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ORIGINAL RESEARCH

Investigation of Sociodemographic and Clinical Characteristics of Forensic Cases Admitted to a Child and Adolescent Psychiatry Outpatient Clinic in Şanlıurfa

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Abstract

Objective: *In this study, we aimed to evaluate the sociodemographic and clinical characteristics of children and adolescents for whom forensic reports were requested by judicial authorities for various reasons.*

Materials-Methods: *The records of 110 cases referred to our hospital's Child and Adolescent Psychiatry Department for forensic psychiatric evaluation between January 2022 and December 2022 were evaluated retrospectively. Sociodemographic data of the cases, clinical diagnoses, contents of forensic events, and forensic report decisions were included in the analyses.*

Results: *The mean age of the 110 patients participating in the study was 14.5 ± 2.9 years and 68.2% (n=75) of the cases were male. The judicial authorities directed the cases most frequently (n=53) for evaluating discrimination under the Turkish Penal Code 31/2, and it was determined that crime against property (41.5%) was committed most frequently. Considering the distribution of perpetrator and victim status by gender, a significant difference was found between the two genders (p<0.001).*

Conclusion: *Determining regional differences regarding individual and familial characteristics of child and adolescent forensic cases may contribute to the determination of factors that may adversely affect children's mental health and to the development of preventive mental interventions.*

Keywords: Child psychiatry; forensic psychiatry; juvenile delinquency

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Introduction

Forensic psychiatry is a branch of science that assists judicial bodies regarding cases that are included in the forensic system and require psychiatric evaluation.1 The number of forensic cases involving children and adolescents is increasing worldwide, and the number of incidents involving children brought to security units in our country increased by 10.8% in 2021 compared to 2020.2 Physicians working in the field of pediatric mental health need increasingly more knowledge and experience about the forensic dimension of cases and practices in clinical practice.

Cases referred to child and adolescent psychiatry clinics for forensic evaluation are frequently evaluated to determine their ability to perceive the legal meaning and consequences of the act they are alleged to have committed and to determine whether their ability to direct their behavior has developed. Additionally, forensic psychiatric evaluation of the minors may also be requested with a court decision for reasons such as marriage permission, custody case, adoption, in order to determine and treat detainees' psychiatric conditions, to understand whether their testimony can be trusted, whether they have suffered psychological damage due to a traumatic event and whether they may defend themselves physically and mentally.3

The definition of a child dragged into crime (CDC) is a young person who is investigated or prosecuted for allegedly committing an act defined as a crime in the Turkish Penal Code (TPC). If the CDC has completed the age of twelve but has not completed the age of fifteen as of the date of the crime, or if the child has completed the age of fifteen but is deaf and mute, it is imperative to conduct an examination to evaluate if the child is ‘sane’ and if he/she can be held responsible for their actions, in other words, the Ability of Realization and Distinction (ARD) of the child.4 While addressing the issue of criminal responsibility of children, the developmental period in which the child is in, the child's medical and psychological condition, and the social environment in which the child grows up should be evaluated holistically. Studies have revealed that one of the most important factors in juvenile delinquency is the negative environmental conditions that the child lives in.5 Therefore, determination of the environmental factors that lead children and adolescents to crime is a critical issue in the rehabilitation of these young people and in the prevention of recurrent juvenile delinquency.

Although there are no precise data on the frequency and prevalence of child abuse in Turkey, it has been shown that the prevalence of sexual abuse and physical abuse is 10.7% and 13.5%, respectively, and children who are victims of sexual or physical abuse are frequently referred by judicial authorities to child and adolescent mental health outpatient clinics for evaluation.6 Although the psychological effects of abuse on children vary depending on many

factors, it is known that exposure to abuse in childhood may lead to various pathologies not only in childhood and adolescence but also in throughout life.7 Therefore, forensic psychiatric evaluations of cases referred to child and adolescent psychiatry clinics due to being victims of abuse are important not only in terms of the legal process but also in terms of detecting possible mental disorders and protecting children from unfavorable mental health outcomes.

