations. Labels such as “crazy” or “dangerous” not only worsen psychological conditions but also increase emotional distress, which can trigger aggressive behavior. Research by Arifin (2020) strengthens these findings by showing that a supportive social environment significantly reduces the risk of relapse in patients. In contrast, social pressure actually increases vulnerability to relapse and behavioral conflict.

In the context of critical criminology, crimes committed by people with schizophrenia are often reactive, not predictive. This means that aggressive or unlawful acts often arise in response to discrimination, social rejection, or inhumane treatment, rather than as an expression of conscious criminal intent. When patients who have undergone treatment return to society but continue to experience rejection and ostracism, the social reintegration process fails, increasing the risk of situational violence. This suggests that crime in this context represents a collective social failure, not solely the fault of the individual sufferer (Ahmad, 2020).

Meanwhile, Islamic law views crime from a more comprehensive perspective through the *maqāṣid al-shari’ah* framework, which emphasizes universal welfare and justice. The five pillars of *maqāṣid* (protection of the soul, protection of the soul, protection of the ‘*aql*, protection of the *nasl*, and protection of the mal) serve as the normative basis for determining legal policies regarding people with mental disorders (Arifin, 2020). In the context of schizophrenia, the principles of protection of the soul (protection of the soul) and protection of the mind (protection of the intellect) are central, as mental disorders directly affect the rational capacity and safety of individuals and society (Zakaria et al., 2025).

The implementation of *maqāṣid al-shari’ah* in addressing crimes committed by people with schizophrenia confirms that a repressive approach is not the primary solution. Islam endorses preventive measures such as clinical supervision, temporary isolation, and rehabilitation as forms of mutual protection, not punishment. This approach aligns with modern criminology, which emphasizes prevention and rehabilitation over mere punishment. Thus, Islamic law and criminology converge on a normative point of agreement: maintaining a balance between the human rights of sufferers and the social security of the community in a just and proportional manner (Arifin, 2020).

Table 2. Analysis of Criminal Acts by Individuals with Schizophrenia

Perspective	Triggering Factors	Form of Response	Purpose / Objective of Approach
Criminological (Labeling)	Stigma and social labeling	Internalization of the label	Prevention of further deviation / social labeling
Critical Criminology	Social discrimination	Reactive behavior	Social reintegration
Social Psychology	Environmental pressure/stress	Situational aggression	Emotional stabilization
Islamic Law	Mental disorder	Elimination of criminal responsibility	Protection of the soul/psyche
<i>Maqāṣid al-Shari’ah</i>	Potential danger/harm	Rehabilitation & prevention	General public benefit/welfare

Table 2 shows that the criminological and Islamic legal analysis of crimes committed by individuals with schizophrenia cannot be understood

reductionistically as individual crimes born of conscious criminal intent. Labeling theory explains that stigma and negative labels from society play a significant role in shaping deviant behavior, particularly in individuals with vulnerable mental health conditions. From an Islamic legal perspective, the principle of *maqāṣid sharia* emphasizes that protecting the soul and mind must be a top priority, thus requiring a preventive, rehabilitative, and humanistic approach. Therefore, the synergy between criminology and Islamic law demands a paradigm shift from criminalization to protection and rehabilitation, in order to create substantive justice for schizophrenia while maintaining sustainable societal security (Salim et al., 2021).

5. Discussion

Understanding the relationship between schizophrenia and crime requires a balanced integration of medical and criminological perspectives. Schizophrenia is a severe mental disorder that affects individuals' interpretation of reality through core symptoms such as delusions, hallucinations, and disorganized thinking, which in turn influence cognitive functioning, emotional regulation, and social behavior. Previous studies indicate that while schizophrenia may be associated with an increased risk of aggressive behavior, this relationship is not deterministic. Arifin (2020) demonstrates that the risk of violence among individuals with schizophrenia is largely mediated by comorbid factors such as substance abuse and adverse social conditions rather than the disorder itself. Thus, the link between schizophrenia and crime should be understood as situational and multifactorial.

