

# The Psychiatric Correlations of Criminal Behavior

*Mária Zsóka Bellavics<sup>1</sup>*

The link between criminal acts and the mental status has been disputed for decades. The psychiatric condition is one of the most studied one of the characteristics may shape human behavior hence criminal activity. Several psychiatric disorders are known to be significant criminogenic risk factors. Recently vast number of researches have been conducted in correctional facilities and extremely high prevalence of psychiatric disorders has been found. These findings raise the question; whether psychiatric disorders have a direct role in the actual criminal behavior. Juvenile offenders are considered to be a sensitive population both in terms of the development of the criminal carrier and the onset of psychiatric disorders. Therefore, studies investigating the psychiatric correlates of underage crime show a growing number, although compared to research focusing on adults, the knowledge about them is still limited. In the present paper the prevalence of psychiatric disorders in juvenile offender group and the role of psychiatric condition in deviant behavior was examined. During the latter, the symptoms of mental disorders were in focus.

**Keywords:** criminal psychiatry, mental disorder, juvenile crime, juvenile detainee, risk factor of crime

## I. Introduction

Psychiatry is a medical science includes both theoretical and practical areas. The aim of psychiatry is to investigate the nature and etiology of mental disorders on one hand, and find solutions for them on the other hand. Psychiatry, as so many other natural sciences has a wide range of application possibilities.<sup>2</sup> One is in the field of law enforcement and criminal justice, although in domestic practice it has only little significance so far. International scientific results and practical experience both suggest that the fulfillment of this lack of the utilization of psychiatric knowledge could be fruitful on several levels. The assessment of criminal liability based on the mental condition is the main aspect of crime management there psychiatry is utilized with the greatest importance.<sup>3</sup> Although forensic psychiatry has been in practice for decades in Hungary on a daily basis, the scientific background of it still lacks special scientific studies designed for this particular purpose and carried out on domestic samples. Besides the examination of mentally troubled offenders psychiatric experience can have its benefits in other areas of law enforcement activities. We collected here only a few examples of the possible importance of psychiatry in law enforcement, but one can assume that the scientific knowledge of human psyche can be applicable in all activities of that the agenda is serving society's wellbeing. Criminal profiling is a special activity in the service of investigative work of which the methodology is still under development. One of the latest approaches of criminal profiling applies clinical experience of which the basis is given by the psychiatric field. In the training of police staff a basic psychiatric knowledge could be

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<sup>1</sup> Mária Zsóka Bellavics, fellow researcher, University of Public Service, Faculty of Law Enforcement, Department of Criminal Psychology. E-mail address: bellavics.maria.zsoka@uni-nke.hu.

<sup>2</sup> Yasuhiro Monden, *Principles and practice of forensic psychiatry*. (Boca Raton: CRC Press, 2003).

<sup>3</sup> Sófi Gyula, 'A szakértői tevékenység jogi szabályozása', in *Igazságügyi gyermekpszichiátria*. ed. by Sófi Gyula and Fodor Miklós (Budapest, Oriold és Társai, 2014).

useful, especially if we consider that the most psychiatric patients have at least one encounter with law enforcement professionals during their lifetime. Therefore, being familiar with the practical manifestations of the most important mental disorders can be a great aid for policework in the field. In correctional facilities the psychiatric prevalence is extremely high, therefore prison and reformatory staff could benefit from a basic level psychiatric knowledge as well.<sup>4,5,6</sup>

Within the offender population juvenile criminals are a special subgroup. In terms of criminal carrier adolescence is crucial, since in this age-group criminal rate is outstandingly high.<sup>7</sup> On the other hand the onset of several psychiatric disorders is in the late adolescence or early twenties. Therefore, several empirical researches target this population when investigating the prevalence of mental disorders and its correlations with crime among offenders.<sup>8</sup> These studies found extreme levels of psychiatric affectedness among underage offenders.<sup>9</sup> In Hungary there are only a few studies have similar aims being carried out. One of them is led by the Department of Criminal Psychology, at the Faculty Law Enforcement at the University of Public Service.<sup>10</sup>

The aim of the present paper is to examine the potential link between psychiatric disorders affect juvenile offenders and criminal behavior. We examen the prevalence of mental disorders among young offenders based on international literature and results of a domestic empirical study. Then we discuss the potential role of the most common psychiatric disorders in deviant behavior with a special regard on the symptomatology.