Studies conducted in different regions of Turkey report different findings regarding the sociodemographic and clinical characteristics of cases admitted to child and adolescent psychiatry clinics for forensic evaluation.8,9 Determining the forensic case profiles of various regions is necessary in terms of taking appropriate measures, and such studies to be conducted constitute an infrastructure for a rapid and accurate approach to cases. This study aimed to investigate the sociodemographic and clinical characteristics, cognitive capacities, current psychopathologies, and the referral reasons for examination of the children and adolescents who were referred to our hospital for forensic evaluation by judicial authorities in Şanlıurfa.

Materials and Method

Ethical approval of the Harran University Ethics Committee dated 23.01.2023 with decision number 02/02 was obtained. The population of the study consisted of children and adolescents who were referred to our child and adolescent psychiatry outpatient clinic by judicial authorities between January 2022 and December 2022 due to a request for a forensic report for various reasons. The data of the cases were obtained retrospectively from their records after ethics committee approval. The cases were evaluated in terms of age, gender, formal education attendance, reasons for requesting a forensic report, previous forensic report status, and report results. In addition, previous psychiatric admissions and psychiatric diagnoses of the cases, the presence of psychopathologies detected in the cases after forensic evaluation, cognitive levels of the cases, and psychiatric follow-up continuity were examined.

In our study, the Wechsler Intelligence Scale for Children (WISC-R) was performed on the patients by experienced and certified psychologists to determine the cognitive levels of the cases. Standardization, validation, and reliability of the test in the Turkish language have been proven.[10] The psychiatric diagnoses of the cases in the evaluated section were made according to DSM-5 diagnostic criteria as a result of clinical interviews conducted by child and adolescent psychiatry specialists.[11]

Statistics

Data were analyzed with the IBM SPSS Statistics 23 package program. Compliance with normal distribution was evaluated by Kolmogorov-Smirnov test. Mann-Whitney U test was used to compare non-normally distributed data according to paired groups. Chi-square test, Yates correction, and Fisher's Exact test were used to compare categorical variables by groups, and the results were considered statistically significant for $p<0.05$.

Results

A total of 110 cases were evaluated in our study, and information on the sociodemographic characteristics of the cases is shown in Table I.

When the number of forensic evaluations of the cases was examined, 83.6% (n=92) of the total cases (n=110) were forensically evaluated for the first time in our hospital, 7.3% (n=8) were forensically evaluated for a different incident in an external center, and forensic evaluation of 5.5% (n=6) of them had previously been performed in an external center for the same incident, forensic evaluation of 2.7% (n=3) had previously been performed in our center for a different incident, and 0.9% (n=1) had an adult psychiatry evaluation at our center for the same incident.

Table 1: Distribution of the sociodemographic characteristics of the cases

Demographics and family characteristics	
Age (Mean ± SD)	14.52 ± 2.91
Gender, n (%)	
Female	35 (31.8)
Male	75 (68.2)
Number of siblings (Mean ± SD)	5.42 ± 2.27
School attendance, n (%)	
Does not go to school	52 (47.3)
Primary education	24 (21.8)
High school	21 (19.1)
Irregular participation in formal education	4 (3.6)
Dropping out of school after the judicial incident	6 (5.5)
Preschool age group	3 (2.7)
Nationality, n (%)	
Turkish	100 (9.9)
Others	10 (9.1)
Parental coexistence, n (%)	
Together	89 (80.9)
Divorced and separated	12 (10.9)
A parent is dead	9 (8.2)
Mother's education level, n (%)	
Illiterate	39 (35.5)
Literate	33 (30)
Primary school graduate	29 (26.4)
Secondary school graduate	8 (7.3)
High school graduate	1 (0.9)
Father's education level, n (%)	
Illiterate	5 (4.5)
Literate	44 (40)
Primary school graduate	26 (23.6)
Secondary school graduate	20 (18.2)
High school graduate	15 (13.6)

SD: standard deviation, n: number

We found that 87.3% (n=96) of the cases had no previous psychiatric admission and 37.5% (n=36) of the cases with no previous psychiatric admission were found to have psychopathology after forensic evaluation. The most common psychiatric diagnosis in these patients was found to be borderline intellectual functioning (n=10). Information on the clinical characteristics of the patients who underwent psychiatric examinations in our clinic for forensic evaluation is shown in Table II.