From a criminological perspective, aggressive tendencies in individuals with schizophrenia are closely related to active psychotic symptoms, particularly persecutory delusions and auditory hallucinations. Ahmad (2020) found that individuals experiencing active psychosis are more likely to engage in violent behavior compared to those in stable conditions. Delusions that generate perceived threats can trigger exaggerated defensive responses, especially when accompanied by impairments in the prefrontal cortex, which is responsible for decision-making and impulse control (Ji et al., 2024). Consequently, criminal behavior is often reactive rather than intentional, arising from distorted perceptions of reality rather than conscious malicious intent.

In addition to clinical factors, the social environment plays a crucial role in shaping the behavior of individuals with schizophrenia. Labeling theory, as proposed by Goldman (2021), suggests that deviance is socially constructed through the assignment of negative labels, which can shape individual identity and behavior. Empirical studies by Salim et al. (2021) show that stigma contributes to social isolation and psychological distress, while Johnson and Kotz (2021) highlight that internalized stigma can reduce self-esteem and increase emotional distress, thereby exacerbating behavioral instability. These findings indicate that criminal acts involving individuals with schizophrenia cannot be separated from broader social failures to provide inclusive and supportive environments.

From the perspective of Islamic law, individuals with schizophrenia are regarded as experiencing impairments in rational capacity (*'aql*), which limits their legal accountability. The principle of reducing or lifting *taklīf* for those who lack rational capacity reflects Islam's emphasis on substantive justice rather than punitive measures (Ahmad, 2020). Within the framework of *maqāṣid al-sharī'ah*, particularly the protection of life (*hifz al-nafs*) and intellect (*hifz al-'aql*), responses to criminal acts committed by individuals with schizophrenia prioritize protection and rehabilitation. This approach aligns with contemporary findings emphasizing the effectiveness of rehabilitative and support-based interventions in reducing relapse and aggressive behavior (WHO, 2024).

In conclusion, the relationship between schizophrenia and crime is complex, multidimensional, and non-deterministic. Neurobiological factors, psychological conditions, and social pressures interact dynamically in shaping behavior. Therefore, approaches centered solely on criminalization risk-reinforcing stigma and exacerbating social conflict. A holistic approach integrating medical treatment, social support, and humanistic legal policies offers a more just and sustainable solution from both criminological and Islamic legal perspectives.

6. Conclusion

This study concludes that the relationship between schizophrenia and crime is complex, multicausal, and non-deterministic. The findings demonstrate that criminal behavior among individuals with schizophrenia does not originate solely from the disorder itself, but rather from the interaction between neurobiological dysfunctions and adverse psychosocial conditions. Core symptoms, particularly persecutory delusions and command hallucinations, contribute to criminogenic potential by distorting reality perception and impairing emotional regulation and decision-making processes. Consequently, aggressive or unlawful acts tend to be reactive and situational rather than intentional. From both criminological and Islamic legal perspectives, such behavior should be interpreted within a broader framework that considers diminished rational capacity and the significant influence of social environments, rather than attributing full individual culpability.

The implications of this study underscore the necessity of shifting from punitive and criminalization-oriented approaches toward preventive, rehabilitative, and humanistic strategies that integrate clinical treatment, social support systems, and inclusive legal frameworks. Nevertheless, this study is subject to several limitations, including its qualitative design and reliance on secondary sources, which may limit generalizability across different socio-cultural contexts. Future research is therefore encouraged to employ comparative empirical and mixed-method approaches to further investigate the dynamic relationship between schizophrenia, social structures, and criminal behavior, as well as to assess the effectiveness of integrated intervention models in reducing stigma, relapse, and recidivism.

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Ethical Approval and Originality Statement

Ethical approval was obtained for this study. The manuscript represents original work and has not been previously published, nor is it under consideration by another journal.

Data Disclosure Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.



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