

## Juvenile recidivism and comorbid mental health disorders: a case report and literature review

Benedetta Barchielli

### OPEN ACCESS

#### Double blind peer review

**How to cite this article:** Barchielli B. (2025). Juvenile recidivism and comorbid mental health disorders: a case report and literature review. *Rassegna Italiana di Criminologia*, XIX, 2, 099-105  
<https://doi.org/10.7347/RIC-022025-p099>

**Corresponding Author:** Benedetta Barchielli, email: [benedetta.barchielli@uniroma1.it](mailto:benedetta.barchielli@uniroma1.it)

**Copyright:** © 2025 Author(s). This is an open access, peer-reviewed article published by Pensa Multimedia and distributed under the terms of the Creative Commons Attribution 4.0 International, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. *Rassegna Italiana di Criminologia* is the official journal of Italian Society of Criminology.

© The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest. This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors

**Received:** 03.06.2025

**Accepted:** 28.06.2025

**Published:** 30.06.2025

Pensa MultiMedia

ISSN 1121-1717 (print)

ISSN 2240-8053 (on line)

[doi10.7347/RIC-022025-p099](https://doi.org/10.7347/RIC-022025-p099)

#### Abstract

Juvenile recidivism remains a critical concern within the justice system, particularly when intertwined with mental health comorbidities. Adolescence represents a sensitive developmental period during which untreated psychiatric disorders, neurocognitive deficits, and systemic failures contribute to persistent offending. This article explores the complex interplay between mental health disorders and recidivism through the case of Filippo, a young offender with a longstanding criminal history and multiple psychiatric comorbidities, alongside a systematic review of relevant literature. Filippo's case exemplifies how untreated mental health conditions and systemic challenges contribute to juvenile recidivism. Effective strategies must integrate comprehensive mental health care, forensic consistency, and developmental support within the juvenile justice framework to mitigate recidivism and improve long-term outcomes.

**Keywords:** juvenile recidivism, mental health, ADHD, conduct disorder, antisocial personality disorder, forensic psychiatry, youth justice system

## Juvenile recidivism and comorbid mental health disorders: a case report and literature review

### Introduction

Persistent or repeat offenders, often categorized as recidivists, exhibit long criminal trajectories that frequently begin in adolescence and involve multiple engagement in similar types of offenses (Sabatello, 2010). Recidivism, a critical issue within the study of criminal behavior, refers to the tendency of individuals to reoffend following punishment. Psychological mechanisms underlying this pattern of behavior are commonly attributed to impaired executive functions, such as deficits in problem-solving, impulse control, and the ability to plan actions and thoughts effectively (Sabatello, 2010). Understanding why individuals persist in criminal behaviors despite judicial interventions remains a key area of inquiry.

The recurrence of recidivism has been linked to numerous sociodemographic factors, including gender (Wang et al., 2019), educational attainment (Steurer & Smith, 2003), substance use problems (Håkansson & Berglund, 2012), and the nature of offenses committed (Yukhnenko et al., 2020). Socioeconomic challenges, such as financial instability post-release (Beek et al., 2023), limited employment opportunities and unstable work histories (Ramakers et al., 2017), alongside neighborhood environments (Kubrin & Stewart, 2006), further exacerbate the risk of reoffending. Additionally, previous research indicates that both youth and adult offenders tend to exhibit lower emotional intelligence (EI) traits compared to non-offenders (Hayes & Reilly, 2013). Empirical evidence further supports a link between low emotional intelligence and recidivism. For instance, Stephens and Nel (2014) observed that most offenders demonstrate poor EI traits, while Kimonis et al. (2016) found that among juvenile offenders, recidivism was associated with deficits in empathy and emotional regulation—key characteristics of low EI. These deficits often manifest as a lack of guilt, poor emotional expression, and a reduced capacity for empathy. Moreover, Wang et al. (2019) noted that while emotional intelligence did not directly predict recidivism, it could influence it indirectly through childhood trauma as a mediating factor.