## II. The prevalence of psychiatric disorders among juvenile offenders

Lately numerous studies aimed to assess the prevalence of psychiatric disorders among juvenile detainees. Based on their results mental problems in this population is extremely common; most empiric studies found prevalence between 50 and 90 percent.<sup>11,12</sup> Comorbidity shows remarkable levels as well, certain findings suggests that more than half of underage criminals meets the

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<sup>4</sup> Edwin I. Megargee, 'the Need for a New Classification System', *Correctional Psychologist* 4, no 2 (1977), 107-114. doi:10.1177/009385487700400201.

<sup>5</sup> Julio Arboleda-Flórez, 'Forensic psychiatry: contemporary scope, challenges and controversies', *World psychiatry : official journal of the World Psychiatric Association* 5, no 2 (2006), 87-91.

<sup>6</sup> Glenn E. Schellenberg et al., 'A review of arrests among psychiatric patients', *International Journal of Law and Psychiatry* 15 no 3 (1992), 251-264.

<sup>7</sup> Alex R Piquero, David P. Farrington and Alfred Blumstein, 'The criminal career paradigm', *Crime and justice* 30 (2003), 359-506.

<sup>8</sup>János Csorba et alii., 'Epidemiological investigation of psychiatric diseases of Transdanubian adolescent outpatients', *Mentálhigiéné és Pszichoszomatika* 9, no 1 (2008) 1. 35-59. <https://doi.org/10.1556/mental.9.2008.1.2>.

<sup>9</sup>Seena Fazel, Helen Doll and Niklas Langström, 'Mental Disorders Among Adolescents in Juvenile Detention and Correctional Facilities: A Systematic Review and Metaregression Analysis of 25 Surveys', *Journal of the American Academy of Child & Adolescent Psychiatry* 47, no 9 (2008), 1010-1019. <https://doi.org/10.1097/CHI.ObO13e31817eef3>.

<sup>10</sup> Haller József, Bellavics Mária Zsóka and Baráth Noémi, 'Kriminálpszichiátria — elméleti háttérés gyakorlati hasznosítás és hasznosítás', *Magyar rendészet* 3, (2020), 119-135. DOI: 10.32577/mr.2020.3.7.

<sup>11</sup> Christine Wilson Duclos et al., 'Prevalence of common psychiatric disorders among American Indian adolescent detainees', *Journal of the American Academy of Child & Adolescent Psychiatry* 37, no 8 (1998), 866-873.

<sup>12</sup> Daniel Rijo et al., 'Mental health problems in male young offenders in custodial versus community based-programs: implications for juvenile justice interventions', *Child and Adolescent Psychiatry and Mental Health* 10, no 1 (2016), 1-12.

diagnostic criteria more than two psychiatric disorders at a time.<sup>13</sup> The most common psychiatric disorders in juvenile offender population are summarized along with the levels of international prevalence in the table below. In the aim of demonstrating the severity of mental problems affecting juvenile offenders, we presented the prevalence of psychiatric disorders of the normal population as well.

