

Dysfunctional Adaptation Patterns and Their Relation to Criminal Recidivism Risk in Prisoners

أنماط التكيف المضطربة وعلاقتها بخطر العود الإجرامي لدى المساجين

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Abstract

This study examined maladaptive coping patterns and their relationship with the risk of criminal recidivism among incarcerated individuals. A descriptive-analytical design was adopted using two instruments: the Maladaptive Coping Patterns Questionnaire and the Historical-Clinical-Risk Management-20 (HCR-20) based Recidivism Risk Scale. The sample consisted of 20 male prisoners aged between 20 and 55 years. Results indicated a weak positive correlation between overall maladaptive coping patterns and recidivism risk. However, none of the individual coping dimensions (submissive, avoidant, or compensatory) emerged as significant predictors of recidivism risk. These findings suggest that maladaptive coping may function as a general vulnerability factor rather than a specific predictive determinant of reoffending.

Keywords: Maladaptive coping patterns; Criminal recidivism risk; Recidivist prisoners

ملخص:

هدفت هذه الدراسة إلى فحص أنماط التكيف المضطربة وعلاقتها بخطر العود إلى الجريمة لدى عينة من النزلاء. تم اعتماد المنهج الوصفي التحليلي باستخدام أداتين: استبيان أنماط التكيف اللاتكيفية، ومقياس خطر العود إلى الجريمة المبني على قائمة التقدير التاريخي-السريري-إدارة المخاطر (HCR-20). تكونت العينة من 20 سجيناً من الذكور تتراوح أعمارهم بين 20 و 55 سنة. أظهرت النتائج وجود علاقة ارتباطية موجبة ضعيفة بين الدرجة الكلية لأنماط التكيف اللاتكيفية وخطر العود إلى الجريمة، في حين لم تسجل الأبعاد الفرعية (الخضوعي، التجنبي، التعويضي) قدرة تنبؤية دالة إحصائية بخطر العود. تشير هذه النتائج إلى أن أنماط التكيف اللاتكيفية قد تمثل عامل هشاشة نفسي عام أكثر من كونها محددات تنبؤية نوعية للعود الإجرامي.

كلمات مفتاحية: أنماط التكيف المضطربة، خطر العود الإجرامي، المساجين الانتكاسيين

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Introduction

The phenomenon of juvenile delinquency and criminal behavior has witnessed a substantial increase in recent decades, both in terms of prevalence and structural complexity. This growing trend has attracted sustained attention from researchers in psychology, criminology, sociology, and neuroscience, as criminal behavior is no longer conceptualized merely as a legal violation, but rather as a multidimensional psychosocial phenomenon shaped by interacting biological, psychological, social, and institutional determinants. Contemporary criminological models emphasize that offending behavior emerges from dynamic processes in which individual vulnerabilities interact with contextual risk factors across developmental stages.

Within this perspective, Andrews and Bonta's (2010) Risk-Need-Responsivity (RNR) model provides a comprehensive framework for understanding criminal behavior and recidivism. The model highlights three core principles: (a) the risk principle, which focuses on matching intervention intensity to an offender's level of risk; (b) the need principle, which targets criminogenic needs such as antisocial cognition, impulsivity, and substance abuse; and (c) the responsivity principle, which emphasizes adapting interventions to individual learning styles and psychological characteristics. These principles collectively underscore the importance of identifying psychological mechanisms that contribute to persistent offending.

From a developmental standpoint, life-course criminology suggests that criminal behavior is not static but evolves through identifiable trajectories influenced by early risk exposure, cumulative disadvantage, and critical life events. Sampson and Laub (1993) argue that weak social bonds, family instability, and school failure significantly increase the likelihood of antisocial conduct, while protective factors such as stable employment and supportive relationships may serve as turning points away from crime. Farrington's (2003) developmental and life-course model further emphasizes that early behavioral problems, poor self-control, and maladaptive socialization practices predict later delinquency and adult criminality.