A meta-analysis conducted by Cottle, Lee, and Heilbrun (2001) identified prior criminal history as the strongest predictor of juvenile recidivism, among 30 factors categorized into eight domains, including demographics, family dynamics, substance use, clinical indicators, and formal risk assessments. Additional significant predictors included dysfunctional family environments, problematic peer associations, ineffective leisure time management, and mental health issues of lesser

severity. A meta-analysis examined the relationship between recidivism and mental disorders in juvenile offenders (Wibbelink et al., 2017). The study found a significant overall association, particularly with externalizing disorders such as ADHD and conduct disorder, which were linked to higher recidivism rates. In contrast, internalizing disorders often did not increase the risk of recidivism and, in some cases, had a protective effect, especially among females. Additionally, the study highlighted that the presence of comorbid internalizing and externalizing disorders significantly heightened recidivism risks, emphasizing the complexity of mental health factors in predicting juvenile delinquency outcomes. Notably, this contrasts with earlier findings by Cottle et al. (2001), which linked non-severe pathology, such as anxiety and distress symptoms, to higher recidivism risk—a discrepancy likely influenced by differing inclusion criteria and effect size assessments.

The complex nature of recidivism highlights the need for further investigation into the link between mental health and repeat offending during adolescence. This stage of development is particularly sensitive, and youth involved in the juvenile justice system often present with dynamic mental health risk factors that may be responsive to intervention. Examining these relationships through case-based and thematic reviews can offer deeper insights into the role of mental health disorders, trauma histories, and deficits in emotional regulation in recidivism. Such an approach underscores the importance of therapeutic strategies that address both individual psychological vulnerabilities and broader systemic challenges to effectively reduce the risk of reoffending.

### Methods

A systematic literature search was carried out using PubMed, Scopus, and PsycINFO with the following search strategy: («adolescent» OR «youth» OR «teen\*» OR «young people» OR «juvenile») AND («mental health» OR «psychological wellbeing» OR «psychiatric disorders» OR «mental illness») AND («recidivism» OR «reoffending» OR «repeat offending»). The reference lists of the retrieved articles were also reviewed to identify additional studies meeting the inclusion criteria. Only original research articles, published between 2014 and 2024, that specifically examined the relationship between adolescence, mental health and recidivism were included. Studies were excluded if they were meta-analyses, psychosocial interventions, clinical trials, imaging protocols, literature reviews, or not available in English. A total of 4,362 arti-

cles were initially identified. After duplicates were removed, 4,233 articles remained. Screening of titles and abstracts narrowed this number to 523 articles. Following a full-text review, 8 articles were included in the final analysis (Table 1). A qualitative and thematic analysis of the findings was conducted, focusing on recidivism prevalence, the presence of mental health disorders, and the

specific risks of recidivism associated with various mental health conditions in juvenile delinquency. Although the process was conducted in a double-blind manner, a systematic approach was employed to identify publications from the last ten years that explored the link between mental health and recidivism in juvenile delinquency.

Table 1

Title	Year	Aim	Population	Country
Tolou-Shams et al.	2023	To examine the association between psychiatric symptoms, substance-related problems, and recidivism among youth.	361 justice-involved youth aged 12–18	United States
Baglivo et al.	2017	To explore the role of parental mental health and neuropsychological deficits in juvenile recidivism.	Over 11,000 male juvenile offenders	United States
Barrett et al.	2014	To analyze the impact of early adverse experiences and mental health on juvenile delinquency and recidivism.	99,602 youth processed by juvenile courts	United States
Edberg et al.	2022	To assess recidivism rates among offenders with and without intellectual disabilities.	3,365 offenders sentenced to forensic care	Sweden
Kim et al.	2017	To estimate psychiatric disorder prevalence and its link to repeat offending among male juvenile detainees.	173 juvenile detainees	South Korea
Van der Put et al.	2016	To examine differences in recidivism rates and risk/protective factors for offenders with and without ADHD.	Juvenile offenders with AD(H)D (n = 1,348), with both AD(H)D and conduct problems (n = 933), and without AD(H)D or conduct problems (n = 2,180)	Netherlands
Wojciechowski	2021	To analyze the impact of major depressive disorder on recidivism among juvenile offenders.	1,354 juvenile offenders across the 84 months following adjudication for a serious offense.	United States
Poyraz Findik et al.	2019	To examine psychiatric diagnoses, comorbidity patterns, and risk factors related to recidivism in juveniles under probation.	55 juveniles under probation aged 14–18	Turkey

## Literature Review

Findings from multiple studies emphasize the complex nature of juvenile recidivism and the critical need for targeted interventions that address underlying mental health, behavioral, and systemic challenges. Tolou-Shams et al. (2023) reported that one-third of first-time justice-involved youth reoffended within 24 months, with externalizing symptoms and alcohol-related issues being strong predictors of recidivism. These findings highlight the importance of prioritizing externalizing behaviors as treatment targets during a youth's initial contact with the justice system. Similarly, Baglivo et al. (2017) identified a strong connection between parental mental health and substance abuse problems and youth neurocognitive deficits, such as ADHD and conduct disorder (CD), noting that ADHD significantly predicted recidivism within one year.