*Table 1: The international prevalence of the most common psychiatric disorders among underage offenders<sup>14,15,16,17,18,19,20,21,22,23,24</sup>*

Psychiatric disorders		Prevalence in underage offender population	Prevalence in underage normal population
Conduct disorder (CD)		50-95%	5-14%
Oppositional Disorder (OD)		5.4- 53 %	
Substance Use Disorder (SUD)		39- 95%	1,8%
Alcohol Use Disorder (AUD)		25.9-55.8%	1,3%
Attention Deficit and Hyperactivity Disorder (ADHD)		11- 62.2 %	1,7-17,8%)
Posttraumatic Disorder (PTSD)		4.8%	5-10 %
Affective Disorders	Depression	17-78 %	0.2-17%
	Bipolar Depression:	2-20%	0-0.9%
Psychotic Disorders		3.8-45.3%	7.5%

<sup>13</sup> Ana M Abrantes, Norman G. Hoffmann and Ronald Anton, 'Prevalence of co-occurring disorders among juveniles committed to detention centers', *International Journal of Offender Therapy and Comparative Criminology* 49, no 2 (2005), 179-193.

<sup>14</sup> Gail A Wasserman et al., 'The voice DISC-IV with incarcerated male youths: Prevalence of disorder', *Journal of the American Academy of Child & Adolescent Psychiatry* 41, no 3 (2002), 314-321.

<sup>15</sup> Steven R Pliszka et al., 'Affective disorder in juvenile offenders: A preliminary study', *American Journal of Psychiatry* 157, no 1 (2000), 130-132.

<sup>16</sup> O.A. Adegunloye et al., 'Prevalence and Correlates of Destructive Behaviour Disorders in Youths in a Juvenile Borstal Institution', *Niger J Psychiatry*, 8, no 3 (2010), 12-7.

<sup>17</sup> Angela A Robertson et al., 'Prevalence of mental illness and substance abuse disorders among incarcerated juvenile offenders in Mississippi', *Child Psychiatry and Human Development* 35, no 1 (2004), 55-74.

<sup>18</sup> Lanette D Atkins et al., 'Mental health and incarcerated youth. I: Prevalence and nature of psychopathology', *Journal of Child and Family Studies* 8,2 no (1999), 193-204.

<sup>19</sup> Kathleen Ries Merikangas, Erin F. Nakamura and Ronald C. Kessler, 'Epidemiology of mental disorders in children and adolescents', *Dialogues in clinical neuroscience* (2022).

<sup>20</sup> Ian Kelleher et al., 'Prevalence of psychotic symptoms in childhood and adolescence: a systematic review and meta-analysis of population-based studies', *Psychological medicine* 42, no 9 (2012), 1857-1863.

<sup>21</sup> Marcel Aebi et al., 'The validity of conduct disorder symptom profiles in high-risk male youth', *European Child & Adolescent Psychiatry* 28, no 11 (2019), 1537-1546.

<sup>22</sup> Kathleen Ries Merikangas and Vetisha L. McClair, 'Epidemiology of substance use disorders', *Human genetics* 131, no 6 (2012), 779-789.

<sup>23</sup> Belinda Plattner et al., 'Psychopathology and offense types in detained male juveniles', *Psychiatry research* 198,2 no (2012), 285-290.

<sup>24</sup> Annette M La Greca and Mitchell J. Prinstein, 'Hurricanes and earthquakes' in *Helping children cope with disasters and terrorism*, ed by A M La Greca, W K Silverman, E M Vernberg, and M C Roberts (American Psychological Association, 2002).

In Hungary such data of juvenile offenders is limited, since to our knowledge, there has been no empirical findings of the mental status of this population published yet apart from a few examples - although there is such research being carried out at the time of the publication of this paper.<sup>25</sup> In the present paper, we demonstrate the partial results of one of these studies, that is the aforementioned work led by the Department of Criminal Psychology at the University of Public Service. The research in question is based on psychiatric interviews with the inmates of the Reformatory of Budapest. For the psychiatric examination the Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID) was applied. The MINI-KID is a structured diagnostic tool designed for scientific purpose.<sup>26</sup> The interview was led by trained professionals. The present results are from 84 adolescents within the age range of 13-20. 96,7% of the participants showed clinically significant symptoms of at least on psychiatric disorder and the average number of mental disorders was 6,08 (SD= 3,011). These values are extremely high even on international levels. Especially considering the level of comorbidity, it is evident that the psychiatric condition is a major issue in juvenile offender population. The prevalence of psychiatric disorders found in the sample are presented in the table (Table 2.) below.

