Psychiatric Disorder in Detained Male Adolescents as Risk Factor for Serious Recidivism

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Objective: A growing body of research consistently shows that detained minors bear substantial mental health needs. However, the relation between mental disorder and criminal recidivism has largely remained unexplored. Our study examines whether psychiatric disorders increase the likelihood of recidivism after controlling for time at risk, criminal history, and the presence of other disorders.

Method: Participants (n = 232) were detained male adolescents from all 3 youth detention centres in Flanders, Belgium, who were interviewed with the Diagnostic Interview Schedule for Children, Version IV. Two to 4 years later, information on serious recidivism was retrieved from the official judicial registration system. Serious recidivism was defined as having at least one arrest charge for violent, severe property crime, or substance-related offences.

Results: Serious recidivism was high, with 81% (n = 191) of the participants being rearrested. Psychiatric disorders predicted neither serious recidivism in general nor violent and severe property recidivism. However, other drug use disorder (OR 2.41; 95% CI 1.22 to 4.75) and general comorbidity (OR 2.64; 95% CI 1.40 to 4.99) were significantly predictive of substance-related recidivism.

Conclusion: Common psychiatric disorders in detained male adolescents do not significantly increase the likelihood of subsequent arrests, with the exception that substance use disorders appear to increase the risk of later substance-related recidivism. Effective treatment of these disorders may prevent detained juveniles to experience the detrimental outcomes associated with substance-related crimes as adults (for example, mental illness).


Clinical Implications

- Detained male adolescents with mental disorders should not be considered more dangerous than their counterparts without mental disorders.
- Other drug use disorder, however, puts these adolescents at increased risk to become substance-related recidivists.
- Effective treatment of this disorder may prevent substance-related crimes in adulthood and associated detrimental outcomes.

Limitations

- Our study solely used adolescents as informants in the assessment of psychiatric disorders.
- Low prevalence rates of schizophrenia and posttraumatic stress disorder did not allow us to properly test the contribution of both disorders to recidivism.
- The sample size did not allow us to examine the relation between specific comorbid disorders and recidivism.

Key Words: criminality, forensic psychiatry, risk factors
A growing body of research consistently shows that detained minors bear substantial mental health needs.\textsuperscript{1-5} Therefore, it is of interest to study the role of mental disorder for identifying detained youth with an increased risk to recidivate. However, little research is longitudinal, and the relation between mental disorder and recidivism has largely remained unexplored. Therefore, this follow-up study examines the predictive value of psychiatric disorders for official serious recidivism in previously detained male adolescents.

Identifying whether psychiatric disorders predict recidivism in already delinquent youth may be relevant for several reasons. First, carrying psychiatric problems may indicate the amenability of a person for change. Thus if mental disorders and recidivism are shown to be associated, treatment may possibly help to prevent delinquent minors to become chronic offenders. Second, society must be protected from people who are likely to cause further harm.\textsuperscript{4} Mental disorders may be among the factors that are relevant for deciding which juveniles are at high risk and should be given a higher level of security. Third, while there is a popular view that people with a psychiatric disorder are a threat to society, little evidence supports this notion. In adult (forensic) psychiatry, studies have shown this is not the case.\textsuperscript{5,6} Nevertheless, serious offenders in particular are often considered to be mentally ill, dangerous, and thus likely to reoffend. As no empirical evidence for such speculation is available, such stereotyping must critically be examined.\textsuperscript{6}

An important, but sparse, body of studies\textsuperscript{7-11} focuses on psychiatric disorders as predictors of recidivism in severe juvenile delinquents. These 5 studies suggest that psychiatric disorder is, to some extent, related to future offending. However, findings are inconsistent concerning the nature of disorders that predict recidivism. While some authors found a clear relation between specific mental disorders and recidivism,\textsuperscript{7,9,11} others were unable to confirm this.\textsuperscript{5} Further, studies differed from each other regarding the disorder (or disorder categories) that predicted recidivism; including SUDs, disruptive behaviour disorders and affective disorders,\textsuperscript{11} ODD,\textsuperscript{9} and CD.\textsuperscript{7,10} Numerous methodological reasons may well explain these inconsistencies, for example, the nature of the sample (probation compared with adjudicated compared with detained), the definition of recidivism (rearrest compared with reconviction compared with reincarceration), the length of the follow-up period, and the sample size.

