Retrospective Review of Forensic Cases Referred to the Child and Adolescent Psychiatric Outpatient Clinic

Bir Çocuk ve Ergen Psikiyatrisi Polikliniğine Yönlendirilen Adli Olguların Geriye Dönük İncelenmesi

Fethiye KILIÇASLAN [1]

[1] Department of Child and Adolescent Psychiatry, Harran University, Faculty of Medicine, Sanliurfa, Turkey

Background: The aim of this study is to investigate the reasons for ordering a forensic report, sociodemographic characteristics and comorbid mental disorders in children and adolescents who were brought to court for any reason and referred to a child and adolescent psychiatric outpatient clinic by the judicial authority in Sanliurfa province.

Materials and Methods: In this study, we retrospectively reviewed the files of 64 cases referred to a child and adolescent psychiatric outpatient clinic for forensic psychiatric evaluation between December 2018 and December 2020. For children referred by judicial authorities, we reviewed sociodemographic characteristics, the event underlying the referral, the scope of questions asked by judicial authorities, smoking or alcohol and drug abuse, intelligence level, comorbid mental disorders, and parent sociodemographic characteristics. We used the chi-square test to compare sociodemographic characteristics and comorbid psychiatric diagnoses and the Mann Whitney U test to compare numeric variables.

Results: It was found that 46.9% of children were referred for juvenile delinquency, 12.5% for abuse, and 25.0% for early marriage. Of the juvenile offenders, 90% were boys with a mean age of 15 years, while 62.5% of the victims were girls with a mean age of 13.5 years. The results show that 63.3% of juvenile offenders and 62.5% of victims did not attend school. The frequency of psychiatric diagnoses was 53.3% for juvenile offenders and 50% for victims. All children for whom early marriage was requested were girls with an average age of 16 years. The results show that 43.8% of the cases were pregnant at presentation and 93.8% had not received schooling appropriate to their age.

Conclusions: It was found that more than half of the juvenile delinquents and victims in this study did not attend school. It was also found that male gender predominated among juvenile delinquents. There is a need for further studies to identify the at-risk groups.

Key Words: Forensic psychiatry, child psychiatry, delinquency, early marriage.

 ÖZ.

Amaç: Bu çalışmada Şanlıurfa ilinde herhangi bir nedenden dolayı adli mercilere intikal etmiş ve adli makamlar tarafından adli rapor istemiyle bir çocuk ve ergen psikiyatri polikliniğine yönlendirilen çocuk ve ergenlerin adli rapor istem nedenleri, sosyodemografik özellikleri ve eşlik eden ruhsal bozuklukların araştırılması amaçlanmıştır.

Materyal ve Metod: Bu çalışmada, Aralık 2018-Aralık 2020 tarihleri arasında bir çocuk psikiyatri polikliniğine adli psikiyatrik değerlendirme amacıyla yönlendirilen 64 olgunun dosyası geriye dönük incelenmiştir. Adli raporlara konu olan çocuk ve ergenlerin sosyodemografik özellikleri, hangi olay nedeniyle gönderildikleri, adli mercilerce yanıt istenen sorunun içeriği, sigara-alkol-madde kullanım bilgileri, zekâ düzeyleri, eşlik eden ruhsal bozuklukları, anne-babalarının sosyodemografik özellikleri gibi konular gözden geçirilmiştir. Sosyo-demografik özellikler ve eşlik eden psikiyatrik tanıları karşılaştırmak için Ki-kare testi, sayısal değişkenleri karşılaştırmak için Mann Whitney U testi kullanıldı.

Bulgular: Çalışmamıza dâhil edilen olguların %46,9'unun suça sürüklenen çocuk, %12,5'inin istismara uğrama ve %25'inin erken evlenme nedeniyle yönlendirildiği belirlendi. Suça sürüklenen çocukların %90'ı erkek olup, yaşlarının medyan değeri 15 iken, mağdur çocukların %62,5'i kız cinsiyet ve yaşlarının medyan değeri 13,5 idi. Suça sürüklenen çocukların %63,3'ünün, mağdur çocukların ise %62,5'inin okula devam etmediği belirlenmiştir. Suça sürüklenen çocuklarda psikopatoloji %53,3 oranında, mağdur çocuklarda %50 oranında bulunmuştur. Erken evlenme isteği ile başvuran olguların tamamının cinsiyeti kız ve yaşlarının medyan değeri 16 idi. Başvuran olguların %43,8'inin başvuru anında gebe olduğu ve olguların %93,8'inin yaşına uygun eğitim almadığı bulunmuştur.

Sonuç: Bu çalışmada suça sürüklenen çocukların ve mağdurların yarısından fazlasının okula devam etmediği tespit edilmiştir. Ayrıca suça sürüklenen çocuklar arasında erkek cinsiyet baskınlığının gözlendiği saptanmıştır. Risk altındaki grupların belirlenmesi için ileri çalışmalara ihtiyaç vardır.