Psychological research has consistently documented associations between emotional dysregulation, impulsivity, hostile attribution biases, and antisocial behavior (Beaver et al., 2016; DeLisi & Vaughn, 2014). Individuals who struggle to regulate affect or tolerate distress may resort to maladaptive strategies to cope with internal discomfort, increasing vulnerability to aggressive or rule-breaking behavior. Cognitive theories further propose that distorted beliefs about self, others, and the world contribute to persistent criminal involvement.

Biological and neuropsychological perspectives complement these findings. Raine (2013) demonstrated that structural and functional

abnormalities in brain regions involved in executive functioning, emotion regulation, and moral reasoning—such as the prefrontal cortex and amygdala—are associated with heightened risk for violent and antisocial conduct. Nevertheless, contemporary models reject biological determinism and instead emphasize gene–environment interactions, whereby neurobiological vulnerabilities amplify the impact of adverse environmental conditions.

In parallel, growing attention has been directed toward the role of early maladaptive schemas and coping styles in shaping long-term behavioral patterns. Schema Therapy, developed by Young, Klosko, and Weishaar (2003), proposes that individuals develop stable cognitive–emotional structures—early maladaptive schemas—as a result of unmet emotional needs during childhood. When these schemas are activated, individuals tend to respond through characteristic coping patterns: surrender (submissive compliance with the schema), avoidance (emotional or behavioral disengagement), or overcompensation (acting in the opposite direction of the schema). Although these coping patterns may provide short-term relief, they often maintain psychological dysfunction and interpersonal difficulties.

Accumulating empirical evidence suggests that maladaptive schemas and coping styles are associated with externalizing problems, substance abuse, and antisocial behavior (Bamelis et al., 2014; Shorey et al., 2015). Individuals who rely predominantly on avoidant coping may disengage from prosocial responsibilities, while those who adopt compensatory strategies may exhibit dominance, hostility, or manipulative behaviors. Submissive coping, in turn, may be associated with dependency, low self-efficacy, and susceptibility to deviant peer influence. These patterns may constitute psychological pathways linking early adversity to criminal persistence.

Recidivism represents a particularly pressing challenge for correctional systems worldwide. High rates of reoffending indicate that incarceration alone is insufficient to disrupt criminal trajectories. Contemporary correctional psychology emphasizes the importance of structured risk assessment tools and individualized rehabilitation plans. Instruments such as the Historical Clinical Risk Management Scale (HCR-20) and the Early Assessment Risk List for Boys (EARL-20B) provide empirically grounded frameworks for identifying violence risk and developmental vulnerabilities (Douglas et al., 2013; Augimeri et al., 2012). However, relatively few studies have examined how maladaptive coping patterns specifically relate to recidivism risk among incarcerated populations.

In the Algerian context, prison reform policies increasingly prioritize rehabilitation, psychological care, and social reintegration. Law No. 05-04 of February 6, 2005, concerning the organization of prisons and the social reintegration of inmates reflects this orientation toward correction rather than

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punishment. Despite these efforts, empirical research examining psychological mechanisms underlying recidivism within Algerian correctional settings remains limited, particularly with respect to schema-related coping processes.

Against this theoretical and empirical backdrop, the present study seeks to examine the relationship between maladaptive coping patterns (submissive, avoidant, and compensatory) and the risk of criminal recidivism among incarcerated individuals. By integrating schema theory with contemporary criminological models, this research aims to contribute to a more nuanced understanding of psychological pathways associated with recidivism and to inform the development of targeted rehabilitation interventions.

3- Objectives of the Study:

1-Research Questions.

The current study is guided by a central overarching question concerning the extent to which maladaptive coping patterns are associated with criminal recidivism risk among incarcerated individuals. Drawing on schema therapy theory (Young, Klosko, & Weishaar, 2003) and contemporary criminological models emphasizing dynamic risk factors (Andrews & Bonta, 2010), the study seeks to clarify whether specific coping styles contribute differentially to relapse vulnerability.