Furthermore, effortful control and negative emotion-

ality also influenced recidivism, aligning with theories of emotional regulation and delinquency. Using structural equation modeling—which integrated both measurement and structural components and demonstrated a good fit with the data—three key findings emerged. First, parental substance abuse and mental health problems were significantly associated with youth ADHD diagnoses and negative emotionality but were not linked to CD diagnoses or effortful control. Second, ADHD was associated with recidivism within one year of treatment completion, whereas CD was not. Third, effortful control and negative emotionality both showed significant relationships with recidivism: effortful control was inversely related, while negative emotionality was positively associated, consistent with theoretical expectations. Previous studies have shown that both adverse family environments and school challenges predict juvenile reoffending (Barrett et al., 2014). Additionally, preexisting mental health issues can further exacerbate recidivism (Barrett et al., 2014). This under-

scores the multifaceted nature of juvenile offending, where individual psychological factors interact with environmental and developmental challenges. Early, comprehensive interventions that address mental health, familial adversity, and educational disruptions are crucial for breaking this cycle. Research in other contexts also highlights the high prevalence of psychiatric comorbidities among juvenile offenders. For example, Poyraz Findik et al. (2019) reported elevated rates of ADHD, depression, and anxiety among justice-involved youth in Turkey, with comorbid internalizing and externalizing disorders significantly predicting recidivism. Approximately two-thirds of the participants were diagnosed with at least one psychiatric disorder, aligning with previous research indicating prevalence rates between 40% and 90% among delinquent juveniles, depending on their position within the justice system (e.g., detention or probation). Probation-based studies, like this one, generally report lower rates of psychiatric disorders compared to detention-based populations, though psychiatric intervention rates remain notably low. The study also observed an implicit relationship between depression and delinquency, though causality remains unclear. Recidivists exhibited higher rates of depressive disorders, comorbid internalizing and externalizing disorders, multiple psychiatric diagnoses, and a greater history of substance use. Notably, having at least one psychiatric diagnosis was the strongest predictor of recidivism. Similarly, Kim et al. (2017) found that alcohol use disorders, conduct disorder, and ADHD were prevalent among juvenile detainees in South Korea, highlighting the importance of identifying and addressing these comorbid conditions. Van der Put (2016) examined recidivism rates, risk and protective factors, and their relationships among juvenile offenders categorized into three groups: ADHD-only, ADHD with conduct problems (ADHD-comorbid), and a comparison group without ADHD or conduct problems. The study revealed significant differences in background characteristics and mental health issues across these groups. Offenders in both ADHD groups were predominantly male and Caucasian and were generally younger than those in the comparison group. Mental health difficulties, including learning disabilities, intellectual disabilities, and other psychiatric conditions, were most prevalent in the ADHD-comorbid group, followed by the ADHD-only group, and least common in the comparison group. Notably, juveniles with ADHD and co-occurring conduct problems faced higher risks of recidivism than peers without such diagnoses (van der Put et al., 2017). This subgroup exhibited the fewest protective factors and the highest risk levels across multiple domains, underscoring the need for tailored interventions to address their unique vulnerabilities.

Additionally, studies examining intellectual disabilities (ID) revealed nuanced relationships with recidivism. While Edberg et al. (2022) found lower reoffense rates among individuals with ID, the presence of ADHD co-

morbidities significantly increased recidivism risks. In contrast, Van der Put et al. (2014) highlighted the role of skills and moral judgment, suggesting that juveniles with less severe intellectual impairments may have higher offending rates due to greater behavioral capacity. Similarly, Wojciechowski (2021) identified Major Depressive Disorder (MDD) as a long-term predictor of recidivism, particularly as youth transition into emerging adulthood. Overall, these findings reflect the complex interplay between mental health, neurocognitive deficits, and environmental influences in driving juvenile recidivism. Effective strategies must include early screening, targeted mental health treatment, and interventions addressing family adversity, substance use, and educational challenges to reduce reoffending and improve long-term outcomes.