Table 2.: The prevalence of psychiatric disorders in the Hungarian sample

Psychiatric disorders	Prevalence	
Conduct disorder	82,2 %	
Oppositional Disorder	47,6%	
Substance Use Disorder	73,8%	
Alcohol Use Disorder	28,6%	
Attention Deficit and Hyperactivity Disorder	47,6%	
Posttraumatic Stress Disorder	11,9%	
Affective Disorders	Depression	71,4%
	Bipolar Depression	29,1%
Psychotic Disorders	30%	

### III. Correlation between psychiatric disorders and deviant behavior

As we could see afore the prevalence of psychiatric disorders among underage offenders is extremely high. Since psychiatric patients are considered to be odd, sometimes dangerous outcasts in the eye of the laic community – which stigma not only false, but one of the main obstacle both patients and professionals have to face during their battle against the disease-, it is no wonder, that these results raises the question, whether the psychiatric condition has a direct role in the criminal behavior.<sup>27</sup> First of all, we want make that clear, that despite the stereotypes, most psychiatric patients are not violent or mean any threat to the society what so ever. In the other hand, that is scientifically proved that certain psychiatric disorder raises the risk of deviant behavior a great deal. This is true especially in the case of substance- and alcohol use and personality disorders.<sup>28</sup>

<sup>25</sup> Sófi, Gyula and Johanna, Farkas., 'Main characteristics of juvenile psychopathy in law enforcement aspects', 30 *Years of Independent Macedonian State*: 237.

<sup>26</sup> David V Sheehan et al., 'Reliability and validity of the mini international neuropsychiatric interview for children and adolescents (MINI-KID)', *The Journal of clinical psychiatry* 71, no 3 (2010), 17393.

<sup>27</sup> Alison J Gray, 'Stigma in psychiatry', *Journal of the royal society of medicine* 95, no 2 (2002), 72-76.

<sup>28</sup> Kendell L Coker et al., 'Crime and psychiatric disorders among youth in the US population: An analysis of the national comorbidity survey-adolescent supplement', *Journal of the American Academy of Child & Adolescent Psychiatry* 53, no 8 (2014), 888-898.

The basic diagnostic criteria that most psychiatric disorders share and is established by the Diagnostic and Statistical Manual of Psychiatric Disorders – DSM 5 is that all mental disorder must fit one of the following; symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. This means that in some way the behavior, the attitude or the capabilities of the patient are altered in some way, which causes significant trouble for him and hindering him from successfully managing his daily life.<sup>29</sup> It can lead to damage in several ways. We can see quite often, that the private life of psychiatric patients fell apart with the onset of the disorder and vivid conflicts become the part of his and his loved-one's every-days. They tend to lose their jobs or they are incapable to get one in the first place. Psychiatric patients are often under-educated, or if they are educated, they suffer rough impairment in their professional skills due to the cognitive deficits that comes with the disorder. Therefore, the socio-demographic circumstances of psychiatric patients are often devastating, which is an unfortunate consequence of the disease. This is a burden, not only the patients and their close relatives have to bear, but the whole society. In the light of these considerations, one can suppose that the presence of a psychiatric disorder per se can trigger deviant behavior, therefor criminality, independently of the actual nature of the condition. This is especially true to the underage population.<sup>30</sup> Adolescence is an extremely sensitive time for each human being. The rapid and extensive biological changes can provoke so severe behavioral and emotional turmoil in the teenager's psyche, that it is sometimes a challenge to distinguish the natural phenomena from the pathological ones even for professionals.<sup>31</sup> This is the period of life when vastly important feature of the social persona develops. This is reflected in criminal data as well, as it is a widely known fact that criminal activity shows a spike in the adolescent age-group.<sup>32</sup> Therefore, psychiatric disorders occurring during adolescence may lead to the aforementioned problems even on a more severe level.