Anahtar kelimeler: Adli psikiyatri, çocuk psikiyatrisi, suç, erken evlilik

Introduction

In the practice of the Criminal Code, a child is defined as a person who is 18 years old or younger. Under the Child Protection Act (CPA), a child is defined as "a person who is 18 years of age or younger, even if heor she matures at an earlier age" (1). Within this definition, a child in need of protection is defined as a child who is at risk of physical, cognitive, ethical, social, and emotional development, is neglected or abused, or is being driven into delinquency (2). According to TurkStat data, the number of children presented to judicial authorities has increased significantly over time (3). The number of incidents in which children were presented to or referred to law enforcement authorities was 511,247 in 2019 (a 5.8% increase compared to 2018). In these events, children were presented as victims in 46.1% and as offenders (driven to commit a crime) in 32.9%. It was reported that 50.1% of children were 15-17 years old, while 25.2% were 12-14 years old and 24.7% were ≤11 years old (3). In a national survey from the United States, the prevalence of delinquency among teenagers was reported to be 18.4% (4). Based on 2019 data from Turkey, 168,250 incidents involving children reported to or referred to law enforcement were attributed to delinquency. The data show that imputed crimes included assault in 31.7%, robbery in 25.6%, violation of the passport law in 8.1%, smuggling of migrants in 6.9%, and consumption, delivery, or purchase of narcotics or stimulants in 4.6% (3).

Many studies on the development of criminal behavior classify risk factors. Risk factors include a low IQ and history of substance abuse, parental domestic violence and delinquency, peer bullying and criminal peers, low academic achievement, and truancy (5). In addition, factors such as internal migration, inadequate education, rapid population growth, high unemployment rate, single parenthood and low parental education, low-income community with high crime rate, and low school completion rate are among the risk situations for negative outcomes that children and adolescents may experience (6). In previous studies from Turkey, it was found that the majority of juvenile offenders were boys aged 14-16 years (7-10). In addition, several studies have found that the prevalence of mental disorders among juvenile offenders is high (11). When the mental disorders in juvenile offenders are examined in studies both abroad and in our country, it is reported that the most common mental disorders are attention deficit hyperactivity disorder (ADHD), conduct disorder (CD), and substance use disorders (11,12). Unfortunately, there are multiple risk factors in more than one area of adolescents' lives that are involved in criminal behaviors. The prevalence of criminal behaviors increases with the number of risk factors. Studies have confirmed a dose-response relationship between the number of risk factors and criminal behavior (5,13). On the other hand, some authors suggest that the presence of a risk does not necessarily indicate criminal behavior but increases the likelihood of negative consequences such as later criminal behavior and that an adolescent with multiple risk factors may not engage in criminal or violent acts (5).

In forensic assessment, physical and sexual abuse is another issue encountered. The World Health Organization defines child maltreatment as any physical, emotional, or sexual abuse by an adult or society that adversely affects health and physical and psychosocial development (14). Child maltreatment is an important issue in Turkey and worldwide with increasing incidence. The studies from Turkey report that the estimated prevalence for physical maltreatment is 30-35% and for sexual maltreatment is 13% (15). However, it has been suggested that these prevalence rates are underestimated (16).

Another forensic issue is the application for marriage. In applications for early marriage, judicial authorities request an expert opinion from child psychiatrists to determine whether there is a mental disorder that precludes marriage (17). Early marriage is illegal in most countries and also violates a number of United Nations human rights conventions. Yet, in the 55 developing countries for which data are available, more than 30% of girls are married before they are 18 years old (18). Economic difficulties, traditional and religious beliefs based on false and incomplete information, lack of education, domestic violence, social pressures, and property rights are cited as causes of early marriage (17, 19, 20). Early marriage brings many problems. It has been reported that the rate of psychiatric diagnoses or use of psychiatric help is higher among women who marry early than among women who do not marry until adulthood (21).

The number of forensic cases involving children and adolescents has increased. Although studies of vulnerable children have received more attention in recent years, information on this area is limited. Knowing the general characteristics and risk factors of children, taking into account their social, cultural and economic needs will ultimately help prevent these behaviors and take the necessary precautions. In this study, we will investigate the reasons for ordering a forensic report, socio-demographic characteristics and comorbid mental disorders in children and adolescents who were referred to the court for any reason and referred to a child and adolescent psychiatry outpatient clinic by the judicial authority in Sanliurfa province. This is a specific study because there is no such study in Sanliurfa province so far. In addition, our results are considered important for the identification of children at risk, which will inform future studies and the development of interventions.

