



Disruptive behavior disorders, juvenile delinquency, and disability-mediated offending: A multidisciplinary examination with clinical illustrations

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Abstract

With the integration of Disruptive Behavior Disorders (DBD), Juvenile Delinquency (JD), and Disability-Mediated Offending (DMO) into one socio-legal cognition model, they represent three related, yet conceptually distinct, frameworks used to interpret problematic behaviors among children and adolescents. Although these socio-legal constructs frequently overlap in professional practice, they arise from different disciplinary traditions including psychiatry, criminology, developmental psychology, disability studies, and jurisprudence. This conceptual paper provides an analysis of these three frameworks and illustrates their distinctions through clinical and forensic case examples. The discussion highlights how developmental trajectories, environmental risk factors, and neurodevelopmental impairments can contribute to youth misconduct (juvenile offences). Understanding these differences is very crucial for professionals working in educational therapy, psychology, pediatrics, social services, and the justice system, as misclassification may lead either to inappropriate criminalization of disability-related behaviors or inadequate recognition of genuine delinquent intent. This paper concludes its emphasis on the importance of multidisciplinary collaboration in diagnostic assessment and early intervention in order to promote more humane and effective responses to youth behavioral problems.

Keywords: Disruptive behavior disorders, juvenile delinquency, disability-mediated offending, neurodevelopmental disorders, youth behavior

Introduction

Disruptive Behavior Disorders

Disruptive behavior disorders (DBD) in children and adolescents refer to a group of psychiatric conditions characterized by persistent patterns of defiant, aggressive, or rule-violating behaviors, which often exceed normative developmental expectations (Turgay, 2004) ^[1]. Though not an official diagnostic term, according to the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition-Text Revision (DSM-5-TR; American Psychiatric Association) [APA, 2022] ^[2], the primary diagnoses of DBD fall within the category of Disruptive, Impulse-Control, and Conduct Disorders, which includes oppositional defiant disorder (ODD), conduct disorder (CD), and intermittent explosive disorder (IED) (American Psychiatric Association, 2022) ^[2]. These behavioral disorders are typically identified during childhood or adolescence phase and are often associated with impairments in social relationships, academic functioning, and emotional regulation. Generally, such disruptive behaviors are classified as externalizing behaviors, and they include aggression, property destruction, defiance toward authority figures, and chronic rule violations (Hodgins *et al.*, 2022) ^[3]. Research (Boyce *et al.*, 2021) ^[4]; Hyde *et al.*, 2024) ^[5]; Latimer *et al.*, 2012) ^[6] indicates that disruptive behaviors often arise from complex interactions among genetic predispositions, neurodevelopmental factors, family environment, and exposure to adversity.

Developmental models further suggest that disruptive behaviors may follow distinct trajectories (Gong *et al.*, 2023) ^[7]; Leibenluft *et al.*, 2024) ^[8]. One influential framework differentiates between life-course-persistent antisocial behavior and adolescence-limited antisocial behavior (van de Groep *et al.*, 2023) ^[9]; Wojciechowski,

2025) ^[10]. Individuals in the life-course-persistent group display early behavioral difficulties that continue into adulthood, whereas adolescence-limited offenders engage in temporary antisocial behaviors influenced largely by peer pressure and social dynamics (Moffitt, 1993) ^[11]. Contemporary neurodevelopmental research also indicates that impairments in emotional regulation and executive functioning may contribute to persistent disruptive behavior, particularly when abnormalities occur in neural systems involved in impulse control and social decision-making (Hyde *et al.*, 2024) ^[5]; Wang *et al.*, 2025) ^[12].

A clinical example to illustrate this pattern: Case example #1: Persistent Disruptive Behavior Disorder (P-DBD). Marcus (not his real name), aged 13, was repeatedly suspended from his class/school for aggressive behavior toward his peers as well as his teachers. He was referred to the school counselor, but he was a difficult child to manage during counseling sessions. His developmental history revealed chronic oppositional behaviors beginning in early childhood, including frequent temper outbursts, defiance, and hostility toward authority figures. A comprehensive psychological assessment battery was administered and identified symptoms consistent with oppositional defiant disorder (ODD) along with mild attention-deficit/hyperactivity disorder (ADHD) (Garg *et al.*, 2024) ^[13]. Though Marcus had not committed any criminal offense, his disruptive behavior significantly disrupted daily classroom functioning and strained family relationships. This case demonstrates how DBD may manifest primarily within educational and family contexts without necessarily crossing into the legal domain.

Evidence-based interventions for DBD typically involve multimodal psychosocial treatments, including parent

management training, cognitive-behavioral therapy, and school-based behavioral interventions (Kaur, Floyd, & Balta, 2022) ^[14]; Perlstein *et al.*, 2023) ^[15]. Reviews of treatment outcomes indicate that integrated approaches addressing family functioning, emotional regulation, and social skills are among the most effective strategies for reducing disruptive behaviors among adolescents (McCart, Sheidow, & Jaramillo, 2023) ^[16]. Early identification and intervention are therefore essential to prevent escalation into more serious antisocial behavior (Frick, 2016) ^[17].