As we discussed earlier, the very presence of any psychiatric disorder may raise the risk of deviancy due to the impairment of functioning. But if we consider the actual clinical picture of each mental disorders, we can assume, that the severity of this risk varies with the different symptomatology. This hypothesis is supported by international empirical data as well.<sup>33</sup> In the following, we make an attempt to investigate the link between psychiatric symptoms and criminality through the most common psychiatric disorders among juvenile detainees. Due to scope limitation, we focus only on the most important symptoms.

### **A Conduct disorder**

CD is the most common psychiatric disorders associated with deviant behavior in underage population. Only taking a look at the symptoms of CD the link between the too is evident. The symptoms of CD are the following;

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<sup>29</sup> DSM-5, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013. DOI: <https://doi.org/10.1176/appi.books.9780890425596>

<sup>30</sup> Benjamin Lê Cook, Nicholas Carson and Margarita Alegria, 'Assessing racial/ethnic differences in the social consequences of early-onset psychiatric disorder', *Journal of Health Care for the Poor and Underserved* 21, no 2 (2010), 49.

<sup>31</sup> Rachel E Wiley and Steven L. Berman, 'Adolescent identity development and distress in a clinical sample', *Journal of clinical psychology* 69, no 12 (2013), 1299-1304.

<sup>32</sup> Piquero, Farrington and Blumstein, 'The criminal carrier paradigm' (2003).

<sup>33</sup> Carlijn J M Wibbelink et al., 'A meta-analysis of the association between mental disorders and juvenile recidivism', *Aggression and Violent Behavior* 33 (2017), 78-90.

1. Aggression to people and animals
2. Bully, threat, or intimidation
3. Initiation of physical fights
4. Use of weapon
5. Physical cruelty to people
6. Physical cruelty to animals
7. Stealing while confronting
8. Forcing sexual activity
9. Destruction of property
10. Deliberately setting fire
11. Deliberately destroying others' property
12. Deceitfulness or theft
13. Breaking into a house, building or car.
14. Lying to obtain goods or favors or to avoid obligations
15. Stealing items of value
16. Serious violations of rules
17. Staying out at night beginning before age 13 years.
18. Running away from home overnight
19. Truant from school before age 13 years.

CD is a condition which is per se a constant and pervasive rule breaking, violent and hostile attitude that makes the person prone to criminal behavior. CD can be considered as the underage version of antisocial personality disorder, although one must keep in mind, that not all children with CD turn out to be antisocial as an adult. A special subgroup of children with CD shows further antisocial traits: lack of remorse and guilt, callousness, lack of empathy, lack of concern about performance and shallow, deficient affects. They are basically the notorious psychopathic traits, that are well -known in criminological literature.<sup>34</sup>

### ***B Oppositional disorder***

The symptoms of OD are the following;

1. Angry, irritable mood
2. Often loses temper
3. Often touchy or easily annoyed
4. Angry and resentful
5. Argumentative, defiant behavior
6. Argues with authority figures
7. Actively defies to comply with requests from authority figures
8. Deliberately annoys others
9. Blames others for his or her mistakes or misbehavior
10. Vindictiveness
11. Spitefulness

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<sup>34</sup> American Psychiatric Association, 2013

OP can be considered the milder version of CD. The risk of criminality with OD is not as high as with CD, but the provocative, hostile and irritable attitude can lead to deviant behavior- although, when it does, the condition is more correspondent to the diagnoses of CD than OD. Therefore, OP is not as highly associated with crime as CD.<sup>35,36</sup>

### ***C Substance use disorder***

The diagnoses of SUD require deep involvement of substance abuse – both illicit drugs and prescription medication. Therefore, only abusing substance does not mean the presence of the disorder. The symptoms of SUD are the following;

