

From childhood ADHD to adult offending:  
a case report and a brief review

Anna Margari | Luigi Buongiorno | Ignazio Grattagliano | Roberto Catanesi

## OPEN ACCESS

## Double blind peer review

**How to cite this article:** Margari A. et al. (2025). From childhood ADHD to adult offending: a case report and a brief review. *Rassegna Italiana di Criminologia*, XIX, 2, 106-113 <https://doi.org/10.7347/RIC-022025-p106>

**Corresponding Author:** Anna Margari, email: [marigarianna2@gmail.com](mailto:marigarianna2@gmail.com)

**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-p106](https://doi.org/10.7347/RIC-022025-p106)

## Abstract

Attention-Deficit/Hyperactivity Disorder (ADHD) is a prevalent neurodevelopmental disorder affecting approximately 3% of the adult population, characterized by persistent inattention, hyperactivity, and impulsivity. Over the lifespan, ADHD may persist or evolve into more complex psychopathological profiles, particularly when compounded by comorbidities such as substance use disorders or antisocial personality traits. These evolving presentations carry significant implications in forensic psychiatry, especially in the context of violent or impulsive offending.

This case report concerns G.P., a 23-year-old man with a documented history of childhood ADHD and motor tics, who later developed polydrug use and was charged with aggravated attempted homicide against his intimate partner. The violent act occurred following acute intoxication with alcohol and cocaine. Forensic psychiatric evaluation excluded the persistence of ADHD according to DSM-5-TR criteria, as well as any major psychiatric disorder or cognitive impairment. The subject exhibited a structurally immature personality profile, marked by poor emotional regulation, impulsivity, and antisocial traits. Psychodiagnostic testing supported these findings, revealing elevated impulsiveness without evidence of psychosis or major mood disorder.

The case highlights the intricate relationship between neurodevelopmental disorders, personality development, substance misuse, and violent criminal behavior, underscoring its significance for forensic psychiatric practice. Notably, it demonstrates how the clinical presentation of ADHD may evolve over time, with core symptoms potentially diminishing in prominence while comorbid personality and substance use disorders increasingly shape the individual's trajectory.

**Keywords:** ADHD; violent behavior; emotional regulation; criminal behavior; Forensic psychiatric evaluation

Anna Margari, Interdisciplinary Department of Medicine, University of Aldo Moro Studies, Bari | Luigi Buongiorno, Interdisciplinary Department of Medicine, University of Aldo Moro Studies, Bari | Ignazio Grattagliano, Department of Education Sciences, Psychology and Communication, University of Aldo Moro Studies, Bari | Roberto Catanesi, Interdisciplinary Department of Medicine, University of Aldo Moro Studies, Bari

## From childhood ADHD to adult offending: a case report and a brief review

### Introduction

Attention-Deficit/Hyperactivity Disorder (ADHD) is a widespread neurodevelopmental disorder affecting approximately 3% of adults globally, characterized by persistent inattention, impulsivity, and hyperactivity that significantly impair daily functioning across social, academic, and occupational domains (Song et al., 2021). In the transition from childhood to adulthood, most individuals with ADHD who were not diagnosed during childhood or adolescence remain undetected, with less than 20% of adults with ADHD receiving an adequate diagnosis or treatment, a situation that contributes to adverse long-term outcomes (Ginsberg et al., 2014).

Attention-Deficit/Hyperactivity Disorder involves neurobiological dysfunctions, especially in the regulation of dopaminergic and noradrenergic systems, along with functional impairments in executive control and attention networks (Biederman, 2005).

These impairments manifest as pervasive functional burdens, including school and work underachievement, worse physical health, and impaired social relations (Arrondo et al., 2023; Harpin et al., 2016). Attention-Deficit/Hyperactivity Disorder significantly heightens the chances of peer victimization during school years, with affected individuals sometimes acting as both victims and aggressors (Fogler et al., 2022).

The disorder's trajectory often intersects with substance use disorders (SUD), which independently exacerbate criminal risk (Friedman, 1998). Attention-Deficit/Hyperactivity Disorder elevates the odds of Substance Use Disorder (SUD), creating a compounding vulnerability for illegal behaviors (Escamilla-Robla et al., 2022).

Individual with ADHD experience a more severe manifestation of addictive disorders, regardless of the presence of other psychiatric comorbidities. Additionally, it is linked to an earlier start of substance use and a heightened risk of poly-dependence (Fatséas et al., 2016).

Comorbidity with SUD significantly raises the risk of conviction and incarceration (Mohr-Jensen et al., 2019; Strada et al. 2021) and co-morbidity of ADHD with SUDs in incarcerated populations is high (Rösler et al., 2004).

Individuals with ADHD exhibit earlier onset of criminal activity, with first arrests occurring at a mean age of 16.9 years - significantly younger than non-ADHD counterparts (De Sanctis et al., 2012). Notably, ADHD is recognized as a significant risk factor for antisocial and delinquent behaviors over the lifespan (Retz et al., 2021). Moreover, longitudinal studies indicate that childhood-

onset ADHD, particularly when comorbid with conduct disorder, elevates the likelihood of future antisocial personality development and criminal involvement (Mohr-Jensen & Steinhausen, 2016). Furthermore, meta-analytic data reveal a 2–3 times higher risk of criminal convictions and incarcerations among this population, with ADHD prevalence in prison settings estimated at 20.5%, far exceeding general population rates (Mohr-Jensen et al., 2019).

