IRASA International Scientific Conference
SCIENCE, EDUCATION, TECHNOLOGY AND INNOVATION
SETI VII 2025
Book of Proceedings
https://doi.org/10.62982/seti07.anmi.44

YOUTH PSYCHOPATHOLOGY AND SECURITY CHALLENGES: FROM INDIVIDUAL DISORDER TO SOCIETAL THREAT

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Abstract

This paper explores the relationship between childhood maltreatment, psychiatric disorders, and criminal behavior in young adulthood. The aim of the study is to identify risk factors that contribute to the development of personality disorders and the propensity to commit criminal acts, particularly violent offenses. The research is based on a longitudinal study involving psychiatric assessments of children and adolescents aged 10–18, with structured interviews conducted with both children and their primary caregivers, followed by tracking the participants' criminal records between ages 16 and 21. The findings indicate that disorders such as borderline and antisocial personality disorder are strongly associated with previous experiences of abuse, behavioral problems, and substance use. While childhood psychiatric disorders significantly increase the risk of later criminality, a considerable number of young offenders have no diagnosed childhood pathology. The highest risk was observed in individuals with multiple co-occurring disorders. The study highlights the critical importance of early intervention and improved coordination between mental health services and the criminal justice system to reduce the likelihood of criminal behavior in adulthood.

Key words: *Childhood maltreatment, personality disorders, criminal behavior, mental health, adolescents, early intervention*.

Introduction

Adolescence represents a pivotal stage in human development, characterized by rapid and complex transformations across biological, cognitive, and socio-emotional domains. During this period, individuals experience not only physical maturation but also significant neurocognitive and psychosocial changes that shape personality, moral reasoning, and behavioral tendencies. While many adolescents navigate these changes successfully, a substantial proportion exhibit psychiatric vulnerabilities that significantly influence their trajectory toward either adaptive or maladaptive outcomes. Psychiatric disorders in adolescence—ranging from Conduct Disorder

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(CD) and Oppositional Defiant Disorder (ODD) to Attention Deficit Hyperactivity Disorder (ADHD), Borderline Personality Disorder (BPD), and Antisocial Personality Disorder (ASPD)—have been repeatedly linked with an elevated risk of criminal behavior in later life [1, 2].

The purpose of this paper is to explore the multifaceted relationship between adolescent psychiatric disorders and criminal conduct. In particular, it examines how neurobiological, psychosocial, and environmental factors interact to predispose youths to delinquency, and highlights the social, security, and legal implications of these phenomena. This analysis not only emphasizes the clinical relevance of early identification and intervention but also underscores the broader public health and policy imperatives associated with adolescent psychopathology and crime.

Psychiatric disorders and the etiology of criminal behavior

Adolescents with psychiatric disorders often exhibit behavioral patterns that significantly increase the risk of offending. Conduct Disorder (CD) is characterized by a persistent pattern of aggressive, deceitful, or antisocial behaviors, frequently involving violations of social norms or the rights of others. Oppositional Defiant Disorder (ODD) manifests as chronic defiance, irritability, and hostility toward authority figures, which, if unaddressed, can escalate into more severe antisocial conduct [3]. ADHD contributes to impulsivity and poor executive functioning, while personality disorders such as BPD and ASPD involve emotional dysregulation, unstable interpersonal relationships, and a lack of empathy, all of which can facilitate criminal behaviors [4].

Evidence from longitudinal studies underscores the predictive value of these disorders. Adolescents diagnosed with Conduct Disorder are nearly four times more likely to engage in criminal activity before the age of 21 compared to their peers without such diagnoses [5]. Mood disorders, including depression and anxiety, particularly when co-occurring with substance abuse, are associated with increased risk of violent offenses [6]. Early trauma, such as physical abuse, sexual abuse, or exposure to domestic violence, further exacerbates vulnerability to delinquency. A meta-analysis of 45 studies reported that children exposed to chronic maltreatment were twice as likely to develop antisocial behaviors and engage in criminal acts during adolescence and adulthood.

Familial and environmental influences play a critical role in shaping these outcomes. Dysfunctional family dynamics, including inconsistent parenting, lack of emotional support, and exposure to criminal behavior, contribute to maladaptive coping strategies and increased risk-taking. Protective factors such as strong parental attachment, consistent discipline, and supportive educational environments mitigate these risks. Importantly, the interaction between individual vulnerabilities and environmental stressors highlights the need for a multidimensional perspective in understanding the etiology of adolescent criminal behavior.

Neurobiological foundations and risk factors

The adolescent brain undergoes substantial structural and functional changes that affect behavior and decision-making. The prefrontal cortex, responsible for executive functions including planning, impulse control, and moral reasoning, matures later than the limbic system, which governs emotional processing and reward sensitivity [7]. This developmental asynchrony often leads to heightened impulsivity, emotional reactivity, and susceptibility to risk-taking behaviors, particularly in contexts involving peer influence or social evaluation.