1. Taking in larger amounts of substance than was intended
2. Persistent desire or unsuccessful efforts to cut down substance use
3. A great deal of time is spent in activities to obtain, to use substance or recover from its effects
4. Craving
5. Substance use resulting in a failure to fulfill obligations
6. Substance use despite having persistent problems from it
7. Continued substance use despite having persistent problems caused by it
8. Important activities are given up because of substance use
9. Recurrent substance use in situations in which it is physically hazardous
10. Substance use is continued despite having a problem that is caused by it
11. Tolerance
12. Withdrawal

Substance abuse per se is considered to be an illegal act, so the link between SUD and criminality explains itself. Although besides the illegal nature of drug abusing, there are further effects of SUD that makes the person prone to criminality. SUD has a pervasive destructive impact on the overall personality. Prolonged drug use triggers both psychological and biological dependency to drug. Besides dependency tolerance is a quite risky affect of drugs, since at a certain point the person needs bigger quantities of the drug to achieve the desired effect. Due to dependency the drug becomes a basic need for life, so the subject who started to use drugs for pleasure, after a certain amount of time starts to seek it under the force of the painful symptoms of withdrawal. This is one of the main reasons why drug addicts get involved to illegal activities – they need more and more money the quickest way possible to get the needed substance without what they are incapable to exist.<sup>37,38</sup>

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<sup>35</sup> American Psychiatric Association, 2013

<sup>36</sup> Stehen Scott, 'Oppositional and conduct disorders', *Rutter's child and adolescent psychiatry* (2015), 911-930.

<sup>37</sup> Miguel Chalub and Lisieux E. Telles, 'Alcohol, drugs and crime', *Brazilian Journal of Psychiatry* 28, (2006): 69-73.

<sup>38</sup> Claudia E Van der Put, Hanneke E. Creemers and Machteld Hoeve, 'Differences between juvenile offenders with and without substance use problems in the prevalence and impact of risk and protective factors for criminal recidivism', *Drug and alcohol dependence* 134, (2014), 267-274.

### ***D Alcohol use disorder***

Same as the case of SUD, AUD comes with a significant and pervasive deterioration of the overall personality and functioning. The symptoms of AUD are the following;

1. Taking in larger amounts of alcohol than was intended
2. Persistent desire or unsuccessful efforts to cut down alcohol use
3. A great deal of time is spent in activities to obtain, to use alcohol or recover from its effects
4. Craving
5. Alcohol use resulting in a failure to fulfill obligations
6. Alcohol use despite having persistent problems from it
7. Continued alcohol use despite having persistent problems caused by it
8. Important activities are given up because of alcohol use
9. Recurrent alcohol use in situations in which it is physically hazardous
10. Alcohol use is continued despite having a problem that is caused by it
11. Tolerance
12. Withdrawal

People with AUD – which is way more than only drink alcohol regularly – are suffer serious damages on the level of cognitive, emotional and social functions. Therefore, their capability to get and keep a job is decreasing with the seriousness of their condition. This leads to gravis financial difficulties most of the cases. If the condition sets on during adolescence the damage might be eve more serious, since the patient misses his most valuable years to get professional skills and become a useful member of society. Since alcohol has a severe impact on emotional regulation, people with AUD tend to be aggressive, especially under the effect of acute intoxication or withdrawal. Since AUD is rarely tolerated by people who do not abuse alcohol regularly, the AUD patient tend to have passionate conflicts with loved-ones, what he often handles with aggression due to his condition. These effects can lead to further social deterioration with the destruction of the privet life of the patient. All these phenomena may raise the probability of criminality on a significant level.<sup>39</sup>

### ***E Attention Deficit and Hyperactivity Disorder***

ADHD is one of the most serious psychiatric disorders affect mainly children. ADHD has an enormous effect on the emotional, cognitive and social development of children. The symptoms of ADHD are the following;

#### **Inattention**

1. Failing to give close attention to details
2. Difficulty sustaining attention in activities
3. Not seem to listen when spoken to directly
4. Not follow through on instructions and fails to finish tasks
5. Difficulty organizing activities

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<sup>39</sup> Jeffrey J Wilson et al., ‘Substance abuse and criminal recidivism: A prospective study of adolescents’, *Child psychiatry and human development* 31, no 4 (2001), 297-312.