Materials and Methods

In this study, we retrospectively reviewed the files of 64 cases referred to a child and adolescent psychiatric outpatient clinic for forensic psychiatric evaluation between December 2018 and December 2020. Children referred

by judicial authorities were reviewed for sociodemographic characteristics, the event underlying the referral, the scope of questions asked by judicial authorities, smoking or alcohol and drug abuse, intelligence level, comorbid mental disorders, and parent sociodemographic characteristics. The psychiatric diagnoses of the included cases were made according to DSM-5 during a clinical interview by a child and adolescent psychiatrist. The psychometric tests (Porteus Maze Test and Kent-Egy Intelligence Test) to assess intelligence level were performed under the supervision of a psychologist. Based on the clinician's opinion resulting from the psychometric measurements and the clinical interview, the final mental status of the cases was determined. The cognitive level of the children who did not meet the intelligence tests was determined by the opinion of a specialist in psychiatry, taking into account the information obtained from the family, the course of developmental stages, and the psychiatric examination. According to their cognitive level, patients with IQ /DQ < 70 were classified as mentally retarded. The cases that were temporarily reported, referred to another institution, and missing data were excluded (Figure 1). The study was approved by the Ethics Committee of Harran University (Date: 05/07/2021/ Number: 13).
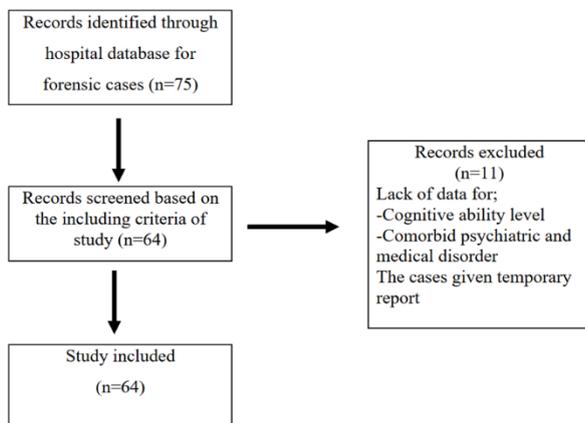

Figure 1. Record selection process

Statistical Analysis

Data were analyzed with SPSS version 23.0 (IBM SPSS Inc, Armonk, NY, USA). Descriptive statistics are presented as frequency, percent, median, minimum, and maximum. Sociodemographic characteristics and comorbid psychiatric diagnoses were compared using the chi-square test. Numeric variables were compared using the Mann Whitney U test. A two-tailed test was used to test whether the mean was significantly equal to a given value. Thus, a p-value < 0.05 was considered statistically significant. To ensure the size of the effect, Cohen's d was calculated and a value of 0.87 was obtained, which can be accepted as a large effect.

Results

It was found that of the cases recorded, 46.9% were referred for juvenile delinquency (n=30), while 12.5% (n=8) were referred for abuse, 25.0% (n=16) for early marriage, 10.94% (n=7) for causal derivation, and 4.69% (n=3) for appointment to guardianship (Figure 2).
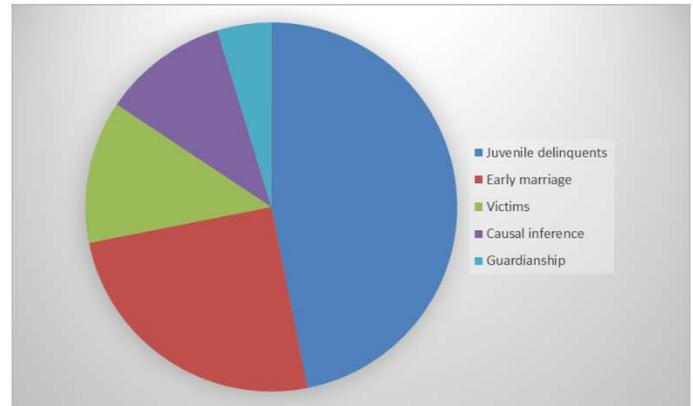

Figure 2. Reasons for forensic report orders of forensic cases admitted to the psychiatry outpatient clinic