### Case Report

Filippo (a pseudonym) first came under forensic observation in 2019 at the age of 15. By 19, he had accumulated multiple ongoing criminal proceedings across nine different Juvenile Courts in Italy. His extensive criminal history has led to several periods of detention, first in juvenile facilities and later in prison. Filippo's legal situation is particularly severe, as his criminal behavior began at a very young age—before the age of criminal responsibility—and he now faces multiple trials for offenses committed after reaching legal accountability. His offenses include attempted theft, theft, burglary, purse snatching, aggravated theft, aggravated cruelty to animals, property damage, providing false statements, resisting, and obstructing police, and receiving stolen goods. Notably, his parents also have significant criminal backgrounds. In 2010, Filippo underwent a child psychiatric evaluation, which identified sensorineural hearing loss along with hyperactivity, inattention, and impulsivity, leading to a diagnosis of attention deficit hyperactivity disorder (ADHD). By October 2013, another psychiatric assessment described his condition as resembling oppositional defiant disorder in a child with profound hearing impairment and a prior ADHD diagnosis. Around the same time, his psychotherapist observed symptoms of hyperactivity with attention deficit, separation anxiety disorder with depressive features, and severe bilateral hearing loss. Filippo also experienced nocturnal enuresis and significant school absenteeism. In 2016, a psychodiagnostic evaluation identified symptoms including hyperactivity, impulsivity, distractibility, elopement behaviors, kleptomania, multiple offenses (e.g., theft, assault, property damage), cruelty toward animals, and severe rule violations both at school and at home. Although he attended school part-time, Filippo struggled with adaptation and learning difficulties due to cognitive and linguistic deficits. His condition was confirmed as ADHD, oppositional defiant disorder, and conduct disorder.

By July 2019, Filippo underwent his first forensic psy-

chiatric evaluation, which identified mild-to-moderate intellectual disability, significant language impairment, confabulatory tendencies, and symptoms of delusions and hallucinations. He was subsequently diagnosed with childhood-onset schizophrenia and deemed incapable of understanding and intent. The evaluation recommended urgent psychiatric hospitalization for treatment and further assessment.

In June 2020, a forensic evaluation ruled out impaired understanding and intent. A psychometric assessment using the WAIS-II revealed an IQ of 65, while the Z-test indicated adequate thought productivity and good contact with reality, with no evidence of confabulation. By 2021, the juvenile prison medical team reported profound bilateral sensorineural hearing loss, severe childhood-onset conduct disorder, combined ADHD, and mild affective disability. Separation anxiety had diminished.

In February 2022, a community educational team monitoring Filippo under supervised liberty reported significant challenges, including oppositional behavior, hyperactivity, sensory limitations due to hearing loss, interpretative thinking, anger, provocative behaviors, and manipulative tendencies. A subsequent neuropsychiatric evaluation in March 2022 diagnosed him with hyperkinetic conduct disorder, intellectual impairment due to socio-cultural disadvantage, and persistent difficulties in language comprehension and production linked to hearing loss. Later in March 2022, a third forensic evaluation identified chronic paranoid psychosis (schizophrenic paranoia) with recent psychotic decompensation. Filippo was deemed completely incapable of understanding or intent due to pervasive psychosis and delusional ideation. However, by July 2022, another evaluation diagnosed antisocial personality disorder, concluding that his capacity for understanding and intent was preserved. In December 2022, a fifth assessment diagnosed moderate intellectual disability and severe childhood-onset conduct disorder, determining that while Filippo's capacity for intent was severely diminished, his understanding remained intact. The evaluation also noted a high risk to society. By April 2023, at 19 years of age, a forensic evaluation confirmed a diagnosis of severe childhood-onset conduct disorder evolving into antisocial personality disorder in adulthood. The report emphasized impairments in volitional capacity while preserving understanding. Another concurrent evaluation reaffirmed severe antisocial personality disorder, mild-to-moderate intellectual disability, and longstanding ADHD—conditions persisting since childhood. One year later, while imprisoned in an adult jail, he died, possibly by suicide.