Importantly, none of these studies controlled for time at risk (that is, the time participants were not detained in the follow-up period). This is crucial in predicting outcomes, as the longer one is detained the less opportunity one has to reoffend. Also, because a large meta-analysis in already delinquent youth demonstrated that criminal history is the strongest predictor of future crime,\textsuperscript{12} all detained juveniles are at risk for committing new crimes. The critical question, therefore, is whether mental disorders predict criminal recidivism when controlling for criminal history. Finally, comorbidity in detained male adolescents is a rule rather than an exception.\textsuperscript{13} Because the co-occurrence with other disorders rather than the psychiatric disorder itself may increase the risk to recidivate, it is important to adjust for the presence of other disorders as well.

Our study aims to examine whether detained juveniles with mental disorders are more likely to reoffend than detained juveniles without mental disorder. Concerning recidivism, we will focus on violent crime, severe property crime, and substance-related recidivism, as these crimes seriously affect society. It will be examined whether mental disorders are predictive of serious recidivism in general or recidivism subtypes specifically after controlling for time at risk, criminal history, and the presence of other disorders.

**Method**

**Subjects**

Between January 2005 and February 2007, 305 detained minors (aged 12 to 17 years) from the 3 existing YDCs for adolescents in the region of Flanders, Belgium, were randomly selected. Criteria for inclusion were: being of Belgian or Moroccan origin, being placed for at least 1 month in a YDC (that is, to allow us to contact them), and having sufficient knowledge of Dutch. Among the 305 eligible detainees, 14 could not be included because of practical circumstances (for example, daily activities or confinement), 45 refused participation, and 1 did not have sufficient knowledge of Dutch, resulting in a participation rate of 80% (n = 245). Participants (n = 245) were not significantly different from adolescents who refused to participate regarding age and ethnicity, although adolescents who refused were significantly less detained in the past ($\chi^2 = 8.16; df = 1, P < 0.01$). Participants were interviewed between 3 days and 3 weeks after their detention intake.

Recidivism information from one jurisdiction could not be obtained. Therefore, 7 participants were omitted from our study. Owing to missing data, the assessment of depression, SAD, PTSD, other drug use disorder, and general

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**Abbreviations used in this article**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>ADHD</td>
<td>attention-deficit hyperactivity disorder</td>
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<tr>
<td>CD</td>
<td>conduct disorder</td>
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<tr>
<td>DISC</td>
<td>Diagnostic Interview Schedule for Children</td>
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<tr>
<td>ODD</td>
<td>oppositional defiant disorder</td>
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<tr>
<td>PTSD</td>
<td>posttraumatic stress disorder</td>
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<tr>
<td>SAD</td>
<td>separation anxiety disorder</td>
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<tr>
<td>SES</td>
<td>socioeconomic status</td>
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<tr>
<td>SUD</td>
<td>substance use disorder</td>
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<tr>
<td>YDC</td>
<td>youth detention centre</td>
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</table>
comorbidity was hampered in 6 participants. To use the same sample size for all analyses, we additionally excluded these 6 participants, resulting in a final total sample size of 232. The mean age of this sample (n = 232) was 16.0 years (SD 1.1). Almost one-half of the participants had been detained in the past (48.0%) and one-fifth were of Moroccan origin (23%). More than two-thirds of our sample lived in families with a low SES (66.0%). The mean follow-up period in days was 1221.76 (range = 718 to 1481; SD 194.48). Serious recidivism in our sample was high, as 82% (n = 191) of the participants were arrested for at least 1 violent crime, severe property crimes, or substance-related crimes. Specifically, 156 participants (67%) had at least 1 rearrest for violent crimes, 102 (44%) for severe property crimes, and 97 (42%) for substance-related crimes. The mean number of new arrests for violent crimes was 2.39 (range = 0 to 22; SD 3.20), for severe property crimes was 1.75 (range = 0 to 20; SD 3.73), and for substance-related crime was 1.19 (range = 0 to 13; SD 2.08). Among the 232 participants, 91% were no longer underage (that is, less than 18 years) at the time recidivism data were collected.