Behavioral phenotypes further elucidate the association between ADHD and criminal behavior. ADHD-related criminality is strongly linked to reactive aggression - spontaneous, affect-driven responses to provocation - rather than premeditated violence (Retz et al., 2021). This distinction arises from deficits in impulse control and emotional regulation, which may be moderated by protective factors such as an individual's ability to perceive life as understandable and manageable - a quality known as Sense of Coherence. This capacity reduces the connection between ADHD and antisocial behaviours across various criminal types (e.g., violence, property crimes) (Dayan et al., 2022).

Individuals with ADHD are more likely to be involved in certain types of crimes, with patterns that vary by age group and context but consistently involved impulsivity and behavioural dysregulation. Among adult prisoners, violent offenses - including sexual crimes - are strongly associated with ADHD, whereas rates of fraud do not differ significantly between those with and without ADHD (Ziegler et al., 2003). In samples of younger offenders, such as those from a German youth prison with a mean age of 19.5 years, theft is the most common offense, followed by assault or robbery and drug-related crimes (Rösler et al., 2004). Juvenile detention centers also report high rates of robbery, assault, and drug-related offenses, with no significant differences in the types of crimes committed among young detainees based on self-reported ADHD symptomatology (Barra et al., 2022; Turner et al., 2021).

Large-scale register-based epidemiological research further substantiates these trends, revealing elevated rates of substance-related crimes (20.5% in males and 7.9% in females) and violent offenses - encompassing homicide, assault, threat, robbery, arson, and sexual crime (14.7% in males and 15.0% in females) - among those diagnosed with ADHD (Lichtenstein et al., 2012).

These findings collectively indicate that individuals with ADHD are more prone to impulsive and aggressive crimes, particularly when comorbid substance use or conduct disorders are present.

Conversely, inadequate treatment escalates risks; pharmacological interventions like methylphenidate correlate with 30–40% reductions in criminal recidivism and injury rates, underscoring the role of targeted therapies in mitigating outcomes (Mohr-Jensen et al., 2019).

Pharmacological interventions, particularly stimulant medications such as methylphenidate, have been shown to play a significant protective role. Large-scale epidemiological studies consistently demonstrate that appropriate medication substantially reduces the risk of criminal recidivism and injury rates among individuals with ADHD (Lichtenstein et al., 2012), (Mohr-Jensen et al., 2019). Longitudinal evidence indicates that ADHD significantly elevates the risk of antisocial behaviors and criminal involvement throughout development, though offending trajectories show distinct age-dependent patterns. A seminal 30-year prospective study of hyperactive boys with conduct disorder revealed a progressive decline in arrest rates: 59% during ages 18–21, 32% at ages 27–32, and 16% at ages 36–38. Notably, the mean age of desistance (cessation of criminal activity) was 30.1 years (Retz et al., 2021; Satterfield et al., 2007).

Forensic psychiatry faces unique challenges in this context, including heightened vulnerability during police interrogations, fitness-to-stand-trial assessments, and incarceration-related risks (Freckelton, 2020). These findings underscore the importance of targeted pharmacotherapy not only in reducing criminal behaviours but also in mitigating the broader risks associated with impulsivity and inattention in individuals with ADHD.

While some studies attribute antisocial behaviours directly to ADHD symptoms, emerging evidence warns against ignoring comorbidities that may better explain aggression or emotional dysregulation (Modesti et al., 2025). In forensic psychiatry addressing the criminal responsibility of individuals with ADHD who commit offenses, a study specifically examining road crimes identified key psychological variables as risk factors (Escamilla-Robla et al., 2022). Results indicate that antisocial personality disorder and alcohol use disorders, along with hyperactivity, constitute the most significant variables, thereby highlighting the pivotal role of comorbidities in problematic behavior (Escamilla-Robla et al., 2022). Few studies assess the distinct effects of attention deficit versus hyperactivity components or how these components interact with comorbid mental disorders to influence crime risk.

This case report describes the forensic psychiatric evaluation performed on a young man who was diagnosed with ADHD in childhood and subsequently developed polydrug abuse, ultimately committing aggravated attempted homicide against his girlfriend.

## Case report

G.P., born in 2001, first entered psychiatric care at the age of eight, following referral by his family pediatrician for marked behavioral and attentional difficulties at home and in school. Initial assessments documented hyperactivity, limited attention span, and motor instability, resulting in disruptive behavior and relational problems.

In March 2010, the local Mental Health Center diagnosed motor tics involving the face and eyes, along with conduct and attention disorders associated with hyperactivity. A treatment plan of psychological therapy and psychoeducational interventions was initiated, with active parental involvement.

Later that year, a specialized neuropsychiatric evaluation confirmed a diagnosis of Tourette syndrome, comorbid with ADHD, and learning disabilities. No pharmacological treatment was prescribed. Over the following years, multidisciplinary interventions addressed persistent difficulties in emotional regulation and impulse control. The last recorded psychiatric contact occurred in 2014.