It was found that 35 boys (54.7%) and 29 girls (45.3%) participated in the study. It was found that 25% of the cases were attending school at the time of presentation for forensic examination. 92.2% of the cases lived with their biological parents, while 7.8% lived either with a single parent or with a caregiver, e.g., due to divorce or death. It was found that 20.3% (n=13) of the cases were smokers, while 7.8% (n=5) used alcohol and 6.3% (n=4) used an addictive substance. Cerebral palsy was present in 6.3% (n=4) and epilepsy in 3.1% (n=2). The DSM-5 clinical interview revealed that 42.2% of cases (n=27) had at least one psychiatric disorder, including ADHD in 21.9%, CD in 14.1%, post-traumatic stress disorder (PTSD) in 4.69%, and anxiety disorder and stuttering in 1.6% of cases (Figure 3).
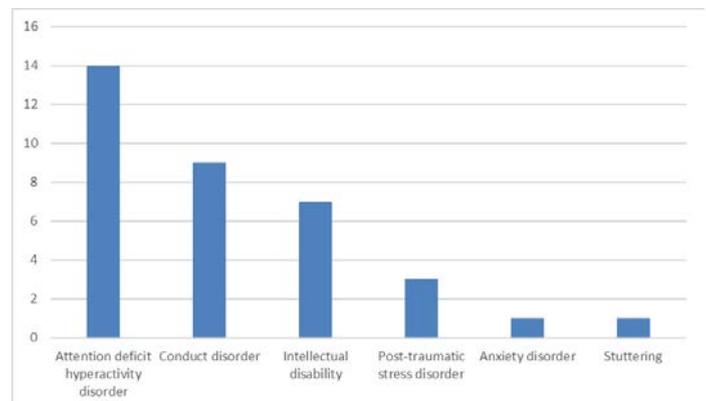

Figure 3. Diagnostic distribution of forensic cases admitted to the psychiatry outpatient clinic

Based on the psychometric measurements and clinical interview, it was found that 89.1% of the cases (n=57) had

normal intelligence, while 10.94% (n=7) had intellectual disability. When the cases were stratified by gender, it was found that the rate of school firmness was lower in girls than in boys (p=0.003), while there was no significant difference in the use of tobacco, alcohol, and drugs (p=0.351; p=1.000 and p=0.620, respectively). It was also found that psychiatric disorders were more common in boys (p=0.039) and ADHD rates were also higher in boys (p=0.002).

Among juvenile offenders, the mean (min-max) age, number of siblings, and most recent grade level attended were 15 (12-20), 7 (3-13), and 8 (4-10), respectively. It was found that of the juvenile offenders, 90% (n=27) were boys and 10% were girls. It was also found that 63.3% (n=19) did not attend school, while 33.3% (n=10) smoked, 16.7% (n=5) consumed alcohol, and 13.3% (n=4) used drugs. When assessed according to the DSM-5 manual, 53.3% of the cases were found to have a psychiatric disorder, with ADHD (40%) and CD (30%) being the most common psychiatric diagnoses. In assessing alleged offenses among juvenile offenders, burglary was reported in 43.3% of cases, non-accidental assault in 26.7%, sexual abuse in 16.7%, property damage in 6.7%, first-degree murder in 3.3%, and forgery in 3.3%. For all juvenile offenders (n=30), the judicial authorities asked for an opinion on whether the subject was "capable of recognizing the meaning and consequences of the acts with which he is charged or of managing behavior related to his offense."

Among the victims, the mean (min-max) age, number of siblings, and last grade attended were 13.5 (5-17), 7 (3-11), and 7 (0-8), respectively. It was found that of the victims, 37.5% (n=8) were boys, while 62.5% (n=5) were girls. It was also noted that 62.5% (n=19) did not attend school, while there was no case of alcohol or other drug use in this group. When assessed according to the DSM-5 manual, it was found that 50.0% of the cases had a psychiatric disorder, with PTSD (37.5%) and mild mental retardation (ID) (12.5%) being the most common psychiatric diagnoses. Of the cases, 37.5% were referred for sexual abuse and 62.5% for physical abuse. The reasons for requesting a forensic expert opinion were to assess whether the person concerned was capable of recognizing the significance and consequences of the crime committed against him or her and of exhibiting appropriate behavior (in 12,5% (n=1)), whether mental health was disturbed in 25% (n=2), whether they are able to defend themselves psychologically (in 37.5% (n=3)), whether they can protect their property (in 12.5% (n=1)), and whether their testimony is reliable (in 12.5% (n=1)).

When comparing juvenile offenders and victims, it was found that male gender was significantly higher in the juvenile offender group (p=0.005). No significant difference was found between the groups in terms of school history (p=1.00) or use of tobacco, alcohol, and drugs (p=0.395,

p=0.563, and p=0.560, respectively). In addition, no significant differences were found for occupations and parental relationship (p=0.128 and p=0.464, respectively). The groups were compared in terms of the presence of a psychiatric disorder, and no significant difference was found (p=0.053) (Table 1).