Procedure

Our study was approved by the institutional review board of the Faculty of Psychology and Educational Sciences, Ghent University. Selected detainees were approached individually and given oral and written information about the aims, content, and duration of the interviews. They were assured that their information was confidential and that refusal to participate would not affect their judicial status or stay in the YDC. The detainees could then consult their primary caregivers or other adults about participation. After a complete description of the study to the subjects, written informed consent was obtained from the adolescents.

Participants were interviewed in a private area in the YDC by our DISC-trained first author or by 1 of 2 DISC-trained final-year university students who did not belong to the YDC staff. Participating adolescents did not receive compensation. A standard procedure for presenting the assessment instruments was followed.

Measures

Psychiatric Disorders. Past-year prevalence of psychiatric disorders was assessed with the DISC-IV, designed for interviewing children aged 9 to 17 years.14 For our study, ADHD, ODD, CD, SUDs (that is, alcohol, marijuana, and other drug use disorder), depression, dysthymia, SAD, PTSD, and schizophrenia were assessed with the authorized Dutch translation of the DISC-IV.15 General comorbidity referred to the presence of 2 or more of the above-mentioned disorders. Because few participants had dysthymia (n = 3), PTSD (n = 5), and schizophrenia (n = 5), the usefulness of these disorders for predicting recidivism will not be examined.

Criminal History and Official Recidivism. According to the law, the police must report all crimes to the public prosecutor.16 We collected participants' arrest data from the registration system of the public prosecutor. This registration system provides information about the number and type of arrest charges before and after the 18th birthday. Criminal history referred to the age at which participants were first charged for any type of crime (for example, shoplifting, violence, or insults). Violent recidivism refers to murder, manslaughter, sexual offences, and theft with violence; severe property recidivism refers to burglary and fire-setting; and substance-related recidivism refers to use, possession, and dealing of drugs (alcohol not included). Participants were considered to be serious recidivists if they had at least one new violent crime, severe property crime, or substance-related arrest after the DISC-IV interview.

Time at Risk. Time at risk was defined as the number of days between the DISC-IV interview and February 1, 2009, minus the number of days participants were detained (as a minor) or in provisional custody (as an adult).

Sociodemographic Characteristics. Standardized information about age, origin, and parental or caretaker’s occupation was assessed by means of a questionnaire we designed. SES was made operational by dichotomizing the parental or caretaker’s occupation. Parental SES was placed in the low-level category if both were unemployed or holding a low-level job (unskilled and skilled labour).

Data Analyses

First, we presented the prevalence rates of psychiatric disorders for recidivists and nonrecidivists. Second, we calculated the odds ratio of serious recidivism and recidivism subtypes for participants with psychiatric disorder, compared with participants without psychiatric disorder. For this purpose, bivariate logistic regression analyses were conducted with psychiatric disorder (for example, ADHD) as predictor and recidivism as dependent variable. Third, multivariate logistic regression analyses were conducted when adjusting for time at risk, age of first arrest, and the presence of other disorders. Finally, we examined whether general comorbidity predicted serious recidivism before (that is, bivariate analysis) and after controlling for time at risk, and age of first arrest (that is, multivariate analyses). Statistical analyses were performed using SPSS 16.0 (SPSS Inc, Chicago, IL). All tests were 2-tailed, with 0.05 as the standard for statistical significance.

Results

Predicting Serious Recidivism

In general, psychiatric disorders were more prevalent in serious recidivists than in nonserious recidivists, except for depression (online eTable 1).

In bivariate analyses, CD (OR 2.16; 95% CI 1.09 to 4.28) and marijuana use disorder (OR 2.94; 95% CI 1.47 to 5.86)
predicted serious recidivism. None of the other disorders were significant predictors of serious recidivism (available upon request from the authors). Serious recidivism was significantly predicted by general comorbidity (OR 3.51; 95% CI 1.74 to 7.06).

When adjusting for the presence of other disorders, time at risk, and criminal history, not one of the psychiatric disorders was a significant predictor of serious recidivism, except marihuana use disorder (Table 2). However, after controlling for time at risk and criminal history, general comorbidity remained significantly predictive of serious recidivism (OR 3.63; 95% CI 1.78 to 7.39).

Predicting Subtypes of Serious Recidivism

Overall, prevalence rates of most disorders were very similar between violent and nonviolent recidivists and between severe property recidivists and nonsevere property recidivists. All psychiatric disorders were more prevalent in substance-related recidivists than in nonsubstance-related recidivists (online eTable 1).