Filippo's troubled personal history highlights repeated failures of intervention within the juvenile justice system. His longstanding antisocial behavior and disregard for social norms began in childhood and intensified over time, primarily manifesting as persistent impulsivity and theft. Although he claimed to experience auditory hallucinations compelling him to steal, forensic assessments found no psychopathological evidence to support these claims.

According to DSM-5 criteria, antisocial personality disorder is characterized by a chronic disregard for the rights of others, failure to conform to social norms, impulsivity, irritability, irresponsibility, and lack of remorse. Filippo meets these criteria, having exhibited systematic violations of social boundaries, hyperactivity, and impulsivity—hallmarks of untreated adult ADHD and antisocial personality disorder.

Forensic evaluations conducted between July 2019 and April 2023 indicate a progression from severe conduct disorder in adolescence to a diagnosis of antisocial personality disorder in adulthood. Filippo's case highlights his high risk of reoffending and the challenges posed by his persistent antisocial tendencies, impulsivity, and hyperactivity—reflecting both his personality disorder and untreated ADHD. This case underscores significant concerns regarding juvenile justice management and the repeated failure to effectively address Filippo's complex needs.

## Discussion

Filippo's case highlights many issues discussed in the literature on juvenile justice, mental health, and recidivism. His extensive criminal record, which began at a young age and persisted into adulthood, underscores the challenges of managing complex psychiatric and behavioral needs within the juvenile justice system. Filippo exhibited multiple comorbid conditions, including ADHD, intellectual disability, conduct disorder, and later, antisocial personality disorder. Studies (Baglivo et al., 2017; Kim et al., 2017) have shown that comorbid externalizing disorders, such as ADHD and conduct disorder, significantly increase the risk of recidivism. Van der Put et al. (2016, 2017) emphasize that juveniles with ADHD and co-occurring conduct problems face the highest risk, as they often lack protective factors and exhibit elevated risk levels across various domains. Filippo's trajectory aligns with this profile, as his early behavioral problems were largely untreated and intensified over time. His persistent impulsivity, hyperactivity, and aggression reflect untreated neurodevelopmental and psychiatric disorders. Research underscores the importance of addressing mental health needs promptly, as delays in intervention can lead to worse outcomes (Tolou-Shams et al., 2023; Barrett, 2014). Despite multiple psychiatric assessments, Filippo did not receive consistent interventions tailored to his complex comorbidities, resulting in escalating criminal behaviors and repeated contact with the justice system. Efforts were made to integrate him into therapeutic communities; however, he repeatedly escaped, leading to three incarcerations in juvenile detention and two in adult prisons. This highlights a fundamental issue within the juvenile justice system: the structural legacy of youth justice frameworks that remain misaligned with developmental evidence (Rice et al., 2024). Research indicates that establishing criminal responsibility around the age of 14 is problem-

atic, as the transition from childhood to adulthood extends into the third decade of life (Rice et al., 2024). Young adults with significant mental health challenges, like Filippo, are often detained in adult prisons, where they rarely receive developmentally appropriate or timely care. The failure to adequately address the mental health needs of justice-involved youth can disrupt critical developmental processes, including the formation of prosocial relationships, access to social support, and pursuit of educational and employment opportunities. Consequently, this increases the risk of persistent antisocial behaviors, marginalization, and additional social and economic burdens. Furthermore, research indicates that psychiatric comorbidities, particularly among detained youth, remain underdiagnosed and undertreated (Tugce Poyraz Fındık et al., 2019). Filippo's case also reflects adverse family dynamics, as his parents have significant criminal backgrounds. Baglivo et al. (2017) and Barrett (2014) highlight the strong association between parental mental health and substance abuse issues and youth behavioral problems, including conduct disorder. However, Filippo's case presents an additional challenge: the complexity of treatment from a forensic perspective. Filippo underwent multiple forensic evaluations, sometimes even within the same period, over a few years. Notably, in the initial assessments, the diagnostic hypotheses varied significantly from those proposed in subsequent evaluations. Early evaluations suggested a psychotic core, leading to a diagnosis of chronic paranoid psychosis. Over time, this evolved into a recognition of conduct disorder, which later culminated in a diagnosis of antisocial personality disorder comorbid with ADHD and intellectual disability. This type of diagnostic disagreement is common in forensic examinations. Recent research highlights that expert agreement is often limited, with significant discrepancies in the assessment of psychiatric disorders in criminal cases (Miller et al., 2012; Neal & Grisso, 2014). Further studies have also drawn attention to the poor quality of psychiatric reports submitted to criminal courts and the frequent lack of concordance between examiners evaluating the same case (Fuger et al., 2014; Kacperska et al., 2016). Diagnostic challenges become even more pronounced in the context of juvenile delinquency. From a developmental perspective, adolescence has long been recognized as a particularly challenging stage in terms of behavioral difficulties.