Table 1. Sociodemographic characteristics of juvenile delinquents and victims

	Juvenile delinquents (n:30)	Victims (n:8)	*p*
Age (years), Median(min-max)	15 (12-20)	13.5 (5-17)	0.174*
Gender, n (%)			
Girls	3 (10)	5 (62.5)	**0.005****
Boys	27 (90)	3 (37.5)	
School durability, n (%)			
Yes	11 (36.7)	3 (37.5)	0.965**
No	19 (63.3)	5 (62.5)	
Presence of any psychiatric diseases, n (%)			
No	14 (46.6)	4 (50)	
ADHD	12 (40)	0 (0)	
CD	9 (30)	0 (0)	0.053**
PTSD	0 (0)	3 (37.5)	
ID	1 (3.33)	1 (12.5)	

Notes: * Mann Whitney U test; ** Chi-Square test; Bold values indicate P<0.05.
Abbreviations: ADHD, attention deficit hyperactivity disorder; CD, conduct disorder; PTSD, post-traumatic stress disorder; ID, intellectual disability

For subjects referred for early marriage, the mean age (min-max), number of siblings, and final grade attended were 16 (15-17), 8.5 (1-14), and 7.5 (4-11), respectively. It was noted that all subjects were girls. It was also noted that 43.8% of the cases were pregnant at the time of referral. No psychiatric disorder was detected in this group. All subjects were referred to determine if there was a mental disability for marriage. Of the cases, 93.8% did not have schooling appropriate for their age and 6.2% were smokers.

Discussion

In this study, forensic cases in children referred to the child psychiatric outpatient clinic of a training and research hospital were examined in terms of reason for presentation, sociodemographic characteristics, and comorbid psychiatric diagnoses.

It was found that the average age of the juvenile offenders examined in our study was 15 years. The literature indicates that children aged 14-16 years are the most likely to be involved in a crime (7-10). It was also found that the proportion of male gender among juvenile offenders was 90%. The studies from Turkey also found that the male gender predominated among juvenile offenders (10, 22). The studies from different countries also emphasized the

gender differences among juvenile offenders. In the literature, male gender was considered an important risk factor in the 6-11 years and 12-14 years age groups, while female gender was described as a protective factor for criminal behavior (5). The fact that boys are more prone to violence and that neurodevelopmental disorders are more common in boys may explain the high rate of criminal behavior (5, 11-13).

In our study, it was found that more than half of the juvenile offenders did not attend school and the educational level was at a primary school level. In many studies from different countries and cultures, a negative correlation between delinquency and educational level was found, and school persistence was lower in this group of children (7,8,11, 23). Considering that not attending school is a risk factor for delinquency, planning appropriate education for children and adolescents who do not attend school may protect children from becoming involved in delinquency.

In our study, it was found that among juvenile offenders, 33.3% were smokers, while 16.7% consumed alcohol and 13.3% used drugs. In a study by Karadağ et al. the rate of substance use among juvenile offenders was 6%, while in the study by Yüksel et al. it was 22.4% (8, 10). Another study reported that the rates for smoking and drug use were 45.3% and 4.6%, respectively (24). The literature indicates that alcohol and drug use is a risk factor for criminal behavior in childhood and adolescence (5,11). A study on risk and protective factors for juvenile delinquency reported that substance abuse was the most important predictive factor for criminal behavior (25). In another study, it was found that there is a direct relationship between alcohol consumption and delinquency. According to this study, alcohol consumption increases criminal behavior in mid-adolescence, while criminal behavior increases future alcohol consumption (26).

It has been suggested that there is an interaction between criminal behavior and psychiatric disorders, with a higher prevalence of psychiatric disorders in children with criminal behavior compared with the general population (27). ADHD, oppositional defiant disorder, conduct disorder, alcohol abuse, substance abuse, depression, PTSD, and anxiety disorders have been found to be associated with criminal behavior (11,27,28). In our study, the rate of psychiatric disorders was 53.33%. The most common diagnosis in the group with psychiatric disorders was ADHD (40%), followed by CD (30%). In the study of juvenile offenders, Yüksel et al. reported a rate of psychiatric disorders of 49.5%. Similar to our study, the authors reported that ADHD and CD were the most common psychiatric diagnoses (8). In a study of 111 cases, the rate of psychiatric disorders was reported to be 69.4% (9). Although results vary across studies, ADHD, the most common neurodevelopmental disorder in childhood, is more commonly found in children with criminal behavior than in the general population (11, 24,29,30). Almost all features of

ADHD, such as impulsivity, hyperactivity, irritability, inability to consider consequences before acting, inability to plan for the future, low sensory control, risk-taking behavior, or inability to defer pleasure, have been associated with repeated criminal behavior (31). On the other hand, CD in childhood has been shown to be a precursor to culpable and antisocial behavior in the future. The literature shows that almost half of juvenile offenders meet the criteria for severe CD (32). Early identification of these conditions and initiation of appropriate treatment can help reduce criminal behavior in these children.

The victims of abuse comprised 12.5% (n=8) of forensic cases included in our study. Of these cases, 37.5% were referred due to being the victim of sexual abuse while 62.5% due to being the victim of physical abuse. Although previous studies focused on sexual abuse in childhood victimization, recent studies showed that the children are at risk for other crimes as well as sexual abuse (10, 22). In a study on 80 children diagnosed with abuse between 2009 and 2010, it was found that 24.7% were subjected to physical abuse while 49.4% to sexual abuse, 11.2% to emotional abuse, and 14.6% to neglect (33). According to TurkStat data for 2019, it was determined that children were brought to security units most frequently due to physical injuries (3).

