



## ARAŞTIRMA / RESEARCH

# Sociodemographic and clinical characteristics of juvenile delinquents

## Suçta sürüklenen çocuk ve ergenlerin sosyodemografik ve klinik özellikleri

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### Abstract

**Purpose:** In this study, it was aimed to examine the socio-demographic characteristics of the juvenile delinquents, who were sent to a university hospital by judicial authorities in order to prepare an expert report in accordance with Clause 31/2 of the Turkish Penal Code (TPC), and their families as well as nature of the offence, co morbid psychiatric diagnosis, and the prepared report results.

**Materials and Methods:** This study was conducted by reviewing retrospectively the file records of children and adolescents who were required to be reported in accordance with Clause 31/2 of TPC in Outpatient Clinic of Child and Adolescent Psychiatry of a university hospital by judicial authorities between 01.04.2013 and 01.04.2015. From the judicial file records, socio-demographic characteristics of the cases and their families, WISC-R (Wechsler Intelligence Scale for Children-Revised) results, clinical evaluation results and information related to the judicial event were obtained.

**Results:** It was found that 11.1% of the cases (n=7) were female and 88.9% (n=56) were male. Theft (40.5%) was on the first rank among the crime types committed by the cases who were claimed to get involved in crime. As a result of the clinical evaluation it was determined that 49.2% of the cases (n=31) had normal intelligence level, 38.1% (n=24) had borderline intelligence level, and 12.7% (n=8) had mental retardation.

**Conclusions:** The intellectual limitations in juvenile delinquents, socio-economic difficulties, and frequency of the low education levels in both children and families are remarkable. In order to reduce juvenile delinquency, it is considered as necessary to determine the needs of children at risk and take appropriate protective and supportive measures.

**Key words:** Forensic psychiatry, child delinquency, sociodemographic features

### Öz

**Amaç:** Bu çalışmada, adli makamlarca TCK madde 31/2 gereğince bilirkişi raporu düzenlenmek üzere bir üniversite hastanesine gönderilen suçta sürüklenen çocuklar ve ailelerinin sosyodemografik özellikleri, suçun niteliği, eşlik eden psikiyatrik tanı ve düzenlenen rapor sonuçlarının incelenmesi amaçlanmıştır.

**Gereç ve Yöntem:** Bu çalışma, 01.04.2013-01.04.2015 tarihleri arasında adli makamlar tarafınca bir üniversite hastanesi Çocuk ve Ergen Ruh Sağlığı ve Hastalıkları polikliniğine TCK madde 31/2 gereğince rapor düzenlenmesi istenen çocuk ve ergenlerin dosya kayıtlarının geriye dönük olarak taranması ile gerçekleştirilmiştir. Adli dosya kayıtlarından olgular ve ailelerinin sosyodemografik özellikleri, WISC-R (Wechsler Intelligence Scale for Children-Revised, WÇZÖ-R, Wechsler Çocuklar için Zeka Ölçeği-Yeniden Gözden Geçirilmiş Formu) sonuçları, klinik değerlendirme sonuçları ve adli olaya ilişkin bilgiler elde edilmiştir.

**Bulgular:** Olguların %11,1'i (n=7) kız, %88,9'u (n=56) erkekti. Suça karıştığı iddia edilen olguların işlenen suç tipleri arasında ise ilk sırada hırsızlık (%40,5) yer almaktaydı. Klinik değerlendirme ile olguların %49,2'sinin (n=31) normal zeka düzeyinde olduğu, %38,1'inin (n=24) sınırdaki zihinsel kapasiteye sahip olduğu, %12,7'sinin (n=8) zeka geriliğinin bulunduğu belirlenmiştir.

**Sonuç:** Suçta sürüklenen çocuklarda entelektüel kısıtlılık, sosyoekonomik güçlükler ve hem çocuk, hem de ailede düşük eğitim düzeyinin sıklığı dikkat çekicidir. Çocuk suçluluğunu azaltmak için risk altındaki çocukların gereksinimlerinin belirlenmesi ve buna uygun koruyucu ve destekleyici önlemlerin alınması gerekli görünmektedir.

**Anahtar kelimeler:** Adli psikiyatri, çocuk suçluluğu, sosyodemografik özellikler

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## INTRODUCTION

Crime is an act that is brought by the action created by the fault will of a person who has the ability to understand and perceive, is appropriate to the type written in the law, is unlawful, and requires the execution of a punishment as a sanction<sup>1</sup>. Children who are investigated or prosecuted with the claim of committing an act defined as a crime in the laws or on whom security measures are decided due to an act they commit are defined as juvenile delinquents<sup>2</sup>.