This study has several limitations. The articles included in this systematic review were obtained from three academic online databases, PubMed, PsychInfo and Scopus. Consequently, our findings are restricted to peer-reviewed articles indexed in these databases between 2014 and 2024. The exclusive use of peer-reviewed literature may have led to the omission of grey literature, government reports, legal review papers, and other relevant commentaries on juvenile delinquency, potentially introducing publication bias. Another limitation concerns the literature analysis: no specific qualitative strategy was

adopted, and the results of the studies included in the review were reported as they were.

In conclusion, many in Italy believe that substantial progress is still required to establish a juvenile justice system that effectively addresses the needs of minors. On a global scale, regulatory frameworks often prove inadequate, failing to accommodate the age-specific needs of young individuals. Furthermore, the limited availability of suitable services and facilities, combined with a shortage of specialized personnel, hinders the essential training and supervision needed to support this vulnerable group.

### Disclosure statement

No potential conflict of interest was reported by the author.

### Funding

None.

### References

- Baglivo, M. T., Wolff, K. T., Piquero, A. R., DeLisi, M., & Vaughn, M. G. (2017). Examining parental drug and mental health problems, and markers of neuropsychological deficits among serious juvenile offenders. *Criminal Justice and Behavior, 44*(8), 1009-1029.
- Barrett, D. E., Katsiyannis, A., Zhang, D., & Zhang, D. (2014). Delinquency and recidivism: A multicohort, matched-control study of the role of early adverse experiences, mental health problems, and disabilities. *Journal of emotional and behavioral disorders, 22*(1), 3-15.
- Beek, G. V., de Vogel, V., & Mheen, D. V. D. (2023). Financial problems and debt as predictive factors for recidivism. *Criminal Justice and Behavior, 50*(9), 1341-1360.
- Cottle, C. C., Lee, R. J., & Heilbrun, K. (2001). The prediction of criminal recidivism in juveniles: A meta-analysis. *Criminal justice and behavior, 28*(3), 367-394.
- Edberg, H., Chen, Q., Andiné, P., Larsson, H., & Hirvikoski, T. (2022). Criminal recidivism in offenders with and without intellectual disability sentenced to forensic psychiatric care in Sweden—A 17-year follow-up study. *Frontiers in Psychiatry, 13*, 1011984.
- Fuger, K. D., Acklin, M. W., Nguyen, A. H., Ignacio, L. A., & Gowensmith, W. N. (2014). Quality of criminal responsibility reports submitted to the Hawaii judiciary. *International journal of law and psychiatry, 37*(3), 272-280.
- Håkansson, A., & Berglund, M. (2012). Risk factors for criminal recidivism—a prospective follow-up study in prisoners with substance abuse. *BMC psychiatry, 12*, 1-8.
- Hayes, M.J., & Reilly, G. O. (2013). Psychiatric disorder, IQ, and emotional intelligence among adolescent detainees: A comparative study. *Legal and Criminological Psychology, 18*(1), 30-47.
- <https://doi.org/10.1016/j.chiabu.2019.04.015>
- Kacperska, I., Heitzman, J., B k, T., Le ko, A. W., & Opio, M.