In our study, the median age was found as 13.5 among victims while 62.5% were girls. In addition, it was found that more than one-half of the victims were not attending school in our study. Literature shows that abuse incidence is higher among children and adolescents not attending a school (22). Similar to our study, it was found that the majority of victims was girl with a mean age of 13.3 years Karadağ et al. (10). In a study by Ayaz et al., it was found that the majority of children who were victims of abuse were girls with a mean age consistent with our study. In addition, it was found that 38% of children and adolescents were not attending a school or receiving education corresponding to their age (22). Our findings showed that being the victim of violence or abuse is one of the important factors that are involved in withdrawal from education. There is a need for more comprehensive studies to evaluate the risk factors of children who are victims of abuse.

In our study, it was found that there was a psychiatric disorder in 50% of victims as PTSD (37.5%) and mild MR (12.5%) being the most common psychiatric disorders. In the literature, it has been reported that mental disorders and comorbid mental disorders are seen at higher rates in cases of abuse. In a meta-analysis on child neglect and abuse, it was found that depressive disorders, anxiety, and PTSD were associated with all forms of abuse (34). In a study from Turkey, a psychiatric disorder was reported by 71% in cases of abuse as PTSD is the most common diagnosis in agreement with our study (22). In another study, it was reported that the psychiatric disorder rate was 59.7% and that limited mental capacity was the most

common mental disorder (10). Both the results of our study and other studies in the literature show that abused children are at risk for mental health problems. Health professionals evaluating children and young people should be aware of the characteristics of children who may be abused.

Another major group included cases presented with the request for early marriage in our study, which accounted for 25% of all cases. All cases were female in this group. Similar to our study, the female gender was higher among cases presented with the request for early marriage in other studies from Turkey. In a study by Ayaz et al., all of the cases presented with the request for early marriage were girls while this rate was reported as 98.1% in a study by Eyüboğlu and Eyüboğlu (22, 17). In a study on family structure, Uslu et al. found that the rate of marriage<18 years of age was 9.3% among girls and 0.2% among boys (35). In our study, it was determined that 93.8% of this group did not attend school at the time of application. In other studies conducted in our country, it has been shown that the majority of cases who applied due to early marriage did not attend school at the time of admission (17, 19, 36). The relationship between education level and early marriage is striking with a decreased tendency to early marriage by increasing education level. In a large study from Turkey, it was found that almost one-half of girls who had no formal education or did not complete 8-years of education got married before 18 years of age while only 5.2% of those with an education level of high school or higher got married (37). In our study, another important finding was that 43.8% of cases in this group were pregnant at presentation. Undesired pregnancy is one of the adverse consequences of early marriage as girls have no sufficient information about contraception methods. In a study from Turkey, it was reported that 65% of married girls aged 15-18 years did not desire pregnancy within the first 2 years of marriage but 73% used no contraception method to prevent pregnancy. However, it was seen that 94% had a baby in the first year of marriage while 6% in the second year of marriage (38). An undesired pregnancy may lead the girl to obligate the responsibility of being a mother and experience many problems. Pregnancy in girls with incomplete physical development harbors a risk for physical and mental injury and mother-child death (19).

In our study, no psychiatric disorder was detected in the early marriage group. In the literature, it has been reported that there is an important, adverse relationship between early marriage and general mental well-being and that these children experiencing the burden of responsibility of marriage at early ages suffer from emotional distress and depression (21). In addition, it was determined that this group applied to psychiatric services more than those who married as adults (39). While studies indicate a high rate of psychiatric disorders in this group, this rate was found to be low in some studies (17,

40). However, the authors suggested that this may be due to masking symptoms in the attempt of receiving permission for marriage and concerns regarding punishment to parents or themselves (40). In our study, the lack of psychiatric disorders in our study may be due to masking symptoms and similar concerns of parents.

Nevertheless, our study has some limitations. First of all, the data were collected retrospectively and no scale was used. Secondly, the study included no control group. Thirdly, the sample size was relatively lower since we included. Lastly, this study was conducted in a single center, which may have affected the results. There is a need for multicenter studies to be conducted with different economic, cultural, and geographical regions. Despite these limitations, it is important to identify risk factors, promote awareness among clinicians, and guide protective interventions.

Conclusion

Our study showed that lack of education maintenance is a risk factor for involving forensic events while the male gender is associated with criminal behavior and the female gender is a risk factor for abuse. Based on the data of our study, we think that planning an appropriate education for children and adolescents who do not attend school and taking educational measures and protective measures for children and adolescents who lose time in education will be a protective intervention to prevent children from being involved in crime and abused. In addition, ADHD and CD are seen as risk factors for involvement in a crime. Thus, early diagnosis and timely management of these disorders will reduce both criminal behaviors and continuity of criminal behaviors. In this regard, screening for emotional and behavioral problems in schools starting from kindergarten may be an appropriate approach.