In bivariate analyses (available upon request from the authors) and after controlling for the presence of other disorders, time at risk, and criminal history (Table 2), not one of the psychiatric disorders was a significant predictor of violent or severe property recidivism.

However, in bivariate analyses, substance-related recidivism was significantly predicted by CD (OR 2.01; 95% CI 1.17 to 3.48), alcohol use disorder (OR 2.42; 95% CI 1.41 to 4.16), marijuana use disorder (OR 2.01; 95% CI 1.15 to 3.52), other drug use disorder (OR 3.03; 95% CI 1.71 to 5.35), and general comorbidity (OR 2.60; 95% CI 1.38 to 4.88).

When adjusting for the presence of other disorders, time at risk, and criminal history, other drug use disorder (Table 2) remained a significant predictor of substance-related recidivism. In multivariate analyses, general comorbidity (OR 2.64; 95% CI 1.40 to 4.99) was also still significantly associated with substance-related recidivism.

Discussion

Our paper addressed whether psychiatric disorders increased the risk for detained male adolescents to reoffend after controlling for time at risk, criminal history, and the presence of other disorders. When defining specific types of crimes as outcome, other drug use disorder increased the risk of substance-related recidivism. Neither violent nor severe property official recidivism was predicted by any of the assessed disorders or by general comorbidity. However, general comorbidity predicted serious recidivism in general and substance-related recidivism specifically.

Detained male adolescents with other drug use disorders were more likely to become substance-related recidivists. This finding is important from both a criminological and a mental health perspective. Because substances such as cocaine, heroine, and amphetamines are expensive, young adults with other drug use disorders may participate in drug selling and other crimes (for example, violence and burglary) to maintain their substance use.17 Thus, from a criminological perspective, the judicial handling of these people and the consequences of their illegal activities causes an enormous financial and emotional burden to society. From a mental

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**Table 2 Psychiatric disorders as predictor for serious recidivism (subtype) status after controlling for time at risk, criminal history, and the presence of other disorders**

<table>
<thead>
<tr>
<th>Recidivism and disorder</th>
<th>Serious</th>
<th>Violent</th>
<th>Severe property</th>
<th>Substance-related</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious recidivism subtypes status</td>
<td>n</td>
<td>n</td>
<td>n</td>
<td>n</td>
</tr>
<tr>
<td>No</td>
<td>41</td>
<td>76</td>
<td>130</td>
<td>135</td>
</tr>
<tr>
<td>Yes</td>
<td>191</td>
<td>156</td>
<td>102</td>
<td>97</td>
</tr>
<tr>
<td>Psychiatric disorder</td>
<td>OR (95% CI)</td>
<td>OR (95% CI)</td>
<td>OR (95% CI)</td>
<td>OR (95% CI)</td>
</tr>
<tr>
<td>ADHD</td>
<td>1.49 (0.36–6.12)</td>
<td>0.65 (0.25–1.73)</td>
<td>0.59 (0.22–1.59)</td>
<td>1.47 (0.55–3.95)</td>
</tr>
<tr>
<td>ODD</td>
<td>0.85 (0.35–2.14)</td>
<td>1.02 (0.49–2.15)</td>
<td>1.38 (0.70–2.73)</td>
<td>0.74 (0.36–1.52)</td>
</tr>
<tr>
<td>CD</td>
<td>1.45 (0.63–3.34)</td>
<td>1.00 (0.50–2.02)</td>
<td>1.03 (0.54–1.95)</td>
<td>1.49 (0.77–2.87)</td>
</tr>
<tr>
<td>Alcohol use disorder</td>
<td>0.96 (0.40–2.32)</td>
<td>1.17 (0.57–2.41)</td>
<td>0.83 (0.43–1.59)</td>
<td>1.95 (0.99–3.84)</td>
</tr>
<tr>
<td>Marihuana use disorder</td>
<td>2.51* (1.04–6.09)</td>
<td>1.43 (0.67–3.04)</td>
<td>1.36 (0.68–2.75)</td>
<td>0.93 (0.45–1.91)</td>
</tr>
<tr>
<td>Other drug use disorder</td>
<td>1.15 (0.44–2.98)</td>
<td>0.75 (0.36–1.55)</td>
<td>0.99 (0.51–1.95)</td>
<td>2.41* (1.22–4.75)</td>
</tr>
<tr>
<td>Depression</td>
<td>0.67 (0.21–2.08)</td>
<td>0.80 (0.31–2.04)</td>
<td>0.65 (0.26–1.61)</td>
<td>0.47 (0.18–1.20)</td>
</tr>
<tr>
<td>SAD</td>
<td>2.07 (0.43–10.08)</td>
<td>1.31 (0.42–4.08)</td>
<td>2.68 (0.94–7.60)</td>
<td>1.41 (0.50–3.95)</td>
</tr>
</tbody>
</table>