In adolescence, G.P. exhibited notable behavioral disturbances, culminating in a violent episode at school during which, following a disciplinary reprimand he perceived as unjust, he forcefully kicked and shattered a glass door. This act of impulsive aggression led to his suspension. In the aftermath, he discontinued formal education and began working in the agricultural sector.

At approximately 15 years of age, he initiated use of alcohol and cannabis, escalating to cocaine, with limited awareness of risks.

Upon completing secondary education and earning his high school diploma, G.P. worked for five months in an agricultural cooperative, preparing and packing potato crates, followed by seasonal agricultural labor in crop harvesting and cultivation. He later secured a position in the produce section of a local supermarket, which he maintained for approximately one year, resigning after an interpersonal conflict with a supervisor.

Immediately thereafter, he obtained employment in a factory specializing in fiberglass and plastic-printed materials. Over time, he assumed increasing responsibilities and was offered a permanent contract. He reported high job satisfaction, a positive work environment, and no prior occupational difficulties or absenteeism.

In social contexts, G.P. maintained close ties with a peer group and regularly participated in nightlife events, parties, and informal music gatherings, during which he habitually consumed alcohol and occasionally used cocaine.

In 2019, he began a stable romantic relationship, which represented his primary emotional attachment. During the course of this relationship, alcohol and substance use appeared to be more controlled in the girlfriend's presence, while episodes of greater disinhibition and excessive consumption occurred predominantly when she was absent.

In December 2023, during an evening spent with friends, after consuming alcohol and cocaine, G.P. was involved in a physical altercation and subsequently drove his car into the facade of a bar, causing structural damage. He later reported having only fragmented memories of the episode.

## Offense

According to the investigation file, the offender is accused of aggravated attempted homicide against his girlfriend. The offence occurred during a night in June 2024, following a prolonged episode of escalating aggression.

Earlier that evening, after consuming significant quantities of alcohol and cocaine, the offender became acutely agitated during a conversation with a friend, who suggested that his girlfriend was seeing another man. Following receipt of this information, he first vandalized her car, breaking windows and puncturing tires.

After this initial episode, the offender returned home, retrieved two kitchen knives, and then drove back to the victim's residence.

Upon re-entering the home, he forced entry and launched a violent physical assault on the victim, punching, kicking, and pulling her hair in the presence of her family. During this first attack, he inflicted multiple blunt force injuries.

Following a brief interruption, the offender again forced his way inside – this time armed with the knives – and carried out a second, more severe attack, during which he inflicted multiple stab wounds on the victim. The assault resulted in deep incised injuries to the neck and arm, causing profuse hemorrhage, vascular injury, and hypovolemic shock. The victim's condition was initially life-threatening, requiring emergency surgery, transfusions, and intensive care.

In the course of the attack, the victim's mother also sustained blunt force injuries while attempting to intervene. Statements from multiple witnesses – including the victim's mother and brother – as well as video surveillance footage, confirmed the dynamics of the assault and the offender's deliberate use of bladed weapons.

At the time of arrest, the offender was found with minor self-inflicted injuries and presented in a visibly agitated and distressed state. In subsequent wiretapped conversations, he was recorded discussing the incident with family members, revealing efforts to frame the episode as impulsive, triggered by alcohol, drugs, and emotional turmoil, and to deny premeditation as motives.

## Forensic Psychiatric Findings

Court-ordered forensic psychiatric evaluation revealed a structurally immature personality organization with prominent antisocial traits, persistent impulsivity, poor internalization of moral reasoning, and limited capacity

for emotional regulation. The subject's developmental trajectory, marked by childhood ADHD and tic disorder, evolved into an adult personality profile characterized by disinhibition, emotional lability, and maladaptive coping strategies.

Clinical interviews and observational data excluded the presence of psychotic disorders, major mood syndromes, or cognitive impairments. Thought processes remained reality-oriented, with no evidence of delusional beliefs or perceptual disturbances. Memory and executive functions were preserved.

The psychiatric observation carried out by the prison health service during almost a year of detention did not reveal any significant psychopathological symptoms, except for sleep difficulties and anxiety; pharmacological treatment was consequently limited to low doses of anxiolytics and hypnotics. No behavioral disorders, self-harming gestures, aggression suffered or committed against other inmates, involvement in fights or conflicts were ever recorded. His behavior was always correct and respectful, with all the professional figures (health and penitentiary) with whom he interacted.

Psychodiagnostic assessment - including projective (Rorschach Inkblot Test), cognitive (Brief Neuropsychological Examination), and dimensional measures of impulsivity and anger expression - confirmed deficits in impulse control, marked suggestibility, and immature affective processing (Table 1). The Rorschach profile was consistent with fragile ego structure, external dependency, and low frustration tolerance, with defensive tendencies toward denial and projection. No elements of psychosis were identified.