More specifically, the study addresses the following research questions:

- Does the submissive coping pattern significantly affect the risk of criminal recidivism among prisoners?
- Does the avoidant coping pattern significantly affect the risk of criminal recidivism among prisoners?
- Does the compensatory coping pattern significantly affect the risk of criminal recidivism among prisoners?

These questions aim to determine whether distinct maladaptive coping strategies exhibit differential associations with recidivism risk, or whether maladaptive coping operates as a general psychological vulnerability factor.

2. Objectives of the Study

The general objective of this study is to examine the relationship between maladaptive coping patterns and the risk of criminal recidivism among incarcerated individuals.

The specific objectives are as follows:

- To examine the effect of the submissive coping pattern on criminal recidivism risk.
- To examine the effect of the avoidant coping pattern on criminal recidivism risk.
- To examine the effect of the compensatory coping pattern on criminal recidivism risk.

- To determine the relative contribution of each coping pattern to explaining variance in recidivism risk.
- To contribute empirical evidence to the integration of schema-based concepts within forensic psychological assessment and rehabilitation planning.

These objectives reflect an attempt to bridge clinical personality-oriented approaches and applied criminological risk assessment frameworks.

3. Significance of the Study

The significance of the present study can be articulated on theoretical, clinical, and practical levels.

At the theoretical level, the study contributes to the growing body of literature examining the psychological mechanisms underlying criminal persistence and relapse. By focusing on maladaptive coping patterns derived from schema therapy theory, the study extends the application of this model into forensic and correctional contexts.

At the clinical level, identifying maladaptive coping styles associated with recidivism risk may assist clinicians in developing individualized intervention plans that address deeper cognitive-emotional vulnerabilities rather than focusing exclusively on overt antisocial behaviors.

At the practical level, the study targets a population of incarcerated individuals who are in critical need of psychological assessment and follow-up. The findings may inform the design of rehabilitation programs that integrate schema-focused interventions with existing cognitive-behavioral and risk-management approaches.

Finally, this study contributes to enriching the field of criminal psychology, particularly within Arabic-speaking and developing-country contexts where empirical research on coping styles and recidivism remains limited.

4. Operational Definitions

4.1. Maladaptive Coping Patterns

Maladaptive coping patterns refer to stable behavioral and cognitive strategies used by individuals to manage distressing internal experiences and environmental demands in ways that ultimately maintain psychological dysfunction (Young et al., 2003). These patterns originate as responses to early maladaptive schemas and are activated when core emotional needs are threatened.

In this study, maladaptive coping patterns include:

- Submissive coping pattern: Characterized by compliance, self-sacrifice, and surrender to others' demands in order to avoid conflict or abandonment.

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- Avoidant coping pattern: Characterized by emotional withdrawal, suppression, denial, or behavioral disengagement from distressing situations.
- Compensatory coping pattern: Characterized by overcompensation through dominance, control, hostility, or exaggerated self-assertion.

Operationally, maladaptive coping patterns are defined by participants' total and subscale scores on the Maladaptive Coping Patterns Questionnaire developed for this study.

4.2. Risk of Criminal Recidivism

Risk of criminal recidivism refers to the likelihood that an individual will engage in future criminal or violent behavior following release from incarceration. It encompasses historical, clinical, and risk-management factors associated with violent and nonviolent offending (Douglas, Hart, Webster, & Belfrage, 2013).

Operationally, recidivism risk is defined by participants' total scores on the Historical-Clinical-Risk Management-20 (HCR-20) scale.

5-Background of the Study:

5-1 Maladaptive Coping Patterns within Schema Theory

Schema Therapy conceptualizes coping patterns as stable behavioral and emotional responses that individuals develop to manage the activation of early maladaptive schemas. These coping responses are not inherently pathological; however, when rigid and pervasive, they contribute to psychological dysfunction and maladaptive interpersonal behavior (Young, Klosko, & Weishaar, 2003). Three primary maladaptive coping patterns are described: submissive (schema surrender), avoidant (schema avoidance), and compensatory (schema overcompensation). Each pattern represents a distinct psychological pathway through which early adverse experiences may influence later antisocial behavior and criminal persistence.