* P < 0.05
health perspective, substance-related offences in adolescents are related to SUD and other mental disorders. Therefore, SUD may not only predict future drug offences, they may also be indicators of poor mental health functioning later in life. Nevertheless, our study did not allow us to disentangle the developmental pathways between mental disorder and delinquency. Consequently it is not known, for example, whether adolescents, in an attempt to cope with depressive episodes, have developed an SUD, which increases the risk of recidivism.

Our study showed that general comorbidity was predictive of serious recidivism in general and substance-related recidivism specifically. This finding suggests that the relation between SUDs and general recidivism reported in a previous study is driven by a relation of this disorder category and one kind of reoffending, substance-related recidivism. To better understand the relation between mental disorders and recidivism, future studies may wish to differentiate between subtypes of recidivism. Future studies should examine whether specific comorbidity patterns in detained adolescents (for example, ADHD and CD) are predictive of recidivism (subtypes); an issue that given our relatively low sample size could not be addressed.

Several CD symptoms reflect illegal behaviour referring to violent (for example, fighting or being physically cruel) and property offences (for example, burglary or theft). Our finding that CD did not predict violent and property recidivism, therefore, might seem surprising and warrants some reflection. First, although normal population studies demonstrated that CD-related behaviour is a predictor of violent and property offences, our study may suggest that the generalizability of these findings to juvenile justice samples is limited. More research is warranted to disentangle the relation between CD and different types of recidivism in serious juvenile delinquents. Second, although not all detained adolescents with CD symptoms met all criteria for receiving a CD diagnosis (for example, not one of the symptoms was present in the last 6 months), most of these adolescents have CD symptoms. Therefore, a ceiling effect may have hampered the likelihood of finding a relation between CD and violent or severe property crime in our study.

A relation between ADHD and future crime was not found. However, while third party informants are considered important for an accurate assessment of ADHD, our study solely used the adolescents themselves as informants. Future studies should therefore investigate whether parental reports of ADHD predict recidivism in detained adolescents. Alternatively, it is possible that ADHD has a role in the continuation of offending, but only when comorbid with other disorders. Mannuzza et al demonstrated that children with ADHD uncomplicated by CD were at an increased risk for later criminality but only if they develop CD or SUD in adolescence. Future research, therefore, should examine whether ADHD predicts reoffending of detained adolescents with CD or SUD. Unfortunately, the relatively low sample size and prevalence rates of particular disorders such as ADHD did not allow us to test this possibility properly.

In contrast to earlier studies showing that depression in juvenile delinquents decreases the risk to reoffend, a relation between depression and recidivism was not found. However, because depression contributed only moderately to the overall predictive model, it might be no surprise that our study could not replicate this finding. Alternatively, the moment of assessment in our study may have relevance. Specifically, detention itself may result in an exacerbation of depressive symptoms. If a relation between true depression and recidivism exists, this relation may be attenuated by adolescents who merely met criteria for depression as a reaction to judicial involvement. Again, depression might be important for predicting recidivism, but only when comorbid with other disorders. This again emphasizes the importance of examining the predictive validity of comorbidity in larger samples of previously detained adolescents.

Overall, our study suggests that juvenile delinquents with psychiatric disorders are not at an increased risk for future violent crime. Although this finding is in line with earlier studies in adult offenders, more studies in detained juveniles are warranted before a firm conclusion can be drawn. For example, specific psychiatric disorders such as psychotic disorders occurred in low rates. Consequently, the likelihood of revealing a relation between schizophrenia and future offending was not possible. Another less prevalent disorder of relevance is PTSD. As juvenile delinquents with PTSD are highly troubled in terms of impulse control and control of aggression, PTSD may be related to future violence as well.