6. Dislikes to engage in tasks that require sustained mental effort
7. Loses things necessary for tasks
8. Easily distracted by extraneous stimuli
9. Often forgetful in daily activities

#### Hyperactivity and impulsivity

10. Fidgets with or taps hands or feet or squirms in seat
11. Often leaves seat in situations when remaining seated is expected
12. Runs about or climbs when it is inappropriate
13. Unable to play or engage in activities quietly
14. Is often “on the go,” acting as if “driven by a motor”
15. Talks excessively
16. Blurts out an answer before a question has been completed
17. Has difficulty waiting his or her turn
18. Interrupts or intrudes on others

Young patients suffer from ADHD has to face great distress during their schoolyears. They have extreme difficulties to focus on the material and acquire the skills they would need to success in their adult life. In some cases, these young patients suffer a great deal of emotional distress, since due to their behavioral difficulties they tend to be targets of bullying by peers, and in some occasions even by teachers. All these distresses and the development failures can be indirect causes of deviancy. Impulsivity, the elevated levels of energy and the lack of concentration may be direct factors in the development of deviant behavior alongside with other symptoms of ADHD.<sup>40,41</sup>

#### ***F Post-Traumatic Stress Disorder***

PTSD occurs among the victims of some-kind of trauma. The trauma is usually life-threatening, but based on the DSM 5, it is no longer a requirement, that the threat must be objective, the trauma perceived to be a life-threat only by the victim can trigger PTSD as well. The symptoms of PTSD are the following;

1. Intrusion symptoms (e.g.: distressing memories, dreams of the traumatic event, dissociative reactions, intense distress at exposure to cues related to the traumatic event)
2. Avoidance symptoms (e.g.: memories, thoughts, feelings and external reminders related to the trauma)
3. Negative alterations in cognitions and mood (e.g.: memory loss in relation of the traumatic event, negative beliefs, distorted cognitions about the cause or consequences of the traumatic event, negative emotional state, feelings of detachment or estrangement from others)
4. Alterations in arousal and reactivity (e.g.: irritable behavior, hypervigilence, angry outbursts, problems with concentration, sleep disturbance)

PTSD is a severe and without treatment, a potentially chronic disease. It has a great impact on the patient’s well-being and functioning, meaning what, the lack of adequate medical aid, people with

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<sup>40</sup> Susan Young, 'Forensic aspects of ADHD' in *Handbook of attention deficit hyperactivity disorder*, ed by Michael Fitzgerald, Mark Bellgrove and Michael Gill (Chichester: John Wiley & Sons Ltd, 2007).

<sup>41</sup> Jessica A Simmons and Kevin M. Antshel, 'Bullying and depression in youth with ADHD: A systematic review', *Child & Youth Care Forum* 50, no. 3 (2021).

PTSD may suffer gravis decrease of life-quality. One of the most harmful consequences of PTSD is the loss of the patient's sense of safeties. These people are literally stuck in the alarming emotional state of fight or flight. They are constantly prepared for attacks and ready to escape or fight back. The intrusive flash-backs and nightmares give them a constant terror and keep reminding them the trauma they had suffered. Another extremely painful symptom is PTSD is the loss of the capability to trust in people and the world. They become alienated from loved-ones; they lose interest in daily activities. They are constantly irritable, sometimes hostile and aggressive. All these consequences make the patient vulnerable and prone to deviant behavior, that may lead to crime.<sup>42</sup>

### ***G Affective Disorders***

Both depression and maniac symptoms have their place among the most common mental disorders affect the juvenile detainee population, although the latter has unquestionably the more important role. The most important affective symptoms are the followings;