Table 2: Distribution of clinical features of cases

	Frequency (n)	Percentage (%)
Intelligence level		
Normal range	90	81.8
Borderline intellectual functioning	12	10.9
Mild intellectual functioning	3	2.7
Evaluation not completed	5	4.6
Diagnosis of psychiatric illness		
None	60	54.5
Borderline intellectual functioning	11	10
Intellectual disability	2	1.8
Attention deficit and hyperactivity disorder	9	8.1
Conduct disorder	2	1.8
Depression	2	1.8
Post-traumatic stress disorder	5	4.5
Substance use disorder	9	8.2
Anxiety disorder	2	1.8
Other	8	7.2
Psychiatric admission history		
Present	96	87.3
Absent	14	12.7
Suggestion to continue psychiatric follow-up		
Present	62	56.4
Absent	48	43.6
Psychiatric treatment initiation status		
Present	8	7.3
Absent	102	92.7
Continuation of psychiatric follow-up		
Present	7	6.4
Absent	55	50
No follow-up was recommended	48	43.6

n: number

Forensic cases, 43.6% (n=48) of them were accompanied by law enforcement officers, and 48.2% (n=53) of the cases were not accompanied by their parents on their first visit. The reasons for requesting a forensic report are presented in Table III.

Table 3: Reasons for requesting forensic evaluation

Reason for Requesting Forensic Evaluation	n (%)
Evaluation ARD within the scope of TPC 31/2	53 (48.1)
Evaluation ARD within the scope of TPC 32	1 (0.9)
Evaluation of whether she/he should be taken under protection under TCC 432	7 (6.3)
Evaluation of whether they can defend themself spiritually within the scope of TPC 102/3	4 (3.6)
Evaluation of psychological effects after the traumatic event	27 (24.5)
Psychological evaluation due to early marriage desire	8 (7.2)
Evaluation of whether their statements can be trusted	3 (2.7)
Evaluation in terms of maturity	2 (1.8)
Evaluation of whether they understand the possible meaning and consequences of the act they are exposed to in terms of TPC 103/1	2 (1.8)
Other reasons	3 (2.7)

n: number, ARD: Ability of Realization and Distinction, TPC: Turkish Penal Code, TCC: Turkish Civil Code

Table IV shows which crime the children who are perpetrators or victims of a crime were evaluated in relation to. Considering the 53 cases who underwent evaluation of ARD status related to the act committed within the scope of TPC 31/2, it was found that 90.6% (n=48) of the patients were male and 49.1% (n=26) of all CDCs did not attend school. While 66% (n=35) of these cases did not have a psychiatric disorder, of those who did, the most common psychiatric disorder in CDCs was borderline intellectual functioning with 15.1% (n=8). It was found that 56.6% (n=30) of the CDCs did not have ARD, 17% (n=9) could not complete their forensic evaluation because they did not attend the necessary interviews, 17% (n=9) had ARD, and 7.5% (n=4) could not be evaluated as to whether they had ARD at the time of the incident considering the time elapsed since the incident. It was suggested that hospitalization in an institution with inpatient services for 1.9% (n=1) of these cases would be appropriate.