5-2 Submissive Coping Pattern (Schema Surrender)

The submissive coping pattern refers to a tendency to accept and comply with the content of one's maladaptive schemas, behaving as if the schema is true and unavoidable. Individuals adopting this pattern internalize negative core beliefs about themselves—such as defectiveness, unworthiness, or helplessness—and consistently act in ways that confirm these beliefs (Young et al., 2003). Rather than challenging maladaptive assumptions, they submit to them, often displaying passivity, dependency, and excessive compliance. From a developmental perspective, submissive coping is frequently rooted in childhood environments characterized by neglect, emotional deprivation, authoritarian parenting, or chronic invalidation. Children raised in such contexts may learn that asserting their needs is unsafe or futile, leading to

learned helplessness and diminished self-efficacy (Seligman, 1975). Over time, this pattern becomes generalized across social contexts, shaping identity formation and interpersonal functioning.

In relation to criminal behavior, submissive coping may appear counterintuitive, as offending is often associated with dominance and aggression. However, research suggests that individuals who habitually surrender to negative self-schemas may be highly susceptible to peer pressure and coercion, particularly within delinquent peer networks (Dishion & Tipsord, 2011). Such individuals may engage in criminal acts not out of intrinsic motivation but as a means of securing belonging, protection, or approval.

Moreover, submissive coping has been associated with deficits in assertiveness, poor boundary-setting, and difficulty resisting external influence (Shorey et al., 2015). Within correctional settings, these characteristics may increase vulnerability to manipulation by other inmates and reduce engagement in rehabilitative programs. Submissive individuals may also display low confidence in their capacity for change, thereby undermining motivation for desistance and increasing the likelihood of recidivism.

From a clinical standpoint, submissive coping may maintain a cycle in which negative self-concepts reinforce engagement in risky or self-defeating behaviors, which in turn strengthen maladaptive schemas. Addressing this pattern requires interventions that foster autonomy, self-efficacy, and cognitive restructuring of core beliefs.

Avoidant Coping Pattern (Schema Avoidance)

The avoidant coping pattern involves attempts to escape, suppress, or numb emotional experiences associated with schema activation. Individuals employing this strategy distance themselves psychologically or behaviorally from distressing thoughts, feelings, and interpersonal situations. Avoidance may take various forms, including emotional detachment, social withdrawal, dissociation, substance use, or compulsive behaviors (Young et al., 2003). Avoidant coping is often shaped by early experiences of overwhelming stress, abuse, or unpredictable caregiving. When emotional expression is met with punishment or neglect, children may learn to minimize awareness of their internal states as a survival strategy. Although avoidance may provide short-term relief, it prevents the processing of emotional experiences and reinforces long-term dysfunction.

In criminological research, avoidance has been strongly linked to substance abuse, impulsivity, and emotion-driven offending (DeLisi & Vaughn, 2014). Individuals who habitually avoid distress may resort to drugs, alcohol, or high-risk activities as a means of emotional numbing. These behaviors increase exposure to criminogenic environments and heighten the probability of repeated legal involvement.

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Furthermore, avoidant individuals often exhibit limited problem-solving skills and low tolerance for frustration (Beaver et al., 2016). When confronted with interpersonal conflict or institutional demands, they may disengage rather than seek adaptive solutions. Within correctional contexts, this disengagement may manifest as non-compliance with treatment programs, disciplinary infractions, or superficial participation in rehabilitation.

Avoidant coping may also impair insight into personal responsibility for criminal actions. By distancing themselves from emotional consequences, individuals reduce opportunities for moral reflection and learning, processes that are central to desistance. Consequently, avoidance can contribute indirectly to recidivism by sustaining patterns of emotional dysregulation and behavioral impulsivity.