Table 1. Summary of psychodiagnostics results

<i>Instrument</i>	<i>Main Findings</i>
Rorschach Inkblot Method (Exner CS)	Elevated Lambda (>0.99), PTI >3, SCZI >3; immature, externally dependent personality; deficits in impulse control and emotional regulation; fragile ego; no frank psychosis
Brief Neuropsychological Examination (ENB-3)	Global score above normative cutoff; intact cognitive functioning; no deficits in attention, memory, executive function, or visuospatial abilities
Barratt Impulsiveness Scale (BIS-11)	Total score = 66; elevated impulsivity across motor, attentional, and non-planning domains
State-Trait Anger Expression Inventory-2 (STAXI-2)	Scores within normal range; no clinically significant anger expression or control issues

Substance use – alcohol and cocaine – was classified as active but episodic, without clinical evidence of dependence or chronic intoxication state as defined in DSM-5



or consistent with the medico-legal criteria of irreversible impairment (art. 95 Italian Penal Code).

At the time of the offense, behavioral dyscontrol was judged to have resulted from a convergence of personality vulnerability (antisocial traits and residual impulsivity linked to prior ADHD) and the acute effects of substance use.

Although a childhood diagnosis of ADHD was previously documented, the current assessment did not confirm persistence of this disorder according to DSM-5-TR criteria.

However, no mental disorder of sufficient gravity to impair or abolish the capacity to understand or control actions was present, according to the rules of the Italian penal code (art.88 e 89).

For the crime committed, the judge sentenced G.P. to 9 years and 11 months in prison. During the approximately one-year period of incarceration, G.P. participated in several psychological interviews; however, the case file does not record any notable findings from either a clinical or behavioral perspective.

## Discussions

This case report illustrates the complex interplay between neurodevelopmental disorders, personality development, substance misuse, and violent offending, with particular relevance to forensic psychiatry practice. In particular, it highlights the importance of developmental trajectories in ADHD, where core symptoms may diminish in clinical significance over time, while comorbid personality and substance use disorders become increasingly prominent.

The subject, G.P., presented with a childhood history of ADHD, motor tics, and learning difficulties, which were managed with multidisciplinary interventions until adolescence. However, the subsequent decade was marked by a lack of psychiatric follow-up, during which G.P. exhibited relative stability in occupational and relational domains, but also engaged in escalating substance misuse involving alcohol, cannabis, and cocaine.

The absence of specialized psychiatric care during this critical developmental period is notable, as it reflects a well-documented phenomenon: many individuals with childhood ADHD experience diagnostic discontinuity in adulthood, often resulting in under-recognition and undertreatment of persistent symptoms (Wyller et al., 2024). This diagnostic gap is further compounded by the fact that residual ADHD symptoms, even below formal diagnostic thresholds, can contribute to ongoing functional impairments and increased risk of adverse outcomes, including SUD and antisocial behaviors (van der Plas et al., 2025). In G.P.'s case, the lack of ongoing intervention may have left underlying vulnerabilities – such as impulsivity and emotional dysregulation – unaddressed, increasing susceptibility to substance misuse and maladaptive coping strategies.

The forensic psychiatric evaluation conducted following the index offense revealed a structurally immature personality organization with prominent antisocial traits, persistent impulsivity, and limited capacity for emotional regulation. The results from the Rorschach Inkblot Method (Exner Comprehensive System) indicated elevated Lambda, PTI, and SCZI scores, suggesting a personality profile characterized by immaturity, external dependency, and notable difficulties with impulse control and emotional regulation. In contrast, the Brief Neuropsychological Examination (ENB-3) revealed a global score above the normative cut-off, reflecting intact cognitive functioning. On the Barratt Impulsiveness Scale (BIS-11), the patient's total score was 66, highlighting elevated impulsivity across all measured domains. Finally, the State-Trait Anger Expression Inventory-2 (STAXI-2) showed scores within the normal range, with no clinically significant anger expression or control issues. These findings align with longitudinal research indicating that childhood ADHD, particularly when comorbid with conduct disorder, constitutes a significant risk factor for the development of antisocial personality traits and criminal behavior in adulthood (Retz et al., 2021). Importantly, ADHD-related criminality is often characterized by reactive, impulsive aggression rather than premeditated violence, a pattern consistent with G.P.'s behavioral phenotype.

The diagnosis of ADHD received by G.P. during childhood and adolescence from child neuropsychiatry services was not confirmed in adulthood during the forensic psychiatric assessment. This observation warrants careful consideration of the inherent limitations in ADHD diagnosis, extending beyond the observed evolution of clinical manifestations over time in the present case. Some authors have suggested that the clinical phenomenology of ADHD requires more precise definition and application in diagnostic practice. A fundamental concern raised in the literature pertains to the validity of the ADHD diagnosis itself, as the signs and symptoms constituting the disorder are not pathognomonic and often overlap with other psychological conditions. Two key limitations have been noted: first, individual ADHD symptoms may not be abnormal per se; and second, symptoms presumed to be distinct and independently contributory to diagnosis frequently demonstrate overlap and are difficult to disentangle. Consequently, the imprecise and insufficiently distinct features used to define ADHD may contribute to misdiagnosis (Malhi et al., 2025).