Table 4: The nature of the crime and the status of being a perpetrator/victim

Nature of Crime/Judicial Case	Perpetrator n (%)	Victim n (%)
Crime against life	2 (3.8)	0 (0)
Crime against bodily immunity	18 (34)	18 (62)
Torture-torment crime	0 (0)	1 (3.4)
Sexual offense	6 (11.3)	4 (13.7)
Crime against privacy	2 (3.8)	0 (0)
Crime against property	22 (41.5)	2 (6.8)
Against bodily immunity and sexual offense	0 (0)	1 (3.4)
Crime against bodily immunity and against liberty	0 (0)	1 (3.4)
Threat crime	0 (0)	2 (6.8)
Sex crime, threatening crime and crime against privacy	1 (1.9)	0 (0)
The crime of insulting Turkishness, the republic, the institutions and organs of the state	1 (1.9)	0 (0)
The crime of making propaganda for a terrorist organization	1 (1.9)	0 (0)

n: number

When 27 cases who underwent evaluation of psychological effects after a potentially traumatic event were evaluated, 29.6% (n=8) of these cases did not have Post-traumatic Stress Disorder (PTSD), 22% (n=22) had sub-threshold PTSD symptoms and these symptoms impaired functionality, 18.5% (n=5) had PTSD, and 14.8% (n=4) had subthreshold PTSD symptoms but these symptoms did not impair functionality. For 14.8% (n=4) of the cases, forensic evaluation could not be completed because the patient did not attend the necessary interviews. The most common incident was battery (n=12), followed by traffic accidents (n=3). It was determined that 29.6% (n=8) of the cases evaluated in terms of mental trauma did not go to school before the incident, and 11.1% (n=3) left school after the incident. Although 85.2% (n=23) of the cases evaluated in terms of post-traumatic psychiatric effects did not have a psychiatric application before the event, 59.3% of the cases were diagnosed with a psychiatric disorder after forensic evaluation. The most common psychiatric disorder in these patients was PTSD (n=5), followed by conduct disorder (n=2), depression (n=2), and anxiety disorder (n=2).

When the eight cases who applied for early marriage authorization were examined, all of them were female, their mean age was 16.0 ± 0.5 years, none had attended formal education, and none had any psychiatric admission before. Of these cases, 62.5% (n=5) had normal intelligence level, 25% (n=2) had borderline intellectual functioning, and one of the cases had mild intellectual disability; regular psychiatric follow-up was recommended for the patient with mild intellectual disability. For all cases, considering the developmental period they were in, early marriage was considered inappropriate and a forensic report was prepared accordingly.

When the distribution of perpetrator and victimization status by gender was analyzed, there was a significant difference between genders in this respect ($p<0.001$). It was determined that 17.1% (n=6) of the girls and 62.7% (n=47) of the boys were considered as perpetrators. While the most common reason for requesting a forensic evaluation for girls was to investigate whether there was post-traumatic mental effects, the most common reason for requesting a forensic evaluation for boys was ARD evaluation.

When the cohabitation status of the parents of CDCs and victims was compared, no significant difference was found between the two groups ($p=0.44$). There was also no significant difference between the educational status of the mother ($p=0.07$) and father ($p=0.52$) of the CDCs and victims. Our study also examined whether there was a difference between Turkish citizens and foreign nationals in terms of being perpetrators and victims, and no significant difference was found between the two groups in terms of being perpetrators/victims ($p=0.45$).

Discussion

In our study, the sociodemographic and clinical characteristics, intelligence levels, and psychiatric diagnoses of 110 children and adolescents who were referred to our child and adolescent psychiatry outpatient clinic by the judicial authorities for a forensic report were evaluated by retrospectively evaluating the patients' records.

The mean age of the cases was found to be 14.5 ± 2.9 years, and this finding is similar to other studies in the literature.[8,12] In our study, the majority of the cases were males (68.2%), and this result is similar to the results of other studies which revealed that the majority of the cases referred to child and adolescent psychiatry outpatient clinics for forensic evaluation were males.[13,14] However, there are also studies reporting that most of the cases referred to child and adolescent psychiatry outpatient clinics for forensic evaluation were girls.[15,16] It was thought that the different results reported by the studies in this regard might be due to the differences in the rates of perpetrators or victims in the cases referred for forensic evaluation.

When school attendance status was evaluated, we observed that approximately half of the cases (47.3%) did not attend formal education, and this rate is significantly higher compared to the results of similar studies conducted in the western regions of Turkey.[12,16,17] Although the school enrollment rate has gradually increased in the province of Şanlıurfa in recent years, many students in Şanlıurfa cannot effectively continue the education process due to economic inadequacies, and the school attendance rates of children of secondary education age in Şanlıurfa are below the average in Turkey.[18,19] Based on these findings, it was thought that the high rate of cases not attending formal education in our study could be explained by the sociodemographic structure of the city where our hospital is located.