Clinically, interventions targeting avoidant coping emphasize emotion regulation, distress tolerance, and gradual exposure to avoided experiences. Enhancing emotional awareness may increase responsiveness to therapeutic efforts and promote behavioral change.

Compensatory Coping Pattern (Schema Overcompensation)

The compensatory coping pattern, also referred to as schema overcompensation, involves behaving in ways that are opposite to the content of maladaptive schemas. Individuals attempt to counteract feelings of vulnerability, inferiority, or shame by adopting exaggerated displays of control, superiority, or power (Young et al., 2003). This pattern often manifests as dominance, entitlement, hostility, or perfectionism.

Developmentally, compensatory coping is frequently associated with early experiences of humiliation, rejection, or powerlessness. In response, individuals construct defensive identities centered on strength and invulnerability. Although this strategy may temporarily protect self-esteem, it often leads to interpersonal conflict and antagonistic behavior.

A substantial body of research links overcompensatory traits—such as narcissism, callousness, and grandiosity—to antisocial behavior and violence (Hare, 2003; Miller & Lynam, 2015). Individuals who rely on compensatory coping may perceive others as threats and interpret ambiguous situations through hostile attribution biases. This cognitive style increases the likelihood of aggressive responses and rule violations.

Within correctional populations, compensatory coping may be particularly salient. The prison environment often reinforces dominance hierarchies, making aggressive posturing a functional adaptation. However, this adaptation simultaneously entrenches antisocial attitudes and reduces openness to rehabilitation.

Compensatory individuals may also resist therapeutic engagement, perceiving help-seeking as a sign of weakness. This resistance undermines

treatment adherence and limits opportunities for cognitive and emotional change, thereby increasing recidivism risk.

Clinically, addressing compensatory coping requires confronting maladaptive beliefs about power and vulnerability while fostering safe experiences of emotional expression and relational trust.

5-3 Integrative Perspective

Although conceptually distinct, submissive, avoidant, and compensatory coping patterns may co-occur within the same individual and shift across contexts. Together, they represent different strategies for managing the activation of early maladaptive schemas. Importantly, each pattern may contribute to criminal behavior through unique psychological mechanisms, suggesting the need for differentiated assessment and intervention.

Understanding these coping patterns within offender populations provides a valuable framework for identifying psychological risk factors that extend beyond traditional criminogenic needs. Integrating schema-based assessment with structured risk tools may enhance the precision of rehabilitation planning and improve long-term outcomes.

6. Applied Framework

6.1. Study Design

A descriptive-analytical, cross-sectional design was employed. This design is appropriate for exploring relationships between psychological variables and estimating associations without manipulating independent variables.

6.2. Population and Sample

The target population consisted of incarcerated adult males. Due to practical and administrative constraints, a convenience sample of 20 prisoners was selected. Participants' ages ranged from 20 to 55 years.

Although the sample size is limited, it is considered acceptable for exploratory research aimed at generating preliminary findings and guiding future large-scale investigations.

6.3. Study Instruments

6.3.1. Maladaptive Coping Patterns Questionnaire

This questionnaire was developed by the researchers based on the theoretical framework of schema therapy (Young et al., 2003). It contains 25 items distributed across three dimensions: submissive coping, avoidant coping, and compensatory coping. Responses are rated on a three-point Likert scale (1 = applies, 2 = sometimes applies, 3 = does not apply).

Higher scores indicate greater endorsement of maladaptive coping patterns.

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6.3.2. Recidivism Risk Scale (HCR-20)

The Historical-Clinical-Risk Management-20 (HCR-20) is a structured professional judgment instrument widely used in forensic settings. It consists of 20 items rated 0 (absent), 1 (partially present), or 2 (present). The Arabic version used in this study was translated by Layla Shibani.

7. Methodology

Data collection was conducted within a correctional institution after obtaining administrative approval. Participants completed the coping questionnaire, while recidivism risk ratings were derived from available institutional records and structured assessment procedures.