The number of juvenile delinquents is increasing in many countries of the world and in Turkey. While the number of juvenile delinquents was 84916 in 2011, it reached to 115439 in 2013. It is an accepted approach all over the world that children who are in the process of biological, psychological, cognitive, moral and social development and whose value judgments are not mature enough cannot be punished or punishment should be reduced. In fact, Clause 31 of TPC states "Children who have not turned to 12 when doing the act have no criminal liability". No criminal proceedings shall be made against such persons; however, safety precautions specific for children may be applied. In the case that those who turned to 12 but not completed the age of 15 during the act cannot perceive the legal meaning and consequences of their act or they do not have sufficiently developed abilities of directing their behaviors, they have no criminal liability. However, children-specific security measures are resolved about these people<sup>3</sup>. For the child, being "mentally competent" is defined as the ability to distinguish good and evil, right and wrong and accordingly comprehend the meaning of his/her behaviors, understand the legal/criminal consequences of his/her acts and to make a decision to endure the consequences. With "Law on the Establishment, Duty and Adjudicatory Procedures of Juvenile Courts" numbered 2253 enacted in 1982, this situation is required to be determined by expert people. When performing this psychiatric assessment, the physician should not only determine whether or not there is a psychiatric disorder but also he/she should consider the intelligence, type of crime and acting conditions, attitudes and behaviors before, during, and after the crime along with the social circle, family environment, and educational status of the child, the physician should try to determine how the development of child can be affected by these situations and the assessment should be made under necessary flexibility<sup>5-7</sup>.

Juvenile delinquency, defined as a behavioral problem in which many factors play a role emerges as a result of all spiritual, mental, familial and social negative situations<sup>8</sup>. The view that hereditary factors, psychiatric problems, family, school, peer-friend group are effective in crime tendency but the negative environmental conditions the children live in and their interaction with these environmental conditions are the most important factor increasing the crime tendency is the most accepted opinion today<sup>9</sup>. It is important to determine the socio-demographic characteristics and mental status assessments of these children, who are thought not to receive necessary interest from the community and family.

When world literature is examined, it is seen that crime behavior of children and adolescents is considered as a big social problem, which is important not only for children and family but also for the society<sup>10</sup>. It is known that most of the juvenile delinquents do not continue to do this and only a small portion continue to commit crimes on a continuing basis during adulthood. A number of studies have been conducted to identify this risk group in the early period.

The aim of this study was to examine the nature of the offence, criminal behavior, socio-demographic characteristics, intelligence level and comorbid psychiatric diagnosis in juvenile delinquents who were sent to Outpatient Clinic of Child and Adolescent Psychiatry of a university hospital by judicial authorities in order to prepare an expert report in accordance with Clause 31/2 of TPC and to determine the prepared report results.

## MATERIALS AND METHODS

This study was conducted by retrospectively examining the file records of the children and adolescents whose psychiatric examination was performed and who were referred to Child and Adolescent Psychiatry Outpatient clinic of a university hospital in order to issue the report in accordance with Clause 31/2 of TPC by judicial authorities between 04.01.2013 and 04.01.2015. The study was approved by the Institutional Ethical Committee, with a date of 09.06.2016 and decision number 2016/874. In our outpatient clinic, a standard evaluation was applied to all the cases referred for issuing the report in accordance with Clause 31/2 of TPC and all data are recorded in the

judicial file. In addition to the socio-demographic data on the case and his/her family, detailed information about the judicial event, psychological symptoms detected in the interview, psychiatric

results, WISC-R (Wechsler Intelligence Scale for Children-Revised) result and psychiatric diagnoses identified according to DSM-IV-TR diagnostic criteria were recorded in the judicial file.

**Table 1. Sociodemographic data of cases and their parents.**

| Features                                     | N  | %    |
|--|----|------|
| <b>Gender</b>                                |    |      |
| Female                                       | 7  | 11.1 |
| Male   | 56 | 88.9 |
| <b>Education</b>                             |    |      |
| Primary school                               | 31 | 49.2 |
| High school                                  | 10 | 15.9 |
| Primary abandoned                            | 22 | 34.9 |
| <b>Educational Levels of Mother</b>          |    |      |
| Illiterate                                   | 26 | 41.3 |
| Primary school                               | 33 | 52.4 |
| Secondary school                             | 4  | 6.3  |
| High school                                  | 0  | 0    |
| <b>Educational Levels of Father</b>          |    |      |
| Illiterate                                   | 9  | 14.3 |
| Primary school                               | 38 | 68.2 |
| Secondary school                             | 8  | 12.7 |
| High school                                  | 3  | 4.8  |
| <b>Employment status of the mothers</b>      |    |      |
| Housewife                                    | 41 | 65.1 |
| Worker                                       | 18 | 28.6 |
| No data                                      | 4  | 6.3  |
| <b>Employment status of the fathers</b>      |    |      |
| Unemployed                                   | 8  | 12.7 |
| Worker                                       | 52 | 82.5 |
| No data                                      | 3  | 4.8  |
| <b>Marital status of the parents</b>         |    |      |
| Married                                      | 39 | 61.9 |
| Parental separation/divorce                  | 19 | 30.2 |
| Parental death                               | 5  | 7.9  |
| <b>Number of Siblings</b>                    |    |      |
| 0-2  | 15 | 23.8 |
| 3 and up                                     | 48 | 76.2 |
| <b>Socioeconomic Status of Family</b>        |    |      |
| Low  | 39 | 61.9 |
| Mediate                                      | 21 | 33.3 |
| High   | 3  | 4.8  |
| <b>Family History of Crime</b>               |    |      |
| Yes  | 19 | 30.2 |
| No   | 44 | 69.8 |
| <b>Psychiatric diagnoses</b>                 |    |      |
| No Psychiatric diagnose                      | 37 | 58.7 |
| DSM conduct disorder                         | 15 | 23.8 |