A striking sociodemographic finding in our study was that 10% of the cases referred to the child and adolescent psychiatry clinic for forensic evaluation were foreign nationals. In our country, studies focusing on the inclusion rates of immigrants in forensic systems are extremely rare, and, considering the increasing number of asylum-seekers or children under temporary protection status in our country in recent years, it is thought that more research should be conducted in this field.

In our study, 81.8% of all cases who underwent forensic evaluation were found to have normal intelligence. This rate is higher when compared with the results of a similar study in the literature, but it is thought that this difference between the results of the two studies may be due to the different rates of victimization of the cases referred for forensic evaluation.[16] Different studies predominantly evaluating CDCs reported a similar distribution of intelligence levels to our study.[20,21] In our study, although most of the cases (n=96) had no previous psychiatric admission,

37.5% (n=36) of the cases with no previous psychiatric admission were found to have psychopathology after forensic evaluation. Considering these results, it can be argued that forensic psychiatric evaluations are an important opportunity to provide counseling, diagnosis, and treatment services to children and young people who may not have had access to them before. It was determined that the most common psychiatric disorder was borderline intellectual functioning both in all forensic cases (n=110) and in patients who did not have a previous psychiatric admission but were diagnosed after forensic evaluation (n=36), and this result obtained in our study supports the findings of some studies in the literature.[22,23] Borderline intellectual functioning is used to define the heterogeneous group between cognitive deficiency and normal intelligence, characterized by deficits in daily and social activities, and 1-2 standard deviations below the average intelligence.[24] In many studies, borderline intellectual functioning was not considered to be a separate psychiatric diagnosis and was handled separately when examining the distribution of intelligence levels of the cases. Our study differs from other studies in terms of evaluating borderline intellectual functioning within general psychopathologies. The reason for this is that although it is only included as a descriptive V code in DSM 5, borderline intellectual functioning may lead to negative consequences such as decreasing emotional resilience in individuals, interrupting the processes of overcoming problems, increasing sensitivity to stimuli, and causing insufficient development of the ability to cope with anxiety and impulses.[25] Some researchers suggest that borderline intellectual functioning should be re-included among the diagnostic categories in the next versions of DSM.[26] Considering that presenting descriptive data on children with borderline intellectual functioning who are involved in the forensic system is important in terms of planning and implementing preventive interventions that can protect these children from being involved in forensic processes, this diagnostic group was addressed within psychopathologies in our study.

In our study, it is noteworthy that only 11.2% (n=7) of the patients who were recommended for regular psychiatric follow-up after forensic evaluation continued regular follow-up. In the literature, few studies have addressed the continuation of regular psychiatric follow-up in cases referred to child and adolescent psychiatry clinics for forensic evaluation. In a study conducted in Gaziantep in 2012, it was shown that only 21.4% of the patients who were referred to the child and adolescent psychiatry outpatient clinic for forensic evaluation and who were recommended regular follow-ups after psychiatric evaluation continued follow-ups regularly.[27] In another study evaluating continuity of psychiatric treatment of children and adolescents who were sexually abused, it was found that only 9 of the 35 cases continued regular psychiatric follow-ups.[28] Considering that children and adolescents who are included in forensic evaluation systems for

various reasons are at risk for mental disorders in the later periods of their lives, it is thought that it is important to make some regulations to facilitate the continuation of regular psychiatric follow-up in this patient group.