Juvenile Delinquency

Juvenile delinquency (JD) refers to unlawful acts committed by individuals who have not yet reached the legal age of adulthood (Chia, 2026) ^[18]. Unlike Disruptive Behavior Disorders (DBD), which are clinical diagnoses, JD is fundamentally a legal classification defined by the violation of criminal statutes: e.g., theft, vandalism, assault, drug offenses, and serious property crimes. The age of criminal responsibility and the jurisdiction of juvenile courts vary across countries, but most legal systems distinguish between juvenile offenders and adult criminals in recognition of adolescents' developmental immaturity (Chia, 2026) ^[18]; Siegel, 2000) ^[19].

Historically, children who committed crimes were often treated similarly to adults within the legal system (Buss, 2022) ^[20]. However, the emergence of the juvenile justice movement in the late nineteenth and early twentieth centuries led to the establishment of specialized juvenile courts designed to emphasize rehabilitation rather than punishment (Feld, 2017) ^[21]. This reform was based on the understanding that adolescents differ from adults in terms of cognitive development, impulse control, and susceptibility to peer influence. Modern developmental neuroscience supports this view by demonstrating that brain regions associated with impulse control and decision-making continue to mature throughout adolescence (Hyde *et al.*, 2024) ^[5].

Environmental and social factors also play a critical role in juvenile delinquency. Research consistently links youth offending to variables such as poverty, family conflict, exposure to violence, and association with delinquent peers (Farrington *et al.*, 2023) ^[22]. Additionally, neurobiological studies suggest that altered functioning in emotional regulation circuits, especially those involving the amygdala and prefrontal cortex, may contribute to impulsive and aggressive behavior in some juvenile offenders (Wang *et al.*, 2025) ^[12].

A case example to illustrate the legal dimension of juvenile delinquency: Case Example #2: Adolescence-Limited Delinquency (A-LD). Daniel (not his real name), aged 16 years old, was arrested for participating in a group vandalism incident involving the destruction of public property. Daniel had no prior behavioral difficulties and maintained satisfactory academic performance in school. Interviews revealed that the incident occurred during a late-night gathering with peers who encouraged risk-taking behavior (Felson *et al.*, 2013) ^[23]; Fudolin & Dioso, 2025) ^[24]. Daniel's psychological evaluation indicated no underlying psychiatric disorder. In this case, Daniel's behavior fits the description of adolescence-limited delinquency, where peer influence and social context contribute to temporary engagement in unlawful activities. The above case example highlights an important distinction: while some juvenile delinquents or youth offenders exhibit

underlying psychological disorders (see Chia, 2026) ^[18], others engage in illegal behavior due primarily to social or situational influences. Therefore, accurate assessment requires careful consideration of both psychological and environmental factors.

Disability-Mediated Offending

Disability-mediated offending (DMO) refers to situations in which an individual's disability contributes significantly to behaviors that are interpreted as criminal (Chia, 2026) ^[18]. This concept is particularly relevant for individuals with intellectual disabilities (ID), autism spectrum conditions (ASC), or other neurodevelopmental disorders (NDD), whose cognitive or social impairments may thus affect their ability to understand social norms or foresee the consequences of their actions (Griffiths & Craig, 2020) ^[25]; Lindsay, Craig, & Griffiths, 2020) ^[26]. More importantly, the concept of DMO does not imply that individuals with disabilities are inherently prone to criminal behavior. Rather, it emphasizes that certain impairments, e.g., deficits in social communication, impulse control, or moral reasoning, may increase vulnerability to problematic behaviors under specific circumstances (Chia, 2026) ^[18].

Individuals with developmental disabilities may experience difficulties interpreting social cues, understanding implicit rules, or recognizing when their actions violate legal boundaries (Bersoff, 1992) ^[27]; Glenn, 2019) ^[28]. They may also be more susceptible to manipulation by others, which can lead them to participate in illegal activities initiated by peers (Holland, Clare, & Mukhopadhyay, 2002) ^[29]. Recent research has further highlighted the overrepresentation of neurodevelopmental disorders within youth justice populations, underscoring the importance of comprehensive assessment and tailored interventions (Holland, Reid, & Smirnov, 2023) ^[30]. Moreover, adolescents with intellectual or developmental disabilities may exhibit challenging behaviors such as aggression, irritability, or impulsivity, which can sometimes be misinterpreted as intentional misconduct (Greydanus *et al.*, 2026) ^[31].