Substance misuse emerged as a critical moderator of risk in this case. Both alcohol and cocaine are well-established contributors to disinhibition, emotional reactivity, and violent behavior, especially in individuals with pre-existing impulsivity and antisocial traits (Kraanen et al., 2014). The acute effects of these substances likely precipitated the escalation of aggression observed during the index offense, which involved severe intimate partner violence. This pattern is supported by epidemiological evidence demonstrating that concurrent alcohol and cocaine

use significantly increases the risk of impulsive and violent acts, including IPV (Smith et al., 2012).

The offense involved attempted homicide against the defendant's intimate partner, qualifying this case as IPV. This presentation partly aligns with established patterns of relational vulnerability in ADHD populations. Adults with ADHD experience significantly fewer stable romantic relationships and employ more maladaptive conflict-resolution strategies than neurotypical counterparts (Babinski et al., 2010; Wymbs et al., 2011). Adolescent ADHD populations similarly demonstrate high romantic relationship turnover and diminished physical intimacy. Critically, greater self-reported emotional dysregulation correlates with increased romantic involvement, higher partner numbers, sexual activity frequency, and elevated rates of unprotected sex - factors compounding relational instability. These relational impairments represent significant forensic considerations in IPV contexts (Margherio et al., 2021).

Furthermore, ADHD is characterized as a disorder of self-regulation encompassing deficits in emotional control (de la Fuente et al., 2019). This combination of frustration building and poor behavioral and emotional control could contribute to the relation between ADHD and IPV, both as victim and perpetrator (Arrondo et al., 2023).

On careful exploration of G.P.'s relational history, it emerged that he had only one long-term, stable romantic relationship, and thus did not display the more commonly reported relational patterns characteristic of this population. However, this relationship was characterized by jealousy on the girlfriend's part and mild controlling tendencies exhibited by him. The sustained quality of the romantic relationship prior to the offense suggests clinical remission of core ADHD symptoms associated with developmental progression and attainment of adulthood. The commission of the offense was not primarily attributable to ADHD-related functioning within the relationship, but rather to the acute effects of substance abuse.

The forensic assessment also highlighted the importance of distinguishing between acute substance-induced behavioral dyscontrol and chronic psychiatric impairment. In G.P.'s case, no mental disorder of sufficient gravity to impair or abolish criminal responsibility was identified, always according to the indications contained in the Italian penal code, which however does not provide for reductions in punishment for crimes committed in a state of acute intoxication. For these reasons a full criminal responsibility was attributed. This underscores the need for forensic psychiatrists to carefully evaluate the temporal relationship between substance use, psychiatric symptoms, and criminal behavior, as well as the legal implications of these findings (Raharjanti et al., 2021). At the same time, in our opinion, it indicates the need for a review of the penal provisions on the subject of substance abuse in criminal behavior.

From a developmental perspective, the case exemplifies the concept of fluctuating symptom trajectories in

ADHD. While G.P. demonstrated periods of relative stability and symptom attenuation, untreated neurodevelopmental vulnerabilities and comorbid substance misuse ultimately converged to increase the risk of violent offending. This pattern is consistent with emerging evidence that ADHD may follow a relapsing-remitting course, influenced by environmental and developmental factors (Norman et al., 2023).

The case also raises important questions about the role of mental health services in early identification, intervention, and risk management for individuals with neurodevelopmental disorders. The absence of a supportive social network and ongoing psychiatric care may have contributed to G.P.'s increased vulnerability to substance misuse and criminal behavior (Swinkels et al., 2020). Conversely, engagement with specialized services - including pharmacological and psychological interventions - has been shown to reduce criminal recidivism and improve functional outcomes in individuals with ADHD (Dalsgaard et al., 2015; Ghirardi et al., 2020).

Forensic outcomes are critically shaped by diagnostic continuity challenges. Wyler et al. (2024) observed that childhood ADHD diagnoses in offender populations frequently become «lost» in adulthood - either through diagnostic substitution (e.g., personality disorders) or inadequate reassessment - despite evidence that residual symptoms below diagnostic thresholds persist. This diagnostic discontinuity carries significant implications, as untreated ADHD elevates re-offending risks and compromises rehabilitative outcomes. Collectively, these trajectories underscore ADHD's lifelong impact, where fluctuating symptoms interact with environmental demands to produce varied adult outcomes.

Recent research underscores the substantial role of psychiatric comorbidities in shaping the forensic trajectories of individuals with a history of ADHD, as exemplified in the present case report. These comorbidities amplify criminal risk among adults with ADHD, particularly in males exhibiting the combined presentation alongside conditions such as oppositional defiant disorder and alcohol use disorder, which are associated with an increased risk of criminal behavior (Modesti et al., 2025).

The presence of ADHD introduces complex factors in judicial decision-making. While ADHD is frequently associated with stigmatized perceptions of dangerousness (Mueller et al., 2012), empirical analyses reveal contradictory dynamics in legal contexts. Although ADHD diagnoses may nominally influence sentencing proceedings, they typically receive limited weight in final dispositions across juvenile and adult cases, with judicial reasoning seldom connecting symptomatology to treatment prospects or rehabilitative potential (Verdun-Jones & Butler, 2013).