When the reasons for requesting a forensic report of the cases referred to our clinic were examined, it was found that the most common request was for ARD evaluation within the scope of TPC 31/2. Studies conducted in our country report different results regarding the reasons for requesting forensic psychiatric evaluation of children and adolescents. In two studies conducted in 2018 and 2021, similar to our study, the most common reason for requesting forensic evaluation in children and adolescents was ARD evaluation.[4,12] However, in some studies in the literature, it has been reported that the most common reason for requesting forensic evaluation of cases referred to child and adolescent psychiatry outpatient clinics for forensic evaluation is being a victim of abuse.[16] This difference in the results may be due to the abolition of the concept of deterioration in mental health in Articles 102 and 103 of the TPC regulating sexual inviolability by Law No. 6545, which entered into force on June 28, 2014. In the previous regulation, deterioration in the physical or mental health of the victim was determined as a reason for increasing the penalty, and whether there was deterioration in the physical or mental health of the victims of sexual crimes was evaluated by physical and psychiatric examination in accordance with these articles of law.[29] With the amended article of the law, the need to ask whether the physical and mental health of children who are victims of sexual abuse is impaired has been eliminated, and it is thought that the number of children referred for this reason has decreased.[4]

In our study, most of the CDCs (90.6%) were male, and a significant difference was found between genders in terms of being perpetrator/victim ($p<0.001$). It has been shown in different studies that boys exhibit criminal behavior at a higher rate than girls, and this difference between genders is explained by propositions such as higher rates of exposure to domestic physical violence and higher likelihood of being in social environments that may increase the risk of committing crime, in addition to the biological characteristics of boys.[30,31] In addition, 49.1% (n=26) of the CDCs in our study did not attend school, and this finding supports previous studies that associate the tendency of children and adolescents to commit crime with factors such as school failure, truancy, and low attachment to school.[32] When the crimes allegedly committed by the CDCs evaluated in our study are considered, it was found that these cases were most frequently referred for crimes against property (41.5%) followed by crimes against bodily immunity (34%). In two different studies conducted in Gaziantep and Adıyaman, the two neighboring provinces of Şanlıurfa, it was reported that CDCs were most frequently referred to child and adolescent

psychiatry outpatient clinics for ARD evaluation due to theft and crimes against bodily immunity, respectively.[14,27] The distribution of alleged crimes committed by children and adolescents evaluated in terms of ARD in our study is similar to previous studies conducted in the same region. When the 27 cases who were asked to be evaluated in terms of psychological impact after an event that may have a traumatic effect were considered, it was thought that the reason why only 18.5% (n=5) of the cases were referred because of sexual abuse may be that cases of sexual abuse were not reported to the judicial authorities. It is known that children may not tell someone about sexual abuse for various reasons or may postpone telling.[33] On the other hand, in a study conducted on perpetrators of child sexual abuse, it was shown that the parents of 21.4% of the victims did not report the sexual abuse even though they learned about the sexual abuse and knew the perpetrator.[34] These findings show that not only the victimized children but also the family members who learned about the situation may conceal the sexual abuse experienced by the child.

Our study is a descriptive study conducted by retrospectively evaluating the data in the patient records, and the lack of long-term follow-up of the cases is one of the most important limitations of the study. In order to develop preventive and protective intervention programs for the mental health of children and adolescents involved in the forensic system, to determine nationwide social policies according to the needs of children, and to reintegrate these cases into society as mentally healthy individuals, the sociodemographic and clinical characteristics and needs of forensic child and adolescent cases must first be well understood. Our study is of importance in terms of revealing the sociodemographic and clinical characteristics of children and adolescents referred for forensic evaluation in Şanlıurfa, one of the major cities in the Southeastern Anatolia Region of Turkey. However, it is thought that further nationwide studies are needed to reduce juvenile delinquency and victimization, to make necessary legal regulations, and to make healthier evaluations on the protection of children's mental health.

