

Psychopathology from Crime to Release: Mental Health in the Criminal Justice System

Suçtan Tahliyeye Psikopatoloji: Ceza Adalet Sisteminde Ruh Sağlığı

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ABSTRACT

Crime is not merely a legal violation, but a complex phenomenon shaped by the interaction of biological, psychological, and social factors. This study examines the role of psychopathology in criminal behavior, during incarceration, and the post-release period within the framework of current literature. Consistent findings in the literature indicate a relationship between criminal behavior and psychotic disorders, personality disorders, mood disorders, substance use disorders, and intellectual disability. Psychopathology is considered not as a direct cause of crime, but as a factor that increases an individual's risk of engaging in criminal behavior. In particular, substance use disorders, comorbid psychiatric conditions, high psychopathy scores, and high impulsivity emerge as significant risk factors for criminal behavior. The markedly higher prevalence of psychiatric diagnoses among incarcerated individuals compared to the general population underscores the importance of diagnosis, treatment, and rehabilitation services within the criminal justice system. However, the inadequacy of mental health services both during incarceration and after release may contribute to increased recidivism. The literature highlights the need for holistic, individualized, and effective psychosocial intervention programs to prevent crime and reduce recidivism rates. Future research in this field is expected to contribute to evidence-based policy development.

Keywords: Crime, psychopathology, prisoners, prisons, recidivism

ÖZ

Suç, yalnızca hukuki bir ihlal değil; biyolojik, psikolojik ve sosyal etmenlerin etkileşimiyle şekillenen karmaşık bir olgudur. Bu çalışmada suç davranışında, cezaevinde ve tahliye sonrası süreçte psikopatolojinin rolü, güncel literatür bağlamında incelenmektedir. Psikotik bozuklukların, kişilik bozukluklarının, duygudurum bozukluklarının, madde kullanım bozukluklarının ve zekâ geriliğinin suç davranışı ile ilişkisine dair literatürde tutarlı sonuçlar bulunmaktadır. Psikopatoloji suçun doğrudan nedeni olarak değil, bireyin suç davranışına yönelik riski artıran bir faktör olarak değerlendirilmektedir. Özellikle madde kullanım bozuklukları, komorbid psikiyatrik bozukluklar, yüksek psikopati puanları ve yüksek dürtüsellik suç davranışı açısından ciddi risk faktörleri olarak öne çıkmaktadır. Hükümlülerde psikiyatrik tanı oranlarının genel topluma kıyasla belirgin düzeyde yüksek olması adli sistemde tanı, tedavi ve rehabilitasyon hizmetlerinin önemini ortaya koymaktadır. Bununla birlikte cezaevindeki ve tahliye sonrasındaki ruh sağlığı hizmetlerinin yetersizliği, suç tekrarını artırabilmektedir. Literatürde suçun önlenmesi ve suç tekrarı oranlarının azaltılmasında; bütüncül, bireyselleştirilmiş ve etkili psikososyal müdahale programlarına olan gereksinim işaret edilmektedir. Bu alanda yapılacak yeni çalışmaların, bilimsel temelli politika geliştirme sürecine katkı sağlayabileceği öngörülmektedir.

Anahtar sözcükler: Suç, psikopatoloji, mahkumlar, hapishaneler, suç tekrarı

Introduction

Crime can be defined as an act deemed unlawful by states or authorities, subject to legal sanction (Akbaş 2024). Criminal behavior is not merely a violation of the legal order but a multilayered phenomenon that emerges at the intersection of biological predispositions, psychological processes, and social environment (Nergiz and Işıklı 2021). Traditional criminological theories have long explained crime based on socioeconomic factors and opportunity structures. Today, however, interdisciplinary studies in fields such as psychiatry, neuroscience, and criminology demonstrate that certain psychopathologies have a statistically significant association with criminal behavior (Deniz 2017, Ayar and Ayar 2021).

Nevertheless, many individuals diagnosed with psychopathology continue their lives without engaging in criminal behavior. Therefore, this relationship is considered not as causal but as a risk factor. The literature particularly highlights the role of psychotic disorders, personality disorders, mood disorders, alcohol and substance use disorders (ASUD), and psychopathy in the emergence of criminal behavior (Stone 2007, Baillargeon et al. 2009, Flórez et al. 2019, Balcioglu et al. 2021, Edberg et al. 2022). Psychopathology may also complicate the process of imprisonment and post-release reintegration into society, thereby increasing the risk of recidivism (Wallace and Wang 2020, Zhou 2024). Yet, the interaction between psychopathology and the criminal justice system extends beyond this.

Individuals with psychiatric disorders not only have been associated with committing violence and crime but also present higher rates of victimization. Studies indicate that individuals with severe psychiatric disorders experience significantly higher exposure to violence and crime compared to the general population (Khalifeh et al. 2015, Bhavsar and Ventriglio 2017). The diagnostic criteria of certain psychiatric disorders, which involve impaired adaptation to social norms, difficulties in interpersonal relationships, and deficits in impulse control, may increase both perpetration and victimization risks. Furthermore, relatively "healthy" potential offenders may perceive impairments in cognition, behavior regulation, and foresight in these individuals as opportunities, thus making them more vulnerable to exploitation or coercion. Consequently, individuals with psychiatric disorders may be disproportionately selected as victims or instigated participants. The high risks of both victimization and perpetration highlight the necessity of evaluating these individuals as a vulnerable group.

Within the criminal justice system, individuals diagnosed with psychiatric disorders are often viewed through the dual lenses of crime and mental illness. However, other risk factors contributing to criminal behavior are frequently overlooked in psychosocial support practices during imprisonment and after release (Skeem et al. 2011). Assuming a direct causal relationship between psychopathology and crime, without considering these other risk factors, is not supported by scientific evidence. Yet, such assumptions foster biased approaches in the justice system, sometimes leading to longer prison terms for prisoners with psychiatric disorders compared to those without diagnoses who committed the same offenses (McNiel et al. 2005). In Türkiye and worldwide, the number of prisoners continues to rise, becoming a critical issue. According to World Prison Brief (2025), the prison population in Türkiye has reached 403,060, ranking the country second in Europe and sixth globally. In many justice systems worldwide, imprisonment is not only a punitive measure against criminal behavior but also intended as rehabilitation to reintegrate individuals into society (Artuk and Alşahin 2016). The most crucial component of rehabilitation is mental health work.

Forensic mental health policies vary across countries, influenced by factors such as the level of policy development and broader societal context (McLeod et al. 2020). In Türkiye, as well as in countries like the United States, Canada, and the United Kingdom, there are practices that prioritize rehabilitation over imprisonment for individuals diagnosed with psychiatric disorders who have committed crimes (Edwards et al. 2020, Resmi Gazete 2004b). Similarly, penal codes in Denmark, Germany, Portugal, Ukraine, and Albania stipulate that individuals with severe mental illness are not subject to criminal punishment (Yılmaz 2018).

In Türkiye, Article 32 of the Turkish Penal Code (TPC) regulates the impact of mental illness on criminal liability. During the judicial process, individuals with psychiatric disorders are referred to authorized health

institutions for a medical board report assessing their psychiatric condition, ability to control their behavior, and capacity to comprehend the legal meaning and consequences of their actions. Courts take these reports into account when adjudicating cases.

According to Article 57 of the TPC, if a diagnosis of mental illness and its connection to the offense is confirmed, courts may order protective and therapeutic security measures specific to mental illness instead of criminal punishment (Resmi Gazete 2004b, Yılmaz 2018). Based on this decision, individuals are transferred to high-security forensic psychiatric hospitals where they undergo observation, protection, monitoring, and treatment. In addition to medication management, comprehensive psychosocial interventions, social and recreational activities, and training in daily life skills are implemented. If the hospital's medical board determines that the individual's dangerousness has disappeared or significantly decreased, a report is submitted to the court, which may order release. However, if subsequent monitoring reveals an increased risk, readmission to hospital care is mandated (Resmi Gazete 2004b, Yılmaz 2018).

Collaboration between law, medicine, and psychology in this multidisciplinary framework strengthens the accuracy of judicial and therapeutic decisions, forming the foundation for outcomes that benefit both the individual and society. It is important to note that not all individuals with psychiatric disorders are deemed unfit for criminal responsibility; therefore, some still receive prison sentences. The execution of sentences for individuals with mental illness is regulated by the Law on the Execution of Penalties and Security Measures (Resmi Gazete 2004a). Based on the medical board's report, the execution of a sentence may be postponed, and the prisoner referred for treatment at a designated health institution. If such referral is not deemed necessary, the sentence is executed in the designated section of the correctional facility reserved for these individuals (Resmi Gazete 2004a).

In Türkiye, mental health services are provided in closed correctional facilities for both prisoners with and without psychiatric diagnoses. These services include individual, family, and group interventions. Participation is not mandatory but encouraged through "good conduct applications." For example, the SAMBA program (Treatment Program for Tobacco, Alcohol, and Substance Addiction) is implemented as a group-based intervention targeting addictions. Individual and family counseling sessions are also offered within a holistic framework (Resmi Gazete 2004a). After release, individuals with chronic psychiatric conditions such as psychotic disorder or bipolar disorder are referred to Community Mental Health Centers (TRSM). While the theoretical foundation of these services is robust, studies evaluating their effectiveness and accessibility remain scarce.

In the United Kingdom, a similar approach is seen in the STAIR model (Screening, Triage, Assessment, Intervention, Reintegration), which integrates prisoners into mental health screening, prioritization, evaluation, intervention, and reintegration processes. However, limitations in both implementation and effectiveness have been reported (Forrester and Hopkin 2019, Simpson et al. 2022). By contrast, in the U.S. state of Oklahoma, the Re-Entry Intensive Care Coordination Teams (RICCT) program provides comprehensive support for individuals after release from prison, including housing, employment, and access to healthcare services. Among participants with psychiatric disorders, this program has been associated with a significant reduction in re-incarceration rates (Oklahoma Department of Mental Health and Substance Abuse Services 2023).

Despite existing forensic mental health policies, mental health problems among prisoners remain disproportionately high compared to the general population worldwide (Çaynak and Kutlu 2016, Fazel et al. 2016, McLeod et al. 2020). Findings suggest that holistic psychosocial interventions can reduce crime rates, yet rising prisoner populations limit access to services and diminish program effectiveness. In this context, understanding the role of psychopathology is essential for developing effective preventive and therapeutic policies. Such approaches not only enhance the psychological well-being of individuals with psychiatric disorders but also contribute to broader public safety.

The purpose of this review is to examine, within the framework of current interdisciplinary literature, the role of psychopathology in criminal behavior, imprisonment, and post-release, particularly in the context of limited national research. Furthermore, this study aims to offer recommendations addressing these limitations, while also assessing the adequacy and accessibility of mental health services during these

processes. In doing so, the study seeks to contribute to the development of effective policies that benefit both the individual and society. Besides, this review aims to analyze the role of psychopathology in criminal behavior, imprisonment, and post-release processes within the framework of current literature, to present recommendations addressing identified limitations, and to assess the effectiveness and accessibility of forensic mental health services in practice. Ultimately, the study seeks to contribute to the development of effective policies at both individual and societal levels.

Psychopathology in Criminal Behavior and Imprisonment

Psychopathology in the emergence of criminal behavior can be considered as a multidimensional risk that impairs an individual's emotional, cognitive, and behavioral functions, thereby reducing their ability to adapt to social norms. Additionally, conduct disorders, a history of abuse or neglect, and traumatic life events that emerge in childhood without a formal psychiatric diagnosis are also psychological risk factors that contribute to criminal behavior (Schnittker et al. 2012, Van Dorn et al. 2012, Edens et al. 2015).

A history of juvenile delinquency significantly increases the risk of reoffending in adulthood (Çabuk 2022). In Türkiye, nearly half of all juvenile offenders have been diagnosed with a psychiatric disorder. These disorders, in descending order of prevalence, are attention deficit hyperactivity disorder (ADHD) (14.2%), intellectual disability (6.4%), conduct disorder (5.9%), anxiety disorder (4.9%), and ASUD (2.5%) (Eyüboğlu and Eyüboğlu 2018). Similarly, another study found that 40% of juvenile offenders had ADHD, 30% had conduct disorder, and 3.3% had an intellectual disability (Kılıçaslan 2022). Markers such as childhood psychiatric disorders, low educational and intellectual levels, peer and family environments with a criminal background, low socioeconomic status, and ASUD can all indicate a high risk for criminal behavior (Erükçü Akbaş et al. 2020, Kılıçaslan 2022). It is thought that screening and comprehensive psychosocial interventions targeting these risks could reduce criminal behavior.

After being convicted and incarcerated, individuals may develop psychiatric disorders for the first time, or existing conditions may be exacerbated. The main factors that increase the prevalence of psychiatric disorders in prison are individual and prison-specific environmental stressors, such as a history of mental illness, trauma, comorbidity, social isolation, and perceived threats. Vulnerable groups, including women, children, LGBT+ individuals, and the elderly, are particularly susceptible to these risks (Fazel and Seewald 2012, Routh et al. 2017, Favril et al. 2020, Amil et al. 2021, Mazher and Arai 2025).

While different studies have yielded varying results regarding the prevalence of psychiatric disorders among inmates, the finding that it is significantly higher compared to the general population is consistent (Çaynak and Kutlu 2016, Fazel et al. 2016, Rebbapragada et al. 2021). In a Turkish study by Kaya et al. (2004), 58% of inmates were diagnosed with at least one psychiatric disorder, excluding nicotine dependence. Çaynak and Kutlu (2016) reported that 41.2% of convicts had high or very high levels of psychopathological symptoms. This rate was found to be 40.3% in the United Kingdom and 43.4% in Iran (Sepehrmanesh et al. 2014, Bowler et al. 2018). These study results from different countries and cultures suggest that nearly half of all prisoners experience mental health issues. While these findings indicate a role for psychopathology in criminal behavior, they also suggest that prison conditions can negatively impact individuals' mental health and contribute to the development of disorders.

Halle et al. (2020), in their study on the general population, found no significant relationship between criminal and violent behavior and psychiatric disorders. Despite methodological shortcomings, such as the use of self-report scales for diagnosis and a very limited sample size, the study is valuable because it draws attention to how studies of prison populations and psychiatric cases can introduce bias into their findings.

Although this review focuses solely on psychotic disorders, personality disorders, ASUD, mood disorders, and intellectual disability, the role of psychopathology in criminal behavior and in the prison population is not limited to these. Other studies indicate that anxiety disorders, post-traumatic stress disorder (PTSD), and ADHD also play a role in criminal behavior and have a high prevalence in the prison population (Andreoli et al. 2014, Young et al. 2015, Di Lorito et al. 2018).

Upon evaluation of these findings, it is clear that the prison environment is an institution that houses individuals with multiple psychiatric risks who may have yet to be diagnosed or receive adequate treatment. Therefore, the justice system should not only serve a punitive function but also a diagnostic, treatment, and rehabilitation function. Furthermore, the literature emphasizes that the relationship between criminal behavior and psychopathology is primarily risk-based rather than causal. For this reason, approaches that focus solely on psychiatric factors will be insufficient for understanding criminal behavior. Psychiatric disorders diagnosed in prison must be evaluated in conjunction with an individual's past life experiences, educational level, social support systems, and access to services.

Psychotic Disorders

Psychotic disorders are severe mental illnesses characterized by profound disruptions in thought, perception, affect, and behavior, fundamentally impairing an individual's perception of reality. Throughout history, individuals with psychotic disorders have frequently been associated with crime and maladaptive behavior, leading to widespread stigmatization. Such associations have reinforced prejudices at both scientific and societal levels. Although studies supporting a relationship between psychotic disorders and criminal behavior exist, it is essential to acknowledge that the vast majority of individuals with psychotic disorders live their lives without intersecting with the criminal justice system (Deniz 2017, Kulkara et al. 2020).

Research conducted in Türkiye provides examples of this association. In a study by İnan et al. (2018), forensic psychiatric cases referred for evaluation of criminal responsibility on the grounds of mental illness after committing crimes were examined. Schizophrenia was identified as the most common diagnosis (42.5%), followed by atypical psychosis (13.1%). Moreover, a substantial proportion of these individuals were found to be involved in serious crimes. Similarly, Bolu et al. (2014) reported that psychotic disorders were present in 13.8% of cases involving crimes during military service and in 61.9% of cases referred for evaluation of criminal responsibility.

Direct studies investigating the prevalence of psychotic disorders in prison populations in Türkiye are highly limited. Kaya et al. (2004) reported this rate as only 1%. Although this figure is consistent with the prevalence of psychotic disorders in the general population, it is lower than findings reported in international literature. This discrepancy may be explained by factors such as greater accessibility to referral systems for individuals with psychotic disorders at the time of the study and limitations in sample size. Considering the increase in prisoner populations, it is anticipated that future prevalence studies may reveal higher rates, as disruptions in diagnostic and referral procedures have become more likely.

Table 1. Prevalence of psychiatric disorders in convicts

Disorder	Group	Prevalence	Reference
Psychotic Disorders	General	1% - 6.9%	Kaya et al. 2004, Baranyi et al. 2019, Fovet et al. 2020
	Women	3.9%	Fazel and Seewald 2012
	Men	3.6%	Fazel and Seewald 2012
	Elderly	5.5%	Di Lorito et al. 2018
Mood Disorders	General	29.2%	Kaya et al. 2004
	Juvenile	15%	Guilherme and Moreno 2024
Depression	General	36.9%	Bedaso et al. 2020
	Women	14.1%	Fazel and Seewald 2012
	Men	10.2%	Fazel and Seewald 2012
	Elderly	28.3%	Di Lorito et al. 2018
Bipolar Disorder	Elderly	4.5%	Di Lorito et al. 2018
Comorbid Psychiatric Disorders	General	13.1% - 95%	Fazel and Seewald 2012, Sepehrmanesh et al. 2014, Tutuncu et al. 2015, İnan et al. 2018

Baranyi et al. (2019) conducted a meta-analysis to estimate the prevalence of psychiatric disorders among prisoners in low- and middle-income countries, including Türkiye, due to the lack of available data. The study suggested that the prevalence of psychotic disorders in the Turkish prison population could be as high as 6.2%, a rate significantly higher than the prevalence of psychosis in the general Turkish population (Binbay et al. 2011).

As summarized in Table 1, international data on the prevalence of psychotic disorders in prison populations are equally noteworthy. In France, Fovet et al. (2020) reported a psychotic syndrome prevalence of 6.9% among prisoners. A study from India identified a prevalence of 6.3% (Ayirolimeethal et al. 2014). A large-scale meta-analysis involving 33,588 prisoners worldwide revealed prevalence rates of 3.6% among men and 3.9% among women, approximately three times higher than the rates in the general population (Fazel & Seewald 2012). Consistent findings have also been reported across different regions globally (Baranyi et al. 2019, Fovet et al. 2023, Favril et al. 2024).

Psychotic disorders may also develop secondary to substance use (Fiorentini et al. 2021). Although no study has directly examined the link between substance-induced psychotic disorders and crime, the literature highlights that substance use can precipitate psychotic disorders and that individuals with psychotic disorders exhibit higher rates of substance use and criminal involvement compared to the general population (Hartz et al. 2014, Stompe et al. 2018, Fiorentini et al. 2021). These findings suggest that individuals with substance-induced psychotic disorders may also face an elevated risk of criminal behavior.

Baillargeon et al. (2009) reported that psychotic disorders increase the likelihood of recidivism. Another study examined the temperament and character dimensions that predict recidivism risk among individuals with schizophrenia. In addition to elevated psychopathy scores, high novelty seeking and low harm avoidance in temperament, as well as low self-directedness and low cooperativeness in character traits, were found to be factors increasing risk (Balcioglu et al. 2021). These findings suggest that in psychotic disorders, criminal behavior may emerge not only from psychotic symptoms but also from underlying personality characteristics.

Psychotic disorders constitute a critical risk group in the correctional process, requiring early diagnosis and continuous support. Prisons present numerous stress factors that can exacerbate psychotic symptoms. Particularly, physical restrictions, social isolation, and security measures can trigger behavioral disturbances in psychotic individuals (Edgemon and Clay-Warner 2019). These difficulties may create challenges for both prisoners and institutional order.

Following risk assessment and diagnosis, mental health interventions must be initiated without delay. Pharmacotherapy and psychotherapy remain the most commonly employed approaches. Antipsychotic treatment has been shown to reduce the risk of violent crime across a wide range of diagnostic groups (Fazel et al. 2014). Given that individuals with psychotic disorders are at heightened risk of violent offending (Baillargeon et al. 2009, Ayar and Ayar 2021), effective use of medication represents an important intervention that can yield rapid reductions in criminal and violent behavior. However, poor medication adherence in this group suggests that pharmacotherapy alone is insufficient.

In the United Kingdom, Evans et al. (2016) introduced prisoners at high risk for psychotic disorders into a Cognitive Behavioral Therapy (CBT) program. The study demonstrated improvements in mental health and a significant reduction in reoffending rates compared to national averages. Nevertheless, another UK study reported that prisoners' access to mental health services was delayed and inconsistent (Glorney et al. 2020). Similar challenges have been observed in Türkiye, where prisoners were found to have limited knowledge of and access to psychosocial support services in correctional facilities (Karakartal and Yalçinkaya 2019). Although systemic barriers such as insurance issues are less common in Türkiye, service accessibility may still be limited due to high demand, the hierarchical marginalization of prisoners, and resource shortages.

These findings suggest that psychotic symptoms, particularly hallucinations and paranoid delusions, can heighten perceptions of threat, thereby triggering aggression, and that disturbances in interpersonal

functioning, affect, and behavioral control can lead to higher rates of criminal behavior compared to healthy individuals. However, given the limited causal evidence, the risk factors distinguishing individuals with psychotic disorders who do not engage in criminal behavior must be clarified through multidimensional analyses. Moreover, individuals with psychotic disorders should be considered a critical risk group due to their potential to precipitate both personal and institutional crises. In prison mental health services, it is essential to develop preventive and therapeutic systems that can mitigate symptom exacerbation. Early risk detection, rapid access to mental health services, and individualized support models are of paramount importance in this context.

Personality Disorders

Personality disorders are psychiatric conditions characterized by enduring and inflexible patterns of behavior that impair cognitive, emotional, and interpersonal functioning. Among psychiatric diagnoses, they are among the most frequently investigated in understanding the role of psychopathology in criminal behavior. These disorders are particularly associated with criminality through impairments in anger and impulse control, low tolerance for authority, lack of empathy, and a tendency toward aggression.

A study examining the propensity for criminal behavior among Turkish men diagnosed with antisocial personality disorder (ASPD) but without a history of incarceration investigated psychopathy levels and comorbid psychiatric disorders. The findings indicated that ASPD and high psychopathy scores could increase the likelihood of criminal tendencies. In addition, paranoid personality disorder and borderline personality disorder (BPD) were frequently observed as comorbid conditions alongside ASPD in individuals with high psychopathy scores. Furthermore, comorbidity rates were high, with alcohol and substance use disorder (ASUD) being the most prevalent at 66.9% (Tutuncu et al. 2015). Similarly, a study conducted in Türkiye reported that the prevalence of BPD in the prison population was significantly higher compared to the general population (Aydın 2016). Bolu et al. (2014), in their evaluation of 1,482 forensic psychiatric cases, found that 30.2% of the cases were diagnosed with ASPD. Moreover, 19.2% of the sample had a prior criminal history, and among those with a criminal history, 92% were diagnosed with ASPD.

BPD, which has been reported at a prevalence of 1.8% in the general population, shows markedly higher rates in prison populations, as summarized in Table 2. Dahlenburg (2024), in a meta-analysis, demonstrated substantially elevated prevalence estimates in correctional settings. Flórez et al. (2019), in a study conducted at Pereiro de Aguiar Prison in Spain, examined the impact of personality disorders, substance dependence, and psychopathy on criminal behavior among inmates. Their findings revealed that 21.1% of prisoners were diagnosed with narcissistic personality disorder, 18.6% with ASPD, and 14.2% with paranoid personality disorder. The study highlighted that inmates with personality disorders and higher psychopathy scores were at greater risk of engaging in criminal behavior, and this risk was further elevated among those with substance dependence.

In the United States, the prevalence of ASPD was found to be 24% among male inmates and 18% among female inmates. Notably, rates of BPD and histrionic personality disorder were approximately twice as high among female prisoners compared to their male counterparts (Coolidge et al. 2011). Similarly, in Iran, 28.3% of inmates were diagnosed with a personality disorder, of which 62.2% were ASPD and 31.2% were BPD (Sepehrmanesh et al. 2014).

Stone (2007), in his study on violent crime and personality disorders, reported that while not all violent offenders met full diagnostic criteria, nearly all displayed narcissistic traits, and that paranoid personality disorder and psychopathy were strongly associated with violent offending. These disorders may contribute to criminal behavior particularly through deficits in impulse control, lack of empathy, and heightened tendencies toward aggression.

Edens et al. (2015) investigated whether ASPD diagnosis could effectively predict institutional infractions and violent behavior in prison. Their results indicated no significant differences between inmates with and without ASPD diagnoses. However, early age aggressive behaviors and conduct disorders were found to be effective predictors of disciplinary violations and violent acts within prisons. Conversely, a similar study focusing on female inmates identified a significant association between ASPD and violent offenses

committed during incarceration (Warren et al. 2002). This discrepancy may be attributed to the relative rarity of antisocial patterns among women, which, when present, can overlap with BPD and manifest in more radical outcomes. Moreover, the smaller population size of women's prisons and the higher levels of surveillance imposed on female inmates may reduce tolerance thresholds and facilitate the detection of infractions.

Table 2. Prevalence of personality disorders in convicts			
Personality Disorder	Group	Prevalence	Reference
Personality Disorders	General	18.6% - 28.3%	Sepehrmanesh et al. 2014
	Elderly	22.9%	Di Lorito et al. 2017
Antisocial Personality Disorder	Women	18%	Coolidge et al. 2011
	Men	30.2%	Bolu et al. 2014
	Among those with a personality disorder diagnosis	62.2%	Sepehrmanesh et al. 2014
Narcissistic Personality Disorder	General	21.1%	Flórez et al. 2019
Borderline Personality Disorder	Women	27.4% - 29.1%	Dahlenburg 2024
	Men	16.4% - 18.8%	Dahlenburg 2024
	Among those with a personality disorder diagnosis	31.2%	Sepehrmanesh et al. 2014

Severson (2019) reported that female prisoners reported higher levels of mental health problems than males, yet they were more frequently subjected to disciplinary sanctions related to these conditions. This creates the perception that mental health issues are being penalized and underscores the necessity of addressing the psychosocial needs of female prisoners with greater sensitivity.

Beyond cultural and gender-based differences, biological variations also warrant consideration. In a study employing fMRI imaging to investigate the neurobiological underpinnings of psychopathy, individuals with high psychopathy scores exhibited reduced brain activation in empathy-related tasks. Structural abnormalities were also observed in the anterior insula, prefrontal cortex, and amygdala (Saladino et al. 2021). In a related study, psychopathy was shown to exist on a spectrum across society, with individuals scoring high on psychopathy whether with or without criminal records displaying similar brain structures (Nummenmaa et al. 2021). These findings suggest that the role of personality disorders in criminal behavior should be understood not only at the behavioral but also at the neurobiological level.

Herttua et al. (2025) examined the use of antidepressants among individuals with personality disorders and found no significant association with reductions in violent crime, but a notable decrease in suicidal behaviors. This indicates that pharmacotherapy alone may be insufficient for full recovery in personality disorders. Instead, individualized psychotherapy focusing on anger and impulse control should be integrated into treatment approaches, potentially reducing violent tendencies and improving psychological well-being.

Overall, research findings demonstrate that Cluster B personality disorders, particularly when accompanied by high psychopathy scores, significantly increase the risk of criminal behavior. Co-occurring substance use further amplifies this risk. Therefore, preventive strategies targeting personality disorder markers, particularly early conduct disorders, are essential to support the development of early detection and treatment policies.

Alcohol- Substance Use Disorders

Alcohol and substance use have become an increasingly pressing public health issue in recent years. Individual factors such as impulsivity, sensation-seeking, and hopelessness, alongside environmental factors like easy access to substances, low socioeconomic status, and domestic violence, can all

predispose individuals to substance use disorders. Furthermore, the early use of tobacco and alcohol can lead to substance use later in life (Altuner et al. 2009).

Unlike alcohol, which is legally consumed in many parts of the world, illicit drug use inherently involves criminal elements like possession. Additionally, substance use significantly increases the risk of criminal behavior by weakening impulse control, causing impaired perception and judgment, and increasing aggressive tendencies (Baillargeon et al., 2009; Flórez et al. 2019). Substance use disorders have also been linked to certain medical and psychiatric conditions, including acquired immunodeficiency syndrome (AIDS) and hepatitis (Fortu and Rada 2025).

The prevalence of substance use disorders is higher in individuals with psychotic disorders and bipolar disorders compared to the general population (Hartz et al. 2014, Grunze et al. 2021). Sariaslan et al. (2016) found substance use disorder rates of 29.3% in patients with schizophrenia, 26.7% in patients with bipolar disorder, and 3.2% in the control group. While some studies suggest a high risk of criminal and violent behavior in these disorders, others find that the risk is similar to or only slightly higher than the general population in patients without a comorbid substance use disorder (Fazel et al. 2010, Large and Nielssen 2011).

These findings suggest that the primary driver of increased criminal risk in individuals with comorbid psychotic and bipolar disorders is the substance use disorder itself, rather than the core illness. This is supported by the fact that the rate of criminal offenses among individuals with substance use disorders, with or without a co-occurring psychiatric disorder, is higher than in those with only a psychotic or bipolar disorder and the general population (Fazel et al. 2009a, Fazel et al. 2009b). The presence of a comorbid substance use disorder also negatively affects the course of treatment (Ruppelt et al. 2020). Considering these findings, it is crucial to consider the impact of comorbid substance use disorders and other factors when investigating the link between psychiatric disorders and criminal behavior; failing to do so could fuel bias and stigma. Comprehensive, up-to-date studies are needed to prevent the literature and the criminal justice system from being shaped by such biases.

In Türkiye, a study of individuals who sought treatment at the Alcohol and Drug Addiction Research, Treatment and Education Center (AMATEM) found that the rate of legal issues prior to substance use was 21.5%, which then increased to 36.4% after substance use began (Asan et al. 2015). Another study conducted at an AMATEM unit found that all individuals with a history of crime used substances, whereas only 9.8% of those who did not use substances had committed a crime (Epsöylü and Nehir 2019). Toker Uğurlu et al. (2020) reported that substance use disorders increase the risk of criminal behavior by a factor of 5.3, while male gender increases it by a factor of 14.6. This finding is lower but consistent with the fact that in Türkiye, there are 21.5 times more male than female inmates (World Prison Brief 2025).

When age is considered, studies involving high school students also show consistent findings, with a key component leading individuals to crime being their peer group (Altuner 2009, Şentürk 2018). This finding proves that criminal behavior and substance use disorders cannot be examined independently of social factors.

The substance use disorder rates in convicts, summarized in Table 3, can be evaluated in more detail from different perspectives. Kaya et al. (2004) found the lifetime prevalence of alcohol and drug dependence in prison inmates to be 19.7% and 7.9%, respectively. In a separate prison study, the lifetime substance use rate was found to be 81.5% among repeat offenders compared to 36% among first-time offenders. Additionally, 56.9% of repeat offenders and 36% of first-time offenders were reported to have been convicted for substance-related crimes (Şeker and Zengin Taş 2023). These findings suggest that substance use rates may have increased significantly over time, that one in three convicts is imprisoned for a substance-related crime, and that they have a high risk of reoffending.

The limited number of recent national studies, along with methodological differences across existing research, makes comprehensive evaluation challenging. Nevertheless, findings consistently suggest that ASUD is directly associated with criminal behavior, and that the development of effective preventive and

therapeutic programs targeting ASUD should be regarded as one of the most crucial strategies for reducing crime rates.

Table 3. Prevalence of alcohol and substance use disorders in convicts			
Disorder	Group	Prevalence	Reference
Alcohol Use Disorder	General	19.7% - 24%	Kaya et al. 2004, Fazel et al. 2017
	Elderly	15.9%	Di Lorito et al. 2017
Substance Use Disorder	General	7.9%	Kaya et al. 2004
	Women	3.8% - 51%	Fazel et al. 2017, Baranyi et al. 2019
	Men	5.1% - 30%	Sepehrmanesh et al. 2014, Fazel et al. 2017, Baranyi et al. 2019

Coolidge et al. (2011), in a study conducted in the United States, reported that the prevalence of ASUD reached nearly 45% among male inmates. Fazel et al. (2017), in a large-scale meta-analysis involving 18,388 prisoners across 10 countries, found an overall prevalence rate of 24% for alcohol use disorder. The prevalence of substance use disorders was 30% among male prisoners and 51% among female prisoners.

Other studies have similarly indicated higher ASUD prevalence among female inmates compared to their male counterparts (Binswanger et al. 2010, Butler et al. 2011, Fazel et al. 2017). In contrast, a study from India reported higher rates among male prisoners (Ayrolimeethal et al. 2014). In low- and middle-income countries, the prevalence of ASUD was found to be 5.1% among men and 3.8% among women (Baranyi et al. 2019). In Iran, the prevalence among male prisoners was reported as 17.4% (Sepehrmanesh et al. 2014).

The discrepancies between countries and genders are thought to be influenced by cultural factors. In Eastern societies, including Türkiye, more restrictive gender roles for women, combined with stricter societal attitudes toward alcohol and drug use for both men and women, may contribute to lower or underreported prevalence rates. In addition, a U.S.-based study found that women with ASUD were more likely to be incarcerated than men (Moore et al. 2019), which may help explain the higher ASUD rates among female prisoners in the United States and culturally similar settings.

Psychiatric patients with substance use exhibit higher rates of criminal behavior compared to those without substance use (Kulkara et al. 2020). Increased severity of substance use has been associated with heightened impulsivity (Şeker and Zengin Taş 2023). Accordingly, the elevated crime rates among individuals with ASUD suggest that offending behaviors are often more impulsive in nature. Furthermore, substance use may contribute to other categories of crime, such as theft, robbery, or drug trafficking, aimed at procuring substances.

Research consistently shows that psychiatric disorders elevate the risk of recidivism, with ASUD emerging as the most salient risk factor (Wilson and Wood 2014, Shishane et al. 2023). However, a study conducted in Japan found no association between ASUD and recidivism. This discrepancy is attributed to effective rehabilitation programs specifically targeting ASUD in Japanese prisons (Okamura et al. 2023). Nonetheless, the increasing prevalence of ASUD both in Türkiye and globally parallels the rising prison population, reinforcing this relationship. The findings should therefore be interpreted as highlighting the inadequacy of existing preventive and therapeutic interventions for ASUD. Identifying individuals at high risk of ASUD before the onset of criminal behavior, alongside ensuring timely diagnosis and inclusion in treatment programs, would not only benefit individual and public health but also contribute significantly to reducing crime rates in society.

In the treatment of substance dependence, particularly among high-risk groups for violent offending, methadone therapy has demonstrated a protective effect by reducing the likelihood of violent crime (Flórez et al. 2019). However, challenges such as poor treatment adherence, lack of motivation, and high comorbidity rates underscore the necessity of individualized treatment approaches (Butler et al. 2011, Durbeej et al. 2014). For example, Durbeej et al. (2014) found that among prisoners with psychiatric disorders and substance use, higher psychopathy scores and greater violence risk were associated with lower treatment participation. Conversely, greater substance use severity, lack of social support, and unemployment were found to increase motivation to address substance-related problems, thereby

enhancing treatment engagement. Court-mandated treatment showed the least benefit among prisoners convicted of drug offenses and those with high violence risk (Weber et al. 2024).

Taken together, these findings suggest that ASUD, particularly when comorbid with other psychiatric conditions, directly and indirectly contributes to criminal behavior. Yet, significant gaps remain in treatment options. While evidence for the effectiveness of pharmacotherapy and individualized psychotherapy remains limited, existing studies highlight important protective and risk factors that warrant further exploration. Importantly, future research and rehabilitation programs must also account for social and environmental influences, including exposure to violence and adverse social environments, which place individuals at heightened risk for ASUD.

Mood Disorders

Mood disorders are psychiatric conditions characterized by significant and persistent changes in affect, impairments in functioning, and frequent comorbidity with other psychiatric problems. They include diagnoses such as major depressive disorder, bipolar disorder, and dysthymia. Mood disorders are indirectly associated with criminal behavior, particularly through mechanisms such as impaired impulse control, suicidal tendencies, and emotional instability (Fovet et al. 2015, Deniz 2017, Ayar and Ayar 2021). This association is conceptualized as a risk factor rather than a direct causal relationship. During manic episodes of bipolar disorder, individuals may display aggression, impulsivity, and low tolerance for rules, which can manifest in offenses such as property damage or threats. In psychotic depression, homicide directed toward others may occur as an extension of intense emotional distress or in the context of suicidal crises (Ayar and Ayar 2021).

Individuals with mood disorders represent a higher-risk group for violent behavior compared to the general population. When substance use and paranoid ideation are also present, the risk can increase up to eightfold (Fovet et al. 2015, Kulkara et al. 2020). In a study conducted in Konya Prison, 29.2% of inmates were diagnosed with a mood disorder (Kaya et al. 2004).

İnan et al. (2018) reported a prevalence of 19.4% in forensic psychiatric cases. In another study involving 1,482 forensic psychiatric cases related to military service offenses, bipolar disorder was diagnosed in 2.9% overall and in 13% of those evaluated for criminal responsibility (Bolu et al. 2014). The higher prevalence in prison compared to hospital samples suggests that mood disorders not only increase the risk of criminal behavior but may also emerge or exacerbate within the prison environment. Incarceration itself introduces stressors such as loss of freedom, heightened threat perception, past trauma, uncertainty, and lack of social support, all of which contribute to the onset or exacerbation of mood disorders (Mazher and Arai 2025).

Moore et al. (2019), in a large-scale study of over 36,000 individuals representative of the U.S. population, demonstrated significantly higher rates of offending and arrest among individuals diagnosed with bipolar disorder and depression. The presence of comorbid ASUD increased this risk four- to fivefold. The size and population-based nature of the study make it particularly noteworthy. Consistent with this, research has shown that mood disorders are several times more prevalent in prison populations compared to the general population (Fazel et al. 2012, Baranyi et al. 2019). A global review estimated the overall prevalence of depression in prisons at 36.9% (Bedaso et al. 2020).

Within the criminal justice system, women are more frequently diagnosed with depression and bipolar disorder compared to men (Andreoli et al. 2014, Jesus 2021). Additionally, female prisoners are at higher risk for PTSD, anxiety, and ASUD (Binswanger et al. 2010). This highlights the necessity of gender-sensitive clinical assessment and treatment.

Among older prisoners, depression has been reported at a prevalence of 28.3% and bipolar disorder at 4.5% (Di Lorito et al. 2018). Romano et al. (2020), however, found a lower than expected prevalence of psychiatric disorders (7.4%) among elderly prisoners, attributing the finding to underdiagnosis. Recidivism rates are especially elevated among prisoners with bipolar disorder. Although lower in depression, rates of reoffending remain higher than in the general population (Baillargeon et al. 2009, Fovet et al. 2015).

Pharmacotherapy may help reduce this risk, but it is insufficient on its own. Risk factors not characterized by the disease must also be included in the rehabilitation process (Lamberti et al. 2020).

Comorbidity with ASPD is common among prisoners with bipolar disorder. When these conditions co-occur, heightened impulsivity and aggression increase both the severity and frequency of criminal behavior. Furthermore, the risk of comorbid ASUD is also elevated (Carbone et al. 2021, Kilic-Demir et al. 2024). Psychiatric disorders (including mood disorders, schizophrenia, and personality disorders) are strongly associated not only with offending behavior but also with self-harm and suicide (Hawton et al. 2014, Favril et al. 2020). Among prisoners, both individual and institutional factors contribute to suicide as a major risk (Webb et al. 2012, Favril et al. 2020). A meta-analysis across 20 countries found that while the rate of suicide attempts is 3% in the general population, it rises to 9.7% among prisoners (Favril et al. 2022). History of psychiatric illness, solitary confinement, social isolation, loss of autonomy, and active suicidal ideation were identified as the most serious predictors of self-harm and suicide attempts in prison (Zhong et al. 2021, McTernan et al. 2023).

Gender differences are also notable; self-harm is more frequent among female prisoners, whereas male prisoners tend to engage in more lethal attempts (Hawton et al. 2014). Moreover, convictions for sexual offenses or homicide markedly increase suicide risk, both during incarceration and after release, due to stigma and social exclusion (Webb et al. 2012, Bukten and Stavseth 2021).

Pharmacotherapy and psychotherapy have demonstrated beneficial effects in reducing self-harm and suicidal behaviors (Herttua et al. 2025). Stijelja and Mishara (2022) emphasized that the most effective suicide prevention strategies in prisons combine individualized treatment with systematic monitoring, staff training, and structured risk assessment programs. These findings highlight the critical importance of diagnostic and therapeutic services in correctional settings. Furthermore, risk assessment and treatment should not be limited to psychiatric history alone but should also consider factors such as type of offense, housing arrangements, and perceived social support. Individualized care models integrating these elements may improve outcomes.

In Brazil, Guilherme and Moreno (2024) reported lifetime prevalence rates of 31% for mood disorders and 15% current prevalence among justice-involved youth. Despite 55% having committed serious crimes and 88% having received at least one psychiatric diagnosis, many had not accessed treatments such as psychotherapy. This underscores barriers to mental health services and challenges in treatment adherence.

Research indicates that mood disorders, through impulsivity, aggression, cognitive distortions, and paranoid delusions, are prevalent among prisoners regardless of country, gender, or age. However, current studies are insufficient to determine whether these disorders predate incarceration or to clarify the causal relationship between mood disorders and offending. Thus, while mood disorders should be regarded as potential contributors to criminal behavior, it must also be acknowledged that prison conditions and psychosocial risk factors may amplify prevalence rates. A recurring theme in the literature is the limited accessibility of mental health services for inmates. Improving the diagnosis and treatment of these disorders within the justice system would not only reduce crime but also protect individuals from potentially fatal mental health outcomes.

Intellectual Disability (Mental Retardation)

Intellectual disability is a psychiatric disorder characterized by limitations in learning, adaptation, self-regulation of behavior, and perceptual capacity. Individuals with intellectual disability are at elevated risk both for engaging in criminal behavior and for becoming victims of crime. While overall crime records suggest that these individuals commit offenses at lower rates compared to the general population, their risk is significantly heightened in relation to violent and sexual offenses (Fogden et al. 2016, Nixon et al. 2017). A large-scale study conducted in Sweden reported that individuals diagnosed with intellectual disability were nearly three times more likely to commit sexual offenses compared to the general population (Edberg et al. 2022). Similarly, rates of victimization, particularly involving violent and sexual offenses, were also found to be elevated (Nixon et al. 2017).

Research further indicates that individuals with intellectual disability are less likely to report victimization to authorities, suggesting that official records may underestimate the true scope of the problem (Fogden et al. 2016, Nixon et al. 2017). The high prevalence of both offending and victimization can be attributed not only to disorder-specific limitations but also to the increased vulnerability of these individuals to manipulation and exploitation.

Although the literature focusing specifically on the relationship between intellectual disability and crime remains limited, existing evidence suggests that comorbid psychiatric disorders may significantly increase risk. When intellectual disability is accompanied by additional psychiatric conditions, the likelihood of both perpetration and victimization rises substantially (Thomas et al. 2019). In particular, comorbidity with ADHD has been associated with a four- to tenfold increase in violent offending among men and an eleven- to seventeenfold increase in the risk of sexual victimization among women (Latvala et al. 2023). These findings highlight the urgent need for specialized and multidisciplinary approaches in the assessment, intervention, and protective services provided to individuals with intellectual disability.

Post Release Psychopathology

The period immediately following release from prison, particularly the first six months, constitutes a critical phase for reintegration into society and for mental health outcomes. Although release appears positive in terms of lifting restrictions on freedom, this transition can be highly challenging for individuals with psychiatric disorders, who often struggle to readjust to community life. Such difficulties may exacerbate symptom severity, further weakening already limited social support, functionality, problem solving capacity, and behavioral control. Research has shown that ASUD and impulsivity are significant predictors of recidivism. Disorders characterized by these features, such as bipolar disorder and psychotic disorders, are particularly associated with violent offending and repeated criminal behavior (Baillargeon et al. 2009, Şeker and Zengin Taş 2023).

Blonigen et al. (2020), in a study on veterans with criminal histories undergoing ASUD treatment, identified negative emotionality—defined as a tendency toward intense negative affect such as anger, anxiety, and hostility—along with antisocial personality traits as strong predictors of recidivism. Conversely, the presence of high-quality social relationships was found to serve a protective role against reoffending. These findings highlight that when negative cognitive and emotional processes are poorly regulated, behavioral control is compromised, and difficulties in interpersonal relationships further increase the likelihood of criminal conduct.

During this period, individuals frequently encounter homelessness, unemployment, stigma, restricted access to treatment, and lack of social support. These stressors create fertile ground for the relapse of psychiatric disorders and substance use, thereby contributing to self-harm behaviors and recidivism (Fazel et al. 2017, Shishane et al. 2023). Karakartal (2019) similarly emphasized that released prisoners experience profound anxiety stemming from social exclusion, difficulty finding employment, and weakened family relations. The resulting lack of social support and financial hardship align with known risk factors that drive individuals back into criminal activity. Both qualitative and quantitative evidence converge on the need for multidimensional post-release support models to safeguard individual and community well-being.

In England, CBT targeting depression, anxiety, and psychological distress was applied to prisoners with a high risk of psychotic disorders, leading to a significant reduction in recidivism among the intervention group (Evans et al. 2016). Similarly, Okamura et al. (2023) examined recidivism among individuals with severe psychiatric disorders in Japan after release. They reported that prisoners with intellectual disabilities were at higher risk of reoffending compared to those with schizophrenia or substance dependence, a finding attributed to the relatively greater availability and effectiveness of treatment programs for the latter groups. In contrast, studies from the United States, where treatment conditions are less adequate, have shown high post-release reoffending rates among individuals with bipolar and psychotic disorders (Baillargeon et al. 2009).

Domino et al. (2019) investigated the impact of timely mental health services on recidivism in the U.S. While no significant differences were found in reimprisonment rates due to new offenses, those who received timely treatment were more likely to return to prison for technical violations such as noncompliance with treatment or failing drug tests. These inconsistencies may be explained by differences in treatment motivation and the effectiveness of programs, as well as by the punitive consequences of treatment nonparticipation, which may undermine genuine rehabilitation. Additionally, reimprisonment may sometimes reflect delayed judicial processes rather than new offending. Such complexities underscore the multifaceted role of psychopathology in the justice system and the need for more nuanced investigation.

For prisoners with psychiatric disorders, inadequate rehabilitation post-release not only increases the risk of recidivism and probation violations but also elevates mortality rates. Among diagnostic categories, ASUD carries the highest mortality risk after release, with suicide being particularly prevalent in this group (Wilson and Wood 2014, Chang et al. 2015, Forrester and Hopkin 2019).

Bukten and Stavseth (2021) found that in Norway, the risk of suicide during the first week post-release was significantly higher than in the general population. Female prisoners, in particular, were shown to be at greater risk of suicide compared to their male counterparts (Janca et al. 2023). Moreover, individuals convicted of homicide or sexual offenses face markedly higher risks of suicide both during incarceration and after release, largely due to social stigma and exclusion (Webb et al. 2012, Bukten and Stavseth 2021). These findings highlight the compounded risk faced by individuals who experience both psychiatric vulnerability and social marginalization.

Collectively, this evidence suggests that post-release monitoring should be conceptualized not only as a legal process but also as a clinical follow-up. Recidivism and mortality rates among released prisoners are influenced by an interplay of psychological states, socioeconomic conditions, and the availability of rehabilitative programs during and after incarceration.

However, findings across studies are inconsistent, reflecting wide variation in definitions of recidivism, diagnostic methods, and intervention models. Comprehensive programs that address psychological, social, and economic conditions are therefore essential to prevent reoffending and facilitate reintegration. To better understand the role of psychopathology in post-release outcomes, further standardized and high-quality research is urgently needed.

Conclusion

The influence of psychopathology on criminal behavior, the prison experience, and the period of reintegration following release is a complex phenomenon with notable gaps and ongoing debates in the literature. Findings reviewed in this study suggest that psychopathology constitutes a significant risk factor in both criminal behavior and recidivism. While evidence does not support a direct causal link between psychopathology and offending, consistent findings indicate that diagnostic categories such as psychotic disorders, mood disorders, personality disorders, ASUD, and intellectual disability are associated with varying degrees of risk for both criminal behavior and reoffending. Moreover, when combined with additional factors such as low educational attainment, low socioeconomic status, insufficient social support, unemployment, barriers to healthcare access, stigma, and histories of trauma, psychopathology substantially increases the likelihood of criminal conduct. Based on the current literature, the groups at highest risk for criminal behavior include individuals with ASUD, comorbid psychiatric disorders, high psychopathy scores, and elevated impulsivity.

In Türkiye, high quality research on this subject remains scarce. Although the number of international studies is greater, there is a broad consensus that the existing body of research is still insufficient. There is a pressing need for more studies focusing on vulnerable populations, particularly in the context of increasing substance use, other psychiatric disorders, and shortcomings in individualized rehabilitation practices. Furthermore, as much of the literature is based on psychiatric cases or convicted individuals, comparative studies with the general population are essential to provide a more balanced perspective.

Given that crime is a complex behavior emerging from biopsychosocial interactions, efforts to understand and reduce criminal behavior must adopt a holistic framework. Within this context, several research and policy recommendations can be proposed to address current limitations. These are; expanding multidisciplinary etiological and epidemiological studies on criminal behavior, identifying protective and risk factors during the pre-offense period to develop screening and prevention strategies targeting criminal risk, integrating preventive and rehabilitative policies within health, justice, and education systems, designing comprehensive post-release support programs that address psychological, social, and economic conditions contributing to recidivism, and increasing the presence and employment of qualified mental health professionals within judicial systems, and providing targeted training for professionals who interact with individuals with psychiatric disorders.

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