Notably, Berryessa's research demonstrates a counter-intuitive effect: an ADHD diagnosis actually reduced stigmatization regarding perceptions of treatability, subsequently mediating increased support for rehabilitation (Berryessa, 2018). This aligns with evidence of growing

public acceptance of ADHD's treatability, driven by literature and media addressing performance-related anxieties in academic/professional domains Hinshaw, S. P., & Scheffler, R. M. (2014). This evolving paradigm suggests increasing societal recognition of ADHD's treatability - extending beyond clinical/educational settings into criminal justice contexts.

## References

- Arrondo, G., Osorio, A., Magallón, S., Lopez-Del Burgo, C., & Cortese, S. (2023). Attention-deficit/hyperactivity disorder as a risk factor for being involved in intimate partner violence and sexual violence: a systematic review and meta-analysis. *Psychological Medicine*, 53(16), 7883. <https://doi.org/10.1017/S0033291723001976>
- Babinski, D. E., Pelham, W. E., Molina, B. S. G., Gnagy, E. M., Waschbusch, D. A., Yu, J., MacLean, M. G., Wymbs, B. T., Sibley, M. H., Biswas, A., Robb, J. A., & Karch, K. M. (2010). Late Adolescent and Young Adult Outcomes of Girls Diagnosed with ADHD in Childhood: An Exploratory Investigation. *Journal of Attention Disorders*, 15(3), 204. <https://doi.org/10.1177/1087054710361586>
- Barra, S., Turner, D., Müller, M., Hertz, P. G., Retz-Junginger, P., Tüscher, O., Huss, M., & Retz, W. (2022). ADHD symptom profiles, intermittent explosive disorder, adverse childhood experiences, and internalizing/externalizing problems in young offenders. *European Archives of Psychiatry and Clinical Neuroscience*, 272(2), 257–269. <https://doi.org/10.1007/S00406-020-01181-4>
- Berryessa, C. M. (2018). The effects of psychiatric and “biological” labels on lay sentencing and punishment decisions. *Journal of Experimental Criminology*, 14(2), 241–256. <https://doi.org/10.1007/S11292-018-9322-X>
- Biederman, J. (2005). Attention-deficit/hyperactivity disorder: a selective overview. *Biological Psychiatry*, 57(11), 1215–1220. <https://doi.org/10.1016/J.BIOPSYCH.2004.10.020>
- Dalsgaard, S., Ostergaard, S. D., Leckman, J. F., Mortensen, P. B., & Pedersen, M. G. (2015). Mortality in children, adolescents, and adults with attention deficit hyperactivity disorder: a nationwide cohort study. *Lancet (London, England)*, 385(9983), 2190–2196. [https://doi.org/10.1016/S0140-6736\(14\)61684-6](https://doi.org/10.1016/S0140-6736(14)61684-6)
- Dayan, H., Khoury-Kassabri, M., & Pollak, Y. (2022). The Link between ADHD Symptoms and Antisocial Behavior: The Moderating Role of the Protective Factor Sense of Coherence. *Brain Sciences*, 12(10). <https://doi.org/10.3390/BRAINSCI12101336>
- de la Fuente, J., González-Torres, M. C., Aznárez-Sanado, M., Martínez-Vicente, J. M., Peralta-Sánchez, F. J., & Vera, M. M. (2019). Implications of unconnected micro, molecular, and molar level research in psychology: The case of executive functions, self-regulation, and external regulation. *Frontiers in Psychology*, 10(AUG), 469441. <https://doi.org/10.3389/FPSYG.2019.01919/XML/NLM>
- De Sanctis, V. A., Nomura, Y., Newcorn, J. H., & Halperin, J. M. (2012). Childhood maltreatment and conduct disorder: independent predictors of criminal outcomes in ADHD youth. *Child Abuse & Neglect*, 36(11–12), 782–789. <https://doi.org/10.1016/J.CHIABU.2012.08.003>
- Escamilla-Robla, C., Beleña-Mateo, M. Á., & Mateu-Mollá, J. (2022). Influence of Alcohol Consumption, Personality and Attention Deficit Hyperactivity Disorder on Traffic Offenders. *Psicothema*, 34(3), 410–420. <https://doi.org/10.7334/PSICOTHEMA2022.38>