8. Psychometric Properties

Internal consistency reliability of the Maladaptive Coping Patterns Questionnaire was assessed using Cronbach's alpha coefficient ($\alpha = .74$), indicating acceptable reliability. Pearson correlation coefficients were used to examine internal consistency and intercorrelations among subscales. Future studies are encouraged to further examine construct validity, factor structure, and test-retest reliability using larger samples.

9. Résultats

Table1. Correlation between Submission Pattern and Recidivism Risk

Variable	Pearson r	p-value	N
Submission Pattern	0.221	0.348	20

Commentary: A weak positive but non-significant correlation was observed, indicating limited association.

Table2. Correlation between Avoidance Pattern and Recidivism Risk

Variable	Pearson r	p-value	N
Avoidance Pattern	0.241	0.305	20

Commentary: The relationship was weak and not statistically significant.

Table3. Correlation between Compensation Pattern and Recidivism Risk

Variable	Pearson r	p-value	N
Compensation Pattern	-0.11	0.645	20

Commentary: A weak negative and non-significant correlation was found.

Table4. Overall Maladaptive Patterns and Recidivism Risk

Variable	Pearson r	p-value	N
Overall Maladaptive Patterns	0.18	0.448	20

Commentary: The overall association was weak and non-significant.

Table 5. Simple Linear Regression: Submission Predicting Recidivism (Model Summary)

R	R ²	Adj. R ²	Std. Error
0.221	0.049	-0.04	1.964

Commentary: The model explains only 4.9% of variance, indicating poor predictive power.

Table 6. ANOVA and Coefficients: Submission

Predictor	B	SE	T	P
Constant	16.331	2.295	7.117	0.0
Submission	0.093	0.96	0.963	0.348

Commentary: Submission pattern did not significantly predict recidivism.

Table7. Simple Linear Regression: Avoidance Predicting Recidivism (Model Summary)

R	R ²	Adj. R ²	Std. Error
0.241	0.058	0.006	3.043

Commentary: Very limited explanatory power.

Table8. ANOVA and Coefficients: AvoidanceB

Predictor	B	SE	T	P
Constant	12.269	3.555	3.451	0.003
Avoidance	0.158	0.149	1.055	0.305

Commentary: Avoidance pattern did not significantly predict recidivism.

Table9. Simple Linear Regression: Compensation Predicting Recidivism (Model Summary)

R	R ²	Adj. R ²	Std. Error
0.11	0.012	-0.043	3.146

Commentary: Negligible predictive capacity.

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Table10. ANOVA and Coefficients: Compensation

Predictor	B	SE	T	P
Constant	19.483	3.991	4.882	0.00.645
Compensation	-0.079	0.168	-0.468	

Commentary: Compensation pattern did not significantly predict recidivism.

10-Discussion

The present study aimed to examine the relationship between maladaptive coping patterns and recidivism risk among incarcerated individuals. Overall, the findings indicated weak positive correlations between maladaptive coping patterns and recidivism risk, while regression analyses failed to demonstrate significant predictive effects for individual coping patterns. These results suggest that maladaptive coping patterns, although relevant, represent only one component within a broader constellation of psychological, social, and contextual factors that contribute to criminal relapse.

From a theoretical standpoint, these findings are consistent with multidimensional models of criminal behavior, particularly the Risk-Need-Responsivity (RNR) framework (Andrews & Bonta, 2010), which emphasizes that recidivism is influenced by a combination of dynamic risk factors such as antisocial cognition, personality traits, family dysfunction, peer associations, substance abuse, and poor self-regulation. Within this framework, maladaptive coping can be conceptualized as a secondary risk factor that interacts with primary criminogenic needs rather than operating as a standalone predictor. The weak association observed between maladaptive coping patterns and recidivism risk may also be interpreted through the lens of schema therapy theory. According to Young, Klosko, and Weishaar (2003), maladaptive coping styles—such as surrender, avoidance, and overcompensation—emerge as responses to early maladaptive schemas formed during adverse childhood experiences. These coping styles function primarily to reduce emotional distress rather than to directly guide antisocial behavior. Consequently, their influence on criminal relapse may be indirect, operating through intermediary processes such as emotional dysregulation, interpersonal conflict, or maladaptive beliefs.