References

1. Kanunu ÇK. Kanun numarası: 5395 kabul tarihi: 3/7/2005. Resmî gazete. 2005;15:25876.
2. Tufan AE, Sercan M. Çocuk ve Ergenlerde Adli Psikiyatri Uygulamaları. Adli Psikiyatri Uygulama Klavuzu kitabı içinde. Uygur N ve ark. editörler. TPD yayınları. 2018: 215-45.
3. TÜİK. Güvenlik Birimine Gelen veya Getirilen Çocuklar,

2019. https://data.tuik.gov.tr/Bulten/Index?p=Juvenile-Statistics-Received-Into-Security-Unit-2015-2019-33632.

4. Coker KL, Smith PH, Westphal A, Zonana HV, McKee SA. Crime and psychiatric disorders among youth in the US population: an analysis of the National Comorbidity Survey-Adolescent Supplement. J Am Acad Child Adolesc Psychiatry. 2014;53(8):888-98.

5. Shader M. Risk Factors for Delinquency: An Overview. 2001, Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

6. TOÇEV. Türkiye'deki Risk Altındaki Çocuklar Raporu, İstanbul; 2019.

7. Bilginer Ç, Karadeniz S, Hizarcı S, Çekin Yılmaz B, Kandil S. Suça sürüklenen çocukların adli psikiyatrik değerlendirme ve rapor sonuçları: İki yıllık retrospektif dosya taraması. Klinik Psikiyatri. 2021;24:217-27.

8. Yüksel T. Bir Üniversite Hastanesi Çocuk Psikiyatrisi Polikliniğinde Değerlendirilen Suça Sürüklenen Çocuklar. Dicle Tıp Dergisi. 2019;46(3):559-65.

9. Bilaç Ö, Şentürk Pilan B, Orhon Z, Bayrak A. Suça Sürüklenen Çocukların Suç ve Tanı Dağılımlarının İncelenmesi: Kesitsel Bir Araştırma. Çocuk ve Gençlik Ruh Sağlığı Dergisi. 2014;21(2).

10. Karadag M, Akkaya C, Gümüşlü A, Topal Z, Gokcen C. Bir Üniversite Hastanesi Çocuk ve Ergen Ruh Sağlığı ve Hastalıkları Kliniğinde Değerlendirilen Adli Olguların Sosyodemografik ve Klinik Özelliklerinin İncelenmesi. Dicle Tıp Dergisi. 2021;48(1):187-96.

11. Kim JI, Kim B, Kim BN, Hong SB, Lee DW, Chung JY, Choi JY, Choi BS, Oh YR, Youn M. Prevalence of psychiatric disorders, comorbidity patterns, and repeat offending among male juvenile detainees in South Korea: a cross-sectional study. Child Adolesc Psychiatry Ment Health. 2017;11:6.

12. Güler G, Sungur MA, Kütük MÖ. Evaluation of Clinical and Socio-demographic Characteristics of the Children Dragged to Crime. Bull Leg Med. 2018; 23(1): 39-46.

13. Loeber R, Burke JD, Pardini DA. Development and etiology of disruptive and delinquent behavior. Annu Rev Clin Psychol. 2009;5:291-310.

14. World Health Organization. (2020). Child Maltreatment. Erişim adresi: https://www.who.int/news-room/fact-sheets/detail/child-maltreatment.

15. Şahin F. Fiziksel İstismar. Çocuk ve Ergen Psikiyatrisi Temel Kitabı. İçinde: Çetin FÇ, Coşkun A, İşeri E ve ark, editörler. Ankara; Çocuk ve Gençlik Ruh Sağlığı Derneği, 2008:462-469.

16. Kılıçaslan F, Güngören S, Gökçeoğlu S, Ayaydın H. Şanlıurfa İlinde Görev Yapan Pediatri ve Çocuk Cerrahi Uzmanlarının Çocuk İstismarı ve İhmali Konusunda Bilgi Düzeyleri ve Tutumlarının Değerlendirilmesi. Harran Üniversitesi Tıp Fakültesi Dergisi. 2020;17(3):330-4.

17. Eyüboğlu D, Eyüboğlu M. Psychiatric Disorders and Socio-demographic Characteristics in Children Intended to Get Married at a Young Age. Klinik Psikiyatri. 2018; 21:122-9.

18. Sheehan P, Sweeny K, Rasmussen B, et al. Building the foundations for sustainable development: A case for global investment in the capabilities of adolescents. Lancet 2017;390:1792e806

19. Malatyalı MK. Türkiye'de çocuk gelin sorunu. Nesne Psikoloji Dergisi. 2014;3:27-38.

20. Coşkun AM, Şenturan L, Çayır G, Yakıt E. Social sensitivity development about the problem of childbrides. International Journal of Human Sciences. 2016;13:1107-112.