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References

1. Özcanli T, Ortaköylü L. Forensic Medicine Application on Forensic Psychiatry Report Arrangement. Turkiye Klinikleri J Psychiatry-Special Topics 2011;4:22-6.
2. https://data.tuik.gov.tr/Bulten/Index?p=Guvenlik-Birimine-Gelen-veya-Getirilen-Cocuk-Istatistikleri-2021-45586. 2023. (Accessed Feb 14, 2023,
3. Sertdemir M, Kut B, Demirci Ş, et al. Konya İlinde Bir Çocuk ve Ergen Psikiyatrisi Kliniğinde Değerlendirilen Adli Olguların Sosyodemografik ve Klinik Özelliklerinin Geriye Dönük İncelenmesi. Turk J Child Adolesc Ment Health 2020;27:27-32.
4. Şafak E, Murat D, Uçar HN. Çocuk psikiyatri polikliniğine adli rapor amacıyla yönlendirilen olguların klinik ve sosyodemografik özelliklerinin değerlendirilmesi. Uludağ Üniversitesi Tıp Fakültesi Dergisi 2018;44:173-7.
5. Beser NG, Arabaci LB, Uzunoglu G. Türkiye'de bir bölge psikiyatri hastanesinde tedavi olan suça itilmis çocuk profilleri/The profiles of children pushed to crime who are treated in a regional psychiatric hospital in Turkey. Anadolu Psikiyatri Dergisi 2016;17:317.
6. Zoroğlu SS, Tüzün Ü, Şar V, Öztürk M, Kora ME, Alyanak B. Çocukluk dönemi istismar ve ihmalinin olası sonuçları. Anadolu Psikiyatri Dergisi 2001;2:69-78.
7. Ayraler Taner H, Çetin FH, Işık Y, İşeri E. Cinsel istismara uğrayan çocuk ve ergenlerde psikopatoloji ve ilişkili risk etkenleri. Anatolian Journal of Psychiatry/Anadolu Psikiyatri Dergisi 2015;16.
8. Karadag M. Bir üniversite hastanesi çocuk ve ergen ruh sağlığı ve hastalıkları kliniğinde değerlendirilen adli olguların sosyodemografik ve klinik özelliklerinin incelenmesi. Dicle Tıp Dergisi 2021;48:187-96.
9. Ersoy B, Balcı Y, Yeşim G, Göçeoğlu ÜÜ. Adli Tıp Polikliniğinde Adli Rapor Düzenlenen Çocuk Hastaların Değerlendirilmesi. Muğla Sıtkı Koçman Üniversitesi Tıp Dergisi 2020;7:116-23.
10. Savaşır I, Şahin N. Wechsler çocuklar için zeka ölçeği (WISC-R) uygulama kitapçığı. Türk Psikologlar Derneği, Ankara 1995.
11. American Psychiatric Association D, Association AP. Diagnostic and statistical manual of mental disorders: DSM-5: American psychiatric association Washington, DC; 2013.
12. Özaslan A, Demir N. Ankara'da Bir Çocuk ve Ergen Psikiyatrisi Polikliniğine Yönlendirilen Adli Olguların Klinik ve Sosyodemografik Özelliklerinin Geriye Dönük İncelenmesi. Gazi Medical Journal 2021;32.