Depression	Mania
1. Depressed mood	1. Increased energy or activity
2. Diminished interest or pleasure in activities	2. Inflated self-esteem or grandiosity
3. Insomnia or hypersomnia	3. Decreased need for sleep
4. Psychomotor agitation or retardation	4. More talkative than usual
5. Fatigue or loss of energy	5. Flight of ideas
6. Feelings of worthlessness or excessive guilt	6. Distractibility
7. Diminished ability to think or concentrate	7. Increase in goal-directed activity
8. Recurrent thoughts of death	8. Involvement in activities that have a high potential for painful consequences

Depression, especially when associated with irritable symptoms – which is the case in underage population- can manifest in aggressive behavior. In the other hand mania mean a greater risk of deviancy. The sometimes extreme levels of elevated energy, impulsiveness, the accelerated thinking and psychomotor easily can lead to risky behavior, which is actually one of the diagnostic criteria per se. The maniac patient gets involved into social activities with a great, sometimes disturbing intensity. They show higher levels of sexual activity as well, which often manifests in sexually inappropriate behavior. This raises the risk of sexual nature criminality as well. The grandiosity that comes with mania gives the patient a sense of self-importance and entitlement. This self-perception can reach the psychotic level, when the patient loses the touch with reality, and his ideas of grandiosity become irrational. Especially at the case of psychotic mania the threat of criminality is great.<sup>43</sup>

### ***H Psychotic disorders***

We left psychotic disorders for the end not because they are the less significant in terms of criminal behavior, but because the opposite is the case. The main manifestations of psychoses;

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<sup>42</sup> Matthew A Stimmel et al., 'Trauma exposure, posttraumatic stress disorder symptomatology, and aggression in male juvenile offenders', *Psychological trauma: theory, research, practice, and policy* 6, no 2 (2014), 184.

<sup>43</sup> Eileen P Ryan and Richard E Redding, 'A review of mood disorders among juvenile offenders', *Psychiatric services* 55, no 12 (2004), 1397-1407.

1. Hallucinations
2. Delusions
3. Disorganized speech
4. Grossly disorganized or catatonic behavior

In fact, psychotic disorders have a very special place among the offenders with psychiatric disorders. The reason for that they are mentioned only briefly here, is because in the scope of the actual paper we focus on the psychiatric prevalence that was found in normal prison and reformatory population. Perpetrators of crime committed under psychosis are treated in forensic institutions and require a whole different approach. But only because an offender did not suffer from psychoses at the time of the offence, does not mean that he had been never in this special condition, so the empirical findings suggest. Psychosis is a condition can occur on the basis of several psychiatric disorders. Due to scope limitations, we focus here only the psychotic symptoms, and ignore their potential etiology. The most dangerous psychotic phenomenon is hallucination. Within hallucinations the acoustic type has special significance in terms of criminality. Especially commending hallucination can encourage the patient to attack others. Delusions are the other psychotic symptoms with criminal importance. These special beliefs of which the reality the patient is convinced without doubt are often motives of gruesome violence. Persecutory, paranoid ideation, control-override, religious thoughts and misidentification syndrome are supposed to be the most dangerous types of delusions.<sup>44</sup>

#### IV. Summary

In the scope of the present paper, we examined the prevalence of psychiatric disorders among juvenile offenders. We presented the prevalence of mental disorders found abroad and presented partial results of an ongoing Hungarian study of which the agenda is to estimate the psychiatric involvement of inmates of juvenile correctional facilities. In the second part of the publication, we summarized the symptomatology of the most common psychiatric disorders and made an attempt to identify the symptoms that may have the most important role in the criminal behavior. Due to length limitation, we did not have the opportunity to dive deep into the dynamics of each psychiatric disorders that show correlation with criminality, this is a task left for further studies to complete. Here, our agenda was to give a highlight of the significance of the extremely high prevalence of psychiatric disorders occur among juvenile offenders. We hope that our brief presentation fulfilled its aim and has successfully convinced the reader that a basic knowledge of psychiatry can support law enforcement staff while performing its task.

#### V. References

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