21. John NA, Edmeades J, Murithi L. Child marriage and psychological wellbeing in Niger and Ethiopia. BMC Public Health. 2019;19:1029.

22. Ayaz M, Ayaz AB, Soylu N. Çocuk ve Ergen Adli Olgularda Ruhsal Değerlendirme. Klinik Psikiyatri. 2012;15:33-40.

23. Hopkins T, Clegg J, Stackhouse J. Young offenders' perspectives Disord. 2016;51:95-109.

24. Sarı SA, Çiçek AU, Bütün C, Yıldırım A. Sivas İlinde Suça Sürüklenen Çocuk Olguların Sosyodemografik ve Klinik Özellikleri. Adli Tıp Bülteni. 2019;24(3):177-82.

25. Simoes C, Matos MG, Batista-Foguet JM. Juvenile delinquency: Analysis of risk and protective factors using quantitative and qualitative methods. Cognition, Brain, Behavior: An Interdisciplinary Journal. 2008;12(4):389-408.

26. Ford JA. The connection between heavy drinking and juvenile delinquency during adolescence. Sociological Spectrum. 2005a;25:629-50.

27. Taskıran S, Mutluer T, Tufan AE, Semerci B. Understanding the associations between psychosocial factors and severity of crime in juvenile delinquency: a cross-sectional study. Neuropsychiatr Dis Treat. 2017;13:1359-66.

28. Pliszka SR, Sherman JO, Barrow MV, Irick S. Affective disorder in juvenile offenders: a preliminary study. Am J Psychiatry. 2000;157(1): 130–2.

29. Ercan ES, Polanczyk G, Akyol Ardıc U, Yuce D, Karacetın G, Tufan AE, et al. The prevalence of childhood psychopathology in Turkey: a cross-sectional multicenter nationwide study (EPICPAT-T). Nord J Psychiatry. 2019;73:132-40.

30. Young S, Moss D, Sedgwick O, Fridman M, Hodgkins P. A meta-analysis of the prevalence of attention deficit hyperactivity disorder in incarcerated populations. Psychol med. 2015;45: 247-58.

31. Pratt TC, Cullen FT, Blevins KR, Daigle L, Unnever JD. The relationship of attention deficit hyperactivity disorder to crime and delinquency: a meta-analysis. Int J Police Sci Manage. 2002;4(4):344–60.

32. Diamantopoulou S, Verhulst FC, van der Ende J. Testing developmental pathways to antisocial personality problems. J Abnorm Child Psychol. 2010;38(1):91–103.

33. Koç F, Aksit S, Tomba A, Aydın C, Koturoğlu G, Çetin S, Halıcıoğlu O, Erşahin Y, Turhan T, Çelik A, Şenol E, Kara S, Solak U. Çocuk istismarı ve ihmali olgularımızın demografik ve klinik özellikleri: Ege Üniversitesi Çocuk Koruma Birimi'nin bir yıllık deneyimi. Türkiye Pediatri Arşivi Dergisi. 2012;47:119-24.

34. Gardner MJ, Thomas HJ, Erskine HE. The association between five forms of child maltreatment and depressive and anxiety disorders: A systematic review and metaanalysis. Child Abuse Neglect. 2019;96:104082.

35. Uslu İ. Türkiye'de Aile Yapısı Araştırması. Ankara, Aile ve Sosyal Politikalar Bakanlığı, 2011.

36. Sertdemir M, Kut B, Demirci Ş, Akça ÖM. Konya İlinde Bir Çocuk ve Ergen Psikiyatrisi Kliniğinde Değerlendirilen Adli

51

Olguların Sosyodemografik ve Klinik Özelliklerinin Geriye Dönük İncelenmesi. Turk J Child Adolesc Ment Health. 2020;27(1):27-32.

37. Yuksel-Kaptanoglu I, Ergocmen B. Factors that pave the way for becoming a child bride. Journal of Sociological Research. 2012;15(2):129-61.

38. Demirbağ BC, Kürtüncü M, Erkaya R, Çiçek Z. Adolescent Marriage and Pregnancy: Sample of Eastern Black Sea. ACU Sağlık Bil Derg. 2013;4(3):128-31.

39. Le Strat Y, Dubertret C, Le Foll B. Child marriage in the United States and its association with mental health in women. Pediatrics. 2011;128(3):524-30.

40. Poyraz Fındık OT, Özcan BG, Arman AR, Gümüştaş F. Evaluation of the Socio-demographic and Psychiatric Features of the Adolescents who were Referred to a Child Psychiatry Clinic for the Forensic Evaluation for Early Marriage. Turk J Child Adolesc Ment Health. 2019;26(3):125-30.