Moreover, individuals with surrender coping styles may exhibit passivity and dependency, which could increase vulnerability to criminogenic environments rather than actively drive offending behavior. Avoidant coping may lead to emotional disengagement and denial, limiting engagement in rehabilitation programs. Overcompensatory coping, although sometimes linked to dominance or hostility, may fluctuate depending on situational demands. Such variability could partially explain the absence of strong

predictive effects in the present regression analyses.

Another important explanation concerns the institutional context. Prison environments impose structural constraints that may overshadow individual psychological characteristics. Institutional routines, surveillance, limited autonomy, and exposure to antisocial peer networks may exert a stronger influence on post-release behavior than individual coping patterns alone (Wormith, Gendreau, & Bonta, 2012). Thus, recidivism risk appears to be shaped by an interaction between personal vulnerabilities and environmental conditions.

Methodological factors must also be considered. The small sample size substantially limits statistical power, increasing the likelihood of Type II error and reducing the ability to detect modest effect sizes. Previous research has demonstrated that psychological predictors of recidivism often yield small-to-moderate effect sizes, requiring large samples for reliable detection (Yang, Wong, & Coid, 2010). Therefore, the non-significant regression results should be interpreted cautiously.

Despite these limitations, the present findings have important clinical implications. They suggest that interventions targeting maladaptive coping patterns may still be valuable, particularly as part of integrative rehabilitation models. Schema-focused therapy has demonstrated effectiveness in reducing maladaptive personality patterns, emotional dysregulation, and interpersonal problems (Arntz & van Genderen, 2009). When combined with cognitive-behavioral interventions, vocational training, substance abuse treatment, and social reintegration programs, such approaches may contribute to reducing recidivism indirectly by improving psychological functioning.

Furthermore, assessment of maladaptive coping patterns could assist clinicians in tailoring individualized treatment plans. For example, individuals exhibiting high avoidance may benefit from motivational enhancement strategies, while those displaying overcompensation may require interventions targeting anger management and cognitive restructuring.

Future research should prioritize larger, more diverse samples, including female offenders and different age groups. Longitudinal designs are particularly important for clarifying temporal relationships between coping patterns and criminal relapse. Additionally, future studies should explore potential mediators and moderators, such as emotion regulation, antisocial beliefs, trauma history, and institutional engagement.

11-Conclusion

The present study sought to examine the relationship between maladaptive coping patterns and the risk of criminal recidivism among incarcerated individuals from the perspective of Schema Therapy. This theoretical framework assumes that individuals develop maladaptive coping responses as a consequence of unmet emotional needs and adverse developmental experiences during childhood. The findings revealed a weak positive association between overall maladaptive coping patterns and recidivism risk. However, neither the overall score nor the individual coping dimensions—submissive, avoidant, and compensatory coping—demonstrated statistically significant predictive effects on criminal recidivism risk.

These findings suggest that criminal recidivism is a complex and multifaceted phenomenon that cannot be adequately explained by a single psychological factor or coping style. Rather, recidivism appears to emerge from the interaction of multiple personal, social, environmental, and institutional influences. Although maladaptive coping patterns may contribute to a general psychological vulnerability, their direct impact on criminal relapse appears limited when considered independently of other criminogenic factors. Their influence may operate indirectly through mechanisms such as emotional dysregulation, cognitive distortions, antisocial attitudes, substance abuse, poor social support, and difficulties in adapting to social and institutional demands.

The results also support contemporary criminological perspectives, particularly the Risk-Need-Responsivity (RNR) model, which conceptualizes recidivism as the product of dynamic interactions between individual characteristics and environmental conditions. Within this framework, maladaptive coping patterns may be viewed as secondary psychological risk factors that interact with broader criminogenic needs rather than functioning as independent predictors of reoffending.