- (2016). Reliability of repeated forensic evaluations of legal sanity. *International journal of law and psychiatry*, 44, 24-29.
- Kim, J. I., Kim, B., Kim, B. N., Hong, S. B., Lee, D. W., Chung, J. Y., ... & Youn, M. (2017). Prevalence of psychiatric disorders, comorbidity patterns, and repeat offending among male juvenile detainees in South Korea: a cross-sectional study. *Child and Adolescent Psychiatry and Mental Health*, 11, 1-9.
- Kimonis, E. R., Kennealy, P. J., & Goulter, N. (2016). Does the self-report inventory of callous-unemotional traits predict recidivism?. *Psychological Assessment*, 28(12), 1616.
- Kubrin, C. E., & Stewart, E. A. (2006). Predicting who reoffends: The neglected role of neighborhood context in recidivism studies. *Criminology*, 44(1), 165-197.
- Miller, C. S., Kimonis, E. R., Otto, R. K., Kline, S. M., & Wasserman, A. L. (2012). Reliability of risk assessment measures used in sexually violent predator proceedings. *Psychological assessment*, 24(4), 944.
- Neal, T. M., & Grisso, T. (2014). Assessment practices and expert judgment methods in forensic psychology and psychiatry: An international snapshot. *Criminal Justice and Behavior*, 41(12), 1406-1421.
- Poyraz Findik, O. T., Rodopman Arman, A., Erturk Altinel, N., Durlanik, E. G., Ozbek, H., & Semerci, B. (2019). Psychiatric evaluation of juvenile delinquents under probation in the context of recidivism. *Psychiatry and Clinical Psychopharmacology*, 29(4), 427-434.
- Ramakers, A., Nieuwbeerta, P., Van Wilsem, J., & Dirkzwager, A. (2017). Not just any job will do: A study on employment characteristics and recidivism risks after release. *International journal of offender therapy and comparative criminology*, 61(16), 1795-1818.
- Rice, S. M., Baker, D. G., Purcell, R., & Chanen, A. (2024). Offending behaviour and mental ill-health among young people: Reducing recidivism requires integration with youth mental health care. *Journal of global health*, 14.
- Rice, S. M., O'Gorman, K. M., Jovev, M., Cranston, I., Borschmann, R., Cotton, S., ... & Chanen, A. (2023). Unmet mental health and criminogenic needs among justice-involved young people: a role for clinicians in the community. *Clinical Psychologist*, 27(2), 259-268.
- Sabatello, U., (a cura di), (2010). *Lo sviluppo antisociale: dal bambino al giovane adulto. Una prospettiva evolutiva e psichiatrico-forense*. Raffaello Cortina Editore. Milano.
- Stephens, O. A., & Nel, N. M. (2014). Recidivism and emotional intelligence of male recidivists in Lagos State, Nigeria. *Journal of Psychology*, 5(2), 115-124.
- Steurer, S. J., & Smith, L. G. (2003). Education Reduces Crime: Three-State Recidivism Study. Executive Summary.
- Tolou-Shams, M., Folk, J. B., Holloway, E. D., Ordorica, C. M., Dauria, E. F., Kemp, K., & Marshall, B. D. L. (2023). Psychiatric and substance-related problems predict recidivism for first-time justice-involved youth. *Journal of the American Academy of Psychiatry and the Law*, 51\*(1), 35-46. <https://doi.org/10.29158/JAAPL.220028-21>
- van der Put, C. E., Asscher, J. J., & Stams, G. J. J. (2016). Differences between juvenile offenders with and without AD (H) D in recidivism rates and risk and protective factors for recidivism. *Journal of Attention Disorders*, 20(5), 445-457.
- van der Put, C. E., Asscher, J. J., Stams, G. J. J. M., & Moonen, X. M. H. (2014). Differences between juvenile offenders with and without intellectual disabilities in the importance of static and dynamic risk factors for recidivism. *Journal of intellectual disability research*, 58(11), 992-1003.
- Wang, W., Wu, R., Tang, H., Wang, Y., Liu, K., Liu, C., Zhou, L., Liu, W., Deng, X., & Pu, W. (2019). Childhood trauma as a mediator between emotional intelligence and recidivism in male offenders. *Child abuse & neglect*, 93, 162-169.
- Wibbelink, C. J., Hoeve, M., Stams, G. J. J., & Oort, F. J. (2017). A meta-analysis of the association between mental disorders and juvenile recidivism. *Aggression and violent behavior*, 33, 78-90.
- Wojciechowski, T. (2021). The role of major depressive disorder and its moderating effect on the impact of exposure to violence for Predicting Recidivism among Juvenile Offenders: A Survival Analysis Approach. *The Prison Journal*, 101(5), 511-527.
- Yukhnenko, D., Sridhar, S., & Fazel, S. (2020). A systematic review of criminal recidivism rates worldwide: 3-year update. *Wellcome open research*, 4, 28.