Neuroimaging studies reveal that adolescents with histories of criminal behavior often exhibit reduced activation in prefrontal regions, as well as hyperactivity in the amygdala, which mediates fear and aggression responses [8]. Dysregulation of the hypothalamic–pituitary–adrenal (HPA) axis, which governs stress responses, has been linked to chronic irritability, reactive aggression, and vulnerability to trauma-related psychopathology [9]. These neurobiological mechanisms interact with environmental stressors, such as exposure to violence, poverty, and social marginalization, creating cumulative risk pathways toward antisocial behavior.

Other risk factors include low intellectual functioning, academic difficulties, peer rejection, and association with deviant peers [10, 11]. Research indicates that adolescents with below-average cognitive performance are more likely to engage in opportunistic criminal behaviors, particularly when combined with impulsivity and limited social problem-solving skills. Additionally, adolescents from socioeconomically disadvantaged backgrounds face heightened exposure to environmental stressors, reinforcing the interplay between neurobiological vulnerabilities and social determinants of criminality.

Peer influence and substance abuse

Peer influence remains one of the most robust predictors of adolescent delinquency. Adolescents immersed in deviant peer networks are significantly more likely to engage in criminal behaviors, including theft, vandalism, and violent acts [12]. Social reinforcement of antisocial norms and increased exposure to criminal opportunities amplify this risk.

Substance use is closely intertwined with psychiatric vulnerability and peer influence. Approximately 65% of incarcerated youth meet criteria for substance use disorders, and an additional 20% were under the influence of drugs or alcohol at the time of their offense [14]. Opioids, alcohol, and cannabis are particularly implicated in impulsive and violent behaviors. Social groups at elevated risk include homeless adolescents, displaced youth, school dropouts, and veterans lacking social support [15, 16, 17]. Intervention programs targeting substance use and peer network influences have demonstrated reductions in both psychiatric symptoms and delinquent behaviors, highlighting the importance of integrated treatment approaches.

Sociocultural context significantly shapes adolescent behavioral trajectories. Adolescents growing up in communities characterized by high violence, social instability, and weak institutional support are more likely to develop maladaptive coping mechanisms and engage in delinquent conduct [18]. Peer-group affiliations further magnify this risk, as deviant norms and reinforcement perpetuate antisocial behavior.

The security implications of adolescent crime are multifaceted, ranging from property offenses and school violence to organized criminal activity and domestic abuse [19]. Many adolescents who engage in criminal acts have prior contact with social or healthcare services but fail to receive effective psychiatric interventions [20]. These service gaps reflect systemic limitations, including insufficient interagency coordination, shortage of trained mental health professionals, and lack of community-based support structures. Addressing these deficiencies requires a holistic strategy that combines preventive, clinical, and legal interventions.

Criminal responsibility and forensic assessment

Legally, adolescence constitutes a distinct developmental period during which criminal responsibility is evaluated with regard to cognitive, emotional, and moral maturity. In Serbia, the minimum age of criminal responsibility is 14 years, with courts required to evaluate the adolescent's capacity to comprehend the consequences of their actions [21].

Forensic psychiatric assessment is critical in determining the influence of psychiatric disorders on accountability. Adolescents with ASPD, CD, or severe mood disorders often exhibit impaired rational decision-making at the time of offending [22]. While Serbian juvenile law allows for educational sanctions and institutional treatment, practical limitations—such as inadequate staffing and insufficient forensic infrastructure—impede effective implementation [23]. Multidisciplinary approaches, combining psychiatric evaluation, social history assessment, and risk assessment tools, are recommended to enhance accuracy and ensure that interventions are proportionate and therapeutically oriented.

Comorbidity and escalation toward violence

Comorbidity is prevalent among adolescents with psychiatric disorders, significantly heightening the risk of aggressive and criminal behavior. Conduct Disorder often co-occurs with ADHD, mood disorders, and substance use disorders, creating a multifaceted risk profile [24]. Adolescents with such comorbidities exhibit heightened impulsivity, emotional dysregulation, poor judgment, and reduced risk perception.

Meta-analytic evidence indicates that psychiatric comorbidity doubles the likelihood of repeat offending compared to adolescents with a single diagnosis [25]. The presence of multiple disorders complicates treatment, necessitating integrated interventions that simultaneously address behavioral, emotional, and cognitive vulnerabilities.

Combining cognitive-behavioral therapy with family interventions, educational support, and pharmacotherapy can reduce both recidivism and symptom severity, highlighting the efficacy of comprehensive treatment models.