- Fatséas, M., Hurmic, H., Serre, F., Debrabant, R., Daulouède, J. P., Denis, C., & Auriacombe, M. (2016). Addiction severity pattern associated with adult and childhood Attention Deficit Hyperactivity Disorder (ADHD) in patients with addictions. *Psychiatry Research*, 246, 656–662. <https://doi.org/10.1016/J.PSYCHRES.2016.10.071>
- Fogler, J. M., Weaver, A. L., Katusic, S., Voigt, R. G., & Barbaresi, W. J. (2022). Recalled Experiences of Bullying and Victimization in a Longitudinal, Population-Based Birth Cohort: The Influence of ADHD and Co-Occurring Psychiatric Disorder. *Journal of Attention Disorders*, 26(1), 15–24. <https://doi.org/10.1177/1087054720969981>
- Freckelton, I. (2020). Attention Deficit Hyperactivity Disorder (ADHD) and the Criminal Law. *Psychiatry, Psychology, and Law : An Interdisciplinary Journal of the Australian and New Zealand Association of Psychiatry, Psychology and Law*, 26(6), 817–840. <https://doi.org/10.1080/13218719.2019.1695266>
- Friedman, A. S. (1998). Substance use/abuse as a predictor to illegal and violent behavior: A review of the relevant literature. *Aggression and Violent Behavior*, 3(4), 339–355. [https://doi.org/10.1016/S1359-1789\(97\)00012-8](https://doi.org/10.1016/S1359-1789(97)00012-8)
- Ghirardi, L., Larsson, H., Chang, Z., Chen, Q., Quinn, P. D., Hur, K., Gibbons, R. D., & D’Onofrio, B. M. (2020). Attention-Deficit/Hyperactivity Disorder Medication and Unintentional Injuries in Children and Adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 59(8), 944–951. <https://doi.org/10.1016/J.JAAC.2019.06.010>
- Ginsberg, Y., Quintero, J., Anand, E., Casillas, M., & Upadhyaya, H. P. (2014). Underdiagnosis of attention-deficit/hyperactivity disorder in adult patients: a review of the literature. *The Primary Care Companion for CNS Disorders*, 16(3). <https://doi.org/10.4088/PCC.13R01600>
- Harpin, V., Mazzone, L., Raynaud, J. P., Kahle, J., & Hodgkins, P. (2016). Long-Term Outcomes of ADHD: A Systematic Review of Self-Esteem and Social Function. *Journal of Attention Disorders*, 20(4), 295–305. <https://doi.org/10.1177/1087054713486516>
- Kraanen, F. L., Vedel, E., Scholing, A., & Emmelkamp, P. M. G. (2014). Prediction of intimate partner violence by type of substance use disorder. *Journal of Substance Abuse Treatment*, 46(4), 532–539. <https://doi.org/10.1016/J.JSAT.2013.10.010>
- Lichtenstein, P., Halldner, L., Zetterqvist, J., Sjölander, A., Serlachius, E., Fazel, S., Långström, N., & Larsson, H. (2012). Medication for attention deficit-hyperactivity disorder and criminality. *The New England Journal of Medicine*, 367(21), 2006–2014. <https://doi.org/10.1056/NEJMOA1203241>
- Malhi, G. S., Szymaniak, K., & Bell, E. (2025). Does ADHD treatment inefficacy question its diagnostic validity? *The Lancet. Psychiatry*, 12(5), 329. [https://doi.org/10.1016/S2215-0366\(25\)00045-8](https://doi.org/10.1016/S2215-0366(25)00045-8)
- Margherio, S. M., Capps, E. R., Monopoli, J. W., Evans, S. W., Hernandez-Rodriguez, M., Owens, J. S., & DuPaul, G. J. (2021). Romantic Relationships and Sexual Behavior Among Adolescents With ADHD. *Journal of Attention Disorders*, 25(10), 1466–1478. <https://doi.org/10.1177/1087054-720914371>
- Modesti, M. N., Gubbini, S., De Rossi, P., Manzi, A., Nicolò, G., Adriani, B., Pallottino, S., Parmigiani, G., Del Casale, A., Guariglia, C., & Ferracuti, S. (2025). ADHD in adults and criminal behavior: The role of psychiatric comorbidities