**Clinical Implications**

Mental health diversion programs have demonstrated positive effects on recidivism rates, in particular for youth with an SUD. Treating other drug use disorder in detained adolescents may decrease the risk for substance-related offending. However, previous research showed that in incarcerated youth with SUD, less than one-half were found to receive intervention. Thus while our findings may be relevant scientifically and clinically, a crucial problem is the unavailability of treatment programs.

Our study also indicates that mental disorders do not play a major role in persistence of violent and serious property crimes. Adolescents with mental health disorders should not be considered as dangerous. However, future research on the predictive validity of specific disorders (for example, PTSD) and specific comorbidity patterns (for example, ADHD and CD) is warranted before firm conclusions can be drawn.

**Limitations**

Despite the strengths of our study (for example, controlling for time at risk, relative large number of participants, and a 2- to 4-year follow-up period), some limitations should be considered when interpreting the results. First, we defined criminal history and recidivism by official arrest data. It is known...
that studies using official recidivism rates instead of self-report information tend to underestimate recidivism. However, when considering serious forms of delinquency, as in our study, information from self-report and official data are known to closely correspond with official offending data.\(^{29}\) Therefore, we do not expect that the lack of self-reported data would substantially alter our findings. Second, what constitutes recidivism is determined by the criminal law, with substantial differences between countries. Therefore, more studies in different countries are needed to see whether our findings can be confirmed. Third, the current findings do not enable to conclude about causality between mental disorder and (specific types of) recidivism. The relation between mental disorder and reoffending 2 to 4 years later is likely to be mediated by other variables. Fourth, given the low prevalence rates of schizophrenia and PTSD, the power to find a relation between these disorders and subsequent offending was restricted.

**Conclusion**

Psychiatric disorders in detained male adolescents do not significantly increase the likelihood of subsequent arrests, with the exception that other drug use disorder and general comorbidity do increase the risk of later substance-related recidivism specifically.

**Acknowledgements**

Dr Colins received a funding grant (special research fund) from Ghent University for his PhD study (cross-sectional) on the prevalence of psychiatric disorders in detained male adolescents. The current prospective study uses data from the PhD study to predict recidivism. The authors have no conflicts of interest to report.

**References**

Résumé : Le trouble psychiatrique chez les détenu masculins adolescents comme facteur de risque de récidive sérieuse

Objectif : Un corpus de recherche grandissant démontre de façon constante que les détenu mineurs ont des besoins substantiels en santé mentale. Cependant, la relation entre le trouble mental et la récidive criminelle demeure largement inexplorée. Notre étude examine si les troubles psychiatriques augmentent la probabilité de récidive après contrôle du temps à risque, des antécédents criminels, et de la présence d’autres troubles.

Méthode : Les participants (n = 232) étaient des détenu masculins adolescents des 3 centres de détention pour les jeunes en Flandres, Belgique, qui ont été interviewés à l'aide de la version IV de l’entrevue diagnostique pour les enfants (DISC-IV). De 2 à 4 ans plus tard, l’information sur la récidive sérieuse a été extraite du registre judiciaire officiel. La récidive sérieuse était définie comme le fait d’avoir au moins un chef d’arrestation pour un crime violent et grave contre les biens, ou des infractions relatives aux substances.

Résultats : La récidive sérieuse était élevée, 81 % (n = 191) des participants ayant été arrêtés de nouveau. Les troubles psychiatriques ne prédisaient ni récidive sérieuse en général, ni récidive violente et grave contre les biens. Toutefois, un autre trouble d’utilisation de drogues (RC 2,41; IC à 95 % 1,22 à 4,75) et la comorbidité générale (RC 2,64; IC à 95 % 1,40 à 4,99) étaient significativement prédicteurs de récidive relative aux substances.

Conclusion : Les troubles psychiatriques communs chez les détenu masculins adolescents n’augmentent pas significativement la probabilité d’arrestations subséquentes, à l’exception des troubles liés à l’utilisation de substances qui semblent accroître le risque de récidive relative aux substances ultérieure. Le traitement efficace de ces troubles peut empêcher les détenu juvéniles de connaître les effets nuisibles associés aux crimes relatifs aux substances comme adultes (par exemple, la maladie mentale).