From a practical perspective, the study highlights the value of incorporating schema-based psychological assessment into correctional and rehabilitation settings. Understanding offenders' coping styles may provide clinicians and correctional practitioners with deeper insight into the emotional and cognitive processes underlying maladaptive behavior. Furthermore, integrating Schema Therapy interventions with cognitive-behavioral programs, substance abuse treatment, and social reintegration initiatives may enhance psychological adjustment and indirectly contribute to reducing the likelihood of future offending.

Nevertheless, the findings should be interpreted with caution due to several methodological limitations, most notably the small sample size and the cross-sectional nature of the study. Consequently, the results should be considered exploratory rather than definitive. Future research should employ larger and more diverse samples, including female offenders and different age groups, while adopting longitudinal designs capable of examining causal relationships over time. Additionally, future studies should investigate potential mediating and moderating variables such as emotion regulation, psychological resilience, trauma history, antisocial cognition, and treatment engagement in order to develop more comprehensive explanatory models of criminal recidivism.

In conclusion, this study contributes to the growing body of forensic psychological literature by exploring the role of maladaptive coping patterns within a correctional context. Although maladaptive coping styles did not emerge as significant independent predictors of recidivism risk, they remain important components of offenders' psychological functioning and may represent valuable targets for assessment and intervention. The integration of schema-based concepts into forensic psychology may therefore offer promising avenues for improving rehabilitation outcomes and supporting evidence-based strategies aimed at reducing criminal reoffending.

Annexe1 :

Maladaptive Coping Patterns

General Information:

Gender: Male ☐ Female ☐

Age:

Educational Level:

Response Options: Does not apply – Sometimes – Applies

Dimension 1: Submissive Coping Pattern

1. I delegate important decisions related to managing my financial affairs to others.
2. I experience catastrophic thinking about the future, which makes me constantly follow the news.
3. I share my private matters with one of my parents.
4. I allow others to control my affairs.
5. I let others make decisions for me.
6. I ask others to meet my needs.

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7. I choose people who give me a lot of affection.
8. I give a lot to others and ask for nothing in return.
9. I focus only on negative things.

Dimension 2: Avoidant Coping Pattern

1. I avoid establishing friendships.
2. I avoid trusting others in order to protect my secrets.
3. I avoid expressing my feelings.
4. I avoid being close to others.
5. I avoid being in social situations.
6. I dislike situations in which I have responsibilities.
7. I avoid new challenges such as driving for the first time.
8. I avoid situations that put me in conflict with others.

Dimension 3: Compensatory Coping Pattern

1. I criticize others in order to appear perfect.
2. I mistreat others in order to control them.
3. I pretend to be confident so I do not appear to need others.
4. I always try to be the opposite of others.
5. I pretend to be a highly responsible person and constantly monitor others.
6. I strongly refuse to accept unpleasant events.
7. I rebel against all forms of authority.
8. I react in an opposite way to provoke what is rejected.

Annexe2 : HCR-20 Items

Historical Factors (H)

- H1 - Previous violence
- H2 - First offense committed during youth
- H3 - Instability in intimate relationships
- H4 - Employment problems
- H5 - Substance abuse problems
- H6 - Severe mental disorder
- H7 - Psychopathic personality
- H8 - Poor adjustment during adolescence
- H9 - Personality disorder
- H10 - Previous supervision failure

Total Historical Score /20

Clinical Factors (C)

- C1 - Lack of insight
- C2 - Negative attitudes
- C3 - Active symptoms of major mental disorder
- C4 - Impulsivity
- C5 - Resistance to treatment

Total Clinical Score /10

Risk Management Factors (R)

- R1 - Unrealistic plans
- R2 - Exposure to destabilizing factors
- R3 - Lack of personal support
- R4 - Non-compliance with treatment
- R5 - Psychological stress

Total Risk Management Score /10

Total HCR-20 Score /40

Final Risk Level: Low ☐ Moderate ☐ High ☐

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