Emerging challenges: digital environment and cyber delinquency

Digital environments represent an emerging context for adolescent delinquency. Increased access to social media, online gaming, and unregulated digital communities has created new pathways for antisocial behavior, including cyberbullying, online harassment, and participation in extremist networks [26]. Adolescents with psychiatric vulnerabilities—particularly those with ADHD and BPD—are at heightened risk due to impulsivity and poor impulse control [27].

The COVID-19 pandemic exacerbated these vulnerabilities, with prolonged social isolation correlating with increases in cyberbullying, online fraud, and mental health difficulties [28]. Effective prevention strategies must integrate digital literacy, parental monitoring, and policy measures aimed at regulating online platforms while fostering safe digital engagement.

Policy, prevention, and global perspectives

Preventing adolescent criminal behavior requires multisystemic interventions that integrate mental health, educational, and justice systems. Early screening in schools, training for educators and parents, and timely access to psychiatric services are fundamental components. Evidence-based programs such as Multisystemic Therapy (MST) have demonstrated significant reductions in recidivism and improvements in psychosocial functioning [29].

Globally, agencies like WHO and UNODC emphasize embedding mental health services within juvenile justice systems. Programs that combine diversion strategies, community-based psychiatric services, and rehabilitation-focused sentencing have achieved substantial reductions in repeat offending [30]. In Serbia, recommended reforms include expanding forensic psychiatry units, establishing juvenile mental health courts, and reinforcing probation systems with integrated psychiatric care. Addressing stigma and reframing juvenile delinquency as a mental health and security concern are essential for sustainable outcomes.

School and educational system as a protective factor

Schools serve as critical environments for both risk identification and intervention. Educational institutions provide opportunities for early detection of behavioral and emotional disorders, which can be pivotal in preventing escalation toward delinquency. Teachers and school counselors often observe early warning signs such as aggression, truancy, declining academic performance, and social withdrawal [31].

Programs integrating mental health education, peer mentoring, and social-emotional learning (SEL) have shown effectiveness in promoting pro-social behavior and

reducing school-based incidents of violence. For example, a study in the United States indicated that adolescents participating in SEL programs demonstrated a 10–15% reduction in aggressive behaviors and improved academic engagement over two academic years. In contexts with limited psychiatric resources, schools can serve as primary intervention points, bridging gaps between mental health services and at-risk youth.

Crisis periods, trauma, and life events

Adolescents experiencing acute or chronic stress are particularly vulnerable to criminal behavior. Life events such as parental divorce, bereavement, domestic violence, or community-level crises can exacerbate underlying psychiatric conditions, triggering impulsive or aggressive acts [32]. Exposure to traumatic experiences often leads to dysregulation of emotional and stress-response systems, further increasing the risk of impulsive aggression, substance use, and antisocial behavior. Longitudinal studies show that adolescents exposed to multiple adverse childhood experiences (ACEs) have significantly higher rates of criminal involvement compared to peers without such exposure [32]. Interventions targeting trauma, such as trauma-focused cognitive behavioral therapy (TF-CBT) and resilience-building programs, have demonstrated efficacy in mitigating these risks and improving psychosocial outcomes.

Reintegration and post-detention support

A critical component of reducing recidivism among juvenile offenders is effective reintegration into society. Adolescents released from institutional care or juvenile detention face multiple challenges, including stigma, disrupted education, and limited social support. Structured post-detention programs that provide counseling, vocational training, educational support, and continued psychiatric care are associated with lower rates of reoffending [33]. Multidisciplinary teams involving mental health professionals, social workers, educators, and probation officers are essential for designing individualized reintegration plans that address both behavioral and psychosocial needs.

Conclusion

Adolescent psychopathology is intricately linked to the risk of criminal behavior. Neurobiological vulnerabilities, psychiatric disorders, environmental stressors, peer influences, and emerging digital contexts interact to shape the trajectory of at-risk youth. The presence of comorbid conditions, early trauma, and social disadvantage further amplifies this risk.

Neglecting adolescent mental health not only perpetuates cycles of violence and crime but also undermines broader societal security and public health. Addressing this challenge requires a comprehensive, multi-level strategy that integrates mental health services, educational interventions, community support, and justice system reforms.

Early detection, trauma-informed care, substance abuse treatment, and digital literacy programs are all integral to a proactive prevention model.

Investments in multidisciplinary and multisystemic approaches—including forensic psychiatric services, school-based interventions, community support networks, and post-detention reintegration—are not only ethically and clinically justified but also strategically essential for reducing juvenile criminality. Ultimately, only coordinated, evidence-based responses can disrupt the cycle of poverty, trauma, and psychiatric vulnerability that drives adolescent delinquency.

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