- and clinical and sociodemographic factors in a clinical sample. *International Journal of Law and Psychiatry*, 101, 102088. <https://doi.org/10.1016/J.IJLP.2025.102088>
- Mohr-Jensen, C., Müller Bisgaard, C., Boldsen, S. K., & Steinhausen, H. C. (2019). Attention-Deficit/Hyperactivity Disorder in Childhood and Adolescence and the Risk of Crime in Young Adulthood in a Danish Nationwide Study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 58(4), 443–452. <https://doi.org/10.1016/J.JAAC.2018.11.016>
- Mohr-Jensen, C., & Steinhausen, H. C. (2016). A meta-analysis and systematic review of the risks associated with childhood attention-deficit hyperactivity disorder on long-term outcome of arrests, convictions, and incarcerations. *Clinical Psychology Review*, 48, 32–42. <https://doi.org/10.1016/J.CPR.2016.05.002>
- Mueller, A. K., Fuermaier, A. B. M., Koerts, J., & Tucha, L. (2012). Stigma in attention deficit hyperactivity disorder. *Attention Deficit and Hyperactivity Disorders*, 4(3), 101. <https://doi.org/10.1007/S12402-012-0085-3>
- Norman, L. J., Price, J., Ahn, K., Sudre, G., Sharp, W., & Shaw, P. (2023). Longitudinal trajectories of childhood and adolescent attention deficit hyperactivity disorder diagnoses in three cohorts. *EClinicalMedicine*, 60. <https://doi.org/10.1016/J.ECLINM.2023.102021>
- Raharjanti, N. W., Wiguna, T., Purwadianto, A., Soemantri, D., Bardosono, S., Poerwandari, E. K., Mahajudin, M. S., Ramadianto, A. S., Alfonso, C. A., Findyartini, A., Nugrahadi, N. R., Lazuardi, M. Q., Subroto, P. A. M., Saroso, O. J. D. A., & Levanita, M. K. (2021). Clinical Reasoning in Forensic Psychiatry: Concepts, Processes, and Pitfalls. *Frontiers in Psychiatry*, 12. <https://doi.org/10.3389/FPSYT.2021.691377>
- Retz, W., Ginsberg, Y., Turner, D., Barra, S., Retz-Junginger, P., Larsson, H., & Asherson, P. (2021). Attention-Deficit/Hyperactivity Disorder (ADHD), antisociality and delinquent behavior over the lifespan. *Neuroscience and Biobehavioral Reviews*, 120, 236–248. <https://doi.org/10.1016/J.NEU-BIOREV.2020.11.025>
- Rösler, M., Retz, W., Retz-Junginger, P., Henges, G., Schneider, M., Supprian, T., Schwitzgebel, P., Pinhard, K., Dovi-Akue, N., Wender, P., & Thome, J. (2004). Prevalence of attention deficit-hyperactivity disorder (ADHD) and comorbid disorders in young male prison inmates. *European Archives of Psychiatry and Clinical Neuroscience*, 254(6), 365–371. <https://doi.org/10.1007/S00406-004-0516-Z>
- Satterfield, J. H., Faller, K. J., Crinella, F. M., Schell, A. M., Swanson, J. M., & Homer, L. D. (2007). A 30-year prospective follow-up study of hyperactive boys with conduct problems: adult criminality. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46(5), 601–610. <https://doi.org/10.1097/CHI.0B013E318033FF59>
- Smith, P. H., Homish, G. G., Leonard, K. E., & Cornelius, J. R. (2012). Intimate partner violence and specific substance use disorders: findings from the National Epidemiologic Survey on Alcohol and Related Conditions. *Psychology of Addictive Behaviors: Journal of the Society of Psychologists in Addictive Behaviors*, 26(2), 236–245. <https://doi.org/10.1037/A0024855>
- Song, P., Zha, M., Yang, Q., Zhang, Y., Li, X., & Rudan, I. (2021). The prevalence of adult attention-deficit hyperactivity disorder: A global systematic review and meta-analysis. *Journal of Global Health*, 11, 1–9. <https://doi.org/10.7189/JOGH.11.04009>
- Strada I., Tesoro V., Vegni E.A.M.: Studio pilota sulla prevalenza del disturbo da deficit d'attenzione e iperattività (ADHD) nella popolazione detenuta italiana. *Rassegna Italiana di Criminologia*, n.2, 2021, 137–144
- Swinkels, L. T. A., Van Der Pol, T. M., Popma, A., Ter Harmsel, J. F., & Dekker, J. J. M. (2020). Improving mental wellbeing of forensic psychiatric outpatients through the addition of an informal social network intervention to treatment as usual: a randomized controlled trial. *BMC Psychiatry*, 20(1), 418. <https://doi.org/10.1186/S12888-020-02819-2>
- Hinshaw, S. P., & Scheffler, R. M. (2014). *The ADHD Explosion: Myths, Medication, Money, and Today's Push for Performance*. Oxford University Press
- Turner, D., Wolf, A. J., Barra, S., Müller, M., Gregório Hertz, P., Huss, M., Tüscher, O., & Retz, W. (2021). The association between adverse childhood experiences and mental health problems in young offenders. *European Child and Adolescent Psychiatry*, 30(8), 1195–1207. <https://doi.org/10.1007/S00787-020-01608-2>
- van der Plas, N. E., Noordermeer, S. D. S., Oosterlaan, J., & Luman, M. (2025). Systematic Review and Meta-Analysis: Predictors of Adult Psychiatric Outcomes of Childhood Attention-Deficit/Hyperactivity Disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*. <https://doi.org/10.1016/J.JAAC.2025.04.012>
- Verdun-Jones, S. N., & Butler, A. (2013). Sentencing neurocognitively impaired offenders in Canada. *Canadian Journal of Criminology and Criminal Justice*, 55(4), 495–512. <https://doi.org/10.3138/CJCCJ.2012.ES02>
- Wyler, H., van Wijnkoop, M., Smith, A., Retz, W., Liebrecht, M., & Buadze, A. (2024). Lost diagnoses? A multi-year trajectory of patients with childhood ADHD in the criminal justice system in Switzerland. *Frontiers in Psychiatry*, 15, 1403618. <https://doi.org/10.3389/FPSYT.2024.1403618>
- Wymbs, B., Molina, B., Pelham, W., Cheong, J. W., Gnagy, E., Belendiuk, K., Walther, C., Babinski, D., & Waschbusch, D. (2011). Risk of Intimate Partner Violence among Young Adult Males with Childhood ADHD. *Journal of Attention Disorders*, 16(5), 373. <https://doi.org/10.1177/1087054710389987>
- Ziegler, E., Blocher, D., Broß, J., & Rösler, M. (2003). Erfassung von symptomen aus dem spektrum des hyperkinetischen syndroms bei häftlingen einer justizvollzugsanstalt. *Recht Und Psychiatrie*, 21(1), 17–21.