13. Aksu H, Karakoç Demirkaya S, Gürbüz Özgür B, Gün B. Aydın ilinde bir yıldaki çocuk ve ergen adli olguların değerlendirilmesi. Anatolian Journal of Psychiatry/Anadolu Psikiyatri Dergisi 2013;14.
14. Gümüştaş F, Yulaf Y, Gökçe S, Sağlam S, Kütük EK. Adıyaman ilinde çocuk ve ergen psikiyatrisi polikliniğine yönlendirilen adli olguların bir yıllık geriye dönük incelenmesi. Cukurova Medical Journal 2014;39:280-9.
15. Köse S, Aslan Z, Başgül ŞS, et al. Bir eğitim ve araştırma hastanesi çocuk psikiyatrisi polikliniğine yönlendirilen adli olgular. Anadolu Psikiyatri Dergisi 2011;12:221-5.
16. Vural P, Uçar HN, Şafak E, Çolpan M, Kocael Ö. Uludağ Üniversitesi Tıp Fakültesi Hastanesi Çocuk Psikiyatrisi polikliniğine yönlendirilen adli olguların sosyodemografik ve klinik özelliklerinin değerlendirilmesi. Uludağ Üniversitesi Tıp Fakültesi Dergisi 2013;39:49-53.
17. Şahin N, Yeniçeri EN, Balcı Y. Muğla sitki koçman üniversitesi eğitim araştirma hastanesi çocuk ve ergen ruh sağliği ve hastaliklari polikliniğine başvuran adli olgularin değerlendirilmesi. Muğla Sıtkı Koçman Üniversitesi Tıp Dergisi 2015;2:10-21.
18. İnce C. Bir Sosyal Politika Olarak Eğitim Şanlıurfa Örneği2016.
19. Adıgüzel A. Kız çocuklarının okullulaşma engelleri ve çözüm önerileri Şanlıurfa örneği. EKEV Akademi Dergisi 2013:325-44.
20. Gökten ES. 2009-2011 yılları arasında bir devlet hastanesinde çocuk psikiyatrisi polikliniğine yönlendirilen adli olgular. Çocuk ve Gençlik Ruh Sağlığı Dergisi 2011;18:105-16.
21. Güler G, Sungur MA, Kütük MÖ. Suça sürüklenen çocukların klinik ve sosyodemografik özelliklerinin değerlendirilmesi. Adli Tıp Bülteni 2018;23:39-46.
22. Aygün A. Psiko-Yasal Değerlendirmesi Yapılan Çocuk ve Ergenlerin Sosyodemografik ve Psikopatolojik Verilerinin Retrospektif Incelenmesi: Bursa Uludag University (Turkey); 2020.
23. Avcil S, Avcil M, Yılmaz N. Sociodemographic and clinical characteristics of juvenile delinquents. Cukurova Medical Journal 2018;43:853-61.
24. Atalay A, Yıldız A. Ceza Sorumluluğu Değerlendirmesi Yapılan Zihinsel Yetersizlik Tanılı Olgularda Sosyodemografik, Klinik ve Kriminolojik Özellikler. Ahi Evran Medical Journal 2021;5:243-51.
25. Menolascino FJ, Stark JA. Handbook of mental illness in the mentally retarded: Springer Science & Business Media; 2012.

26. Wieland J, Zitman FG. It is time to bring borderline intellectual functioning back into the main fold of classification systems. BJPsych Bulletin 2016;40:204-6.
27. Gökçen C, Dursun OB. Evaluation of forensic cases referred to the child psychiatry clinic of a research hospital. Dusunen Adam 2012;25:238.
28. Uytun MÇ, Öztop DB. Cinsel İstismar Mağduru Olan Çocuk ve Ergenlere Konulan Psikiyatrik Tanıların ve Uygulanan Tedavilerin Devamlılığının Değerlendirilmesi.Yeni Symposium 2016; 3:18-24.
29. Sener MT, Sahingoz S, Esin İS, Ozcan H, Kok AN. How will amendments in crimes agaınst sexual privacy and failure to evaluate the mental health of the victims will affect them? Medicine Science 2016;5:793-6.
30. Wong TM, Slotboom A-M, Bijleveld CC. Risk factors for delinquency in adolescent and young adult females: A European review. European Journal of Criminology 2010;7:266-84.
31. Ümit I, Aktepe E, Akyıldız A, Şimşek F, Yıldız A. Bir Üniversite Hastanesinde Değerlendirilen Suça Sürüklenen Çocukların Sosyodemografik ve Klinik Özellikleri: 2014–2018 Verileri. SDÜ Tıp Fakültesi Dergisi 2019;26:175-82.
32. Fernandez-Suarez A, Herrero J, Perez B, Juarros-Basterretxea J, Rodriguez-Diaz FJ. Risk Factors for School Dropout in a Sample of Juvenile Offenders. Front Psychol 2016;7:1993.
33. Gümüş AE. Çocuk cinsel istismarı şüphesinin bildirimi öncesinde çocukla yapılacak ilk görüşme. Klinik Psikiyatri Dergisi 2017;20:45-58.
34. Wortley RK, Smallbone SW. Child sexual abuse: offender characteristics and modus operandi. Trends and Issues in Crime and Criminal Justice 2001:1-6.