A clinical case example to illustrate and clarify this phenomenon: Case Example #3: Disability-Mediated Offending (DMO). Aaron (not his real name), a 15-year-old boy with ASD was charged with harassment after repeatedly following a female classmate and also trying to initiate conversations with her despite her clear discomfort. Aaron explained that he believed he was expressing friendship and did not recognize that his behavior was perceived as threatening. Psychological evaluation revealed significant deficits in social communication and perspective-taking. In this situation, Aaron's behavior was not driven by malicious intent but rather by difficulties understanding social boundaries, illustrating the concept of disability-mediated offending (Allely, C. S., & Creaby-Attwood, 2016) ^[32]; Margari *et al.*, 2024) ^[33].

Legal systems increasingly recognize the importance of considering developmental and cognitive impairments when evaluating criminal responsibility (Meynen, 2013) ^[34]. Courts may request specialized forensic assessments to determine whether an individual's disability significantly affected their capacity to understand the nature or consequences of their actions (Packer, 2009) ^[35]. In such cases, diversion to therapeutic or educational interventions may be more appropriate than punitive sanctions.

A Comparative Analysis

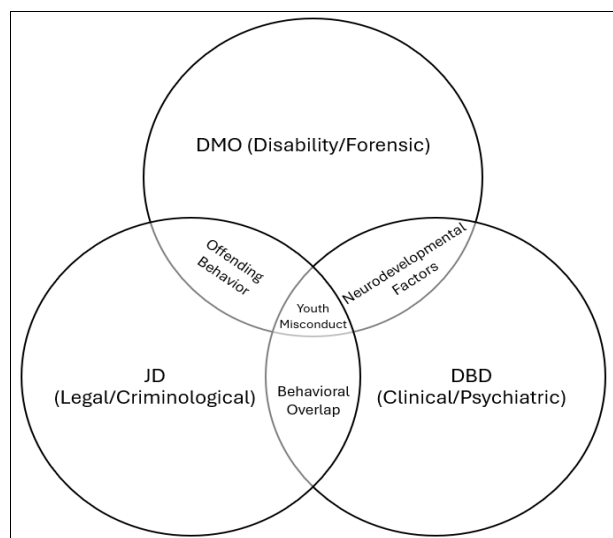


Fig 1: The Socio-Legal Cognition Model illustrating the relationships among disruptive behavior disorders (DBD), juvenile delinquency (JD), and disability-mediated offending (DMO).

Although Disruptive Behavior Disorders (DBD), Juvenile Delinquency (JD), and Disability-Mediated Offending (DMO) all involve problematic behaviors among youth, they represent fundamentally different conceptual frameworks (see Figure 1 above). The concept of DBD originates within the fields of psychiatry and clinical psychology, focusing on patterns of maladaptive behavior associated with emotional and behavioral dysregulation. In contrast, JD is a legal classification defined by violations of criminal law regardless of psychological causes. The concept of DMO occupies an interdisciplinary space that integrates perspectives from disability studies, forensic psychology, and developmental psychopathology.

From a psychological perspective, DBD emphasizes deficits in emotional regulation, behavioral control, and social learning processes (Allen, Hwang, & Huijding, 2020) [36]. DMO highlights cognitive and developmental impairments that may influence behavior (Chia, 2026) [18], whereas JD simply identifies unlawful conduct. Sociologically, juvenile delinquency is often explained through environmental factors such as peer influence, socioeconomic disadvantage, and family instability (Farrington *et al.*, 2023) [22]. Neurodevelopmental research further suggests that antisocial behavior arises from complex interactions between genetic vulnerabilities, brain development, and environmental adversity (Hyde *et al.*, 2024) [5].

From a jurisprudential standpoint, JD is the primary category used to determine whether a minor has violated criminal law. However, courts increasingly consider psychological and developmental factors when assessing culpability and sentencing (Packer, 2009) [35]. Recognition of disruptive behavior disorders or developmental disabilities may lead to alternative interventions such as rehabilitation programs, mental health treatment, or educational support rather than traditional punitive measures (Chia, 2028) [18].

Conclusion

Disruptive behavior disorders (DBD), juvenile delinquency (JD), and disability-mediated offending (DMO) represent three distinct yet interconnected frameworks for

understanding problematic behaviors among children and adolescents. Clinically, DBD describes significant patterns of aggression, defiance, and rule-breaking behavior rooted in psychiatric and developmental processes. Legally, JD refers to unlawful acts committed by minors and reflects the legal perspective on youth misconduct. Psychosocially, DMO highlights how cognitive or developmental impairments may contribute to behaviors that are interpreted as criminal in a socio-cultural context.

Although these three constructs sometimes overlap in practice, they differ significantly in theoretical foundations, diagnostic criteria, and implications for intervention. It is important to note that misinterpreting disability-related behaviors as deliberate criminal acts may result in unjust punishment, while ignoring genuine criminal intent may undermine public safety. Hence, a multidisciplinary approach involving psychologists, therapists, educators, social workers, and legal professionals is certainly essential in evaluating youth misconduct. Finally, early identification of behavioral disorders, recognition of disability-related vulnerabilities, and contextual understanding of environmental influences can help redirect developmental trajectories and promote more humane and effective responses to youth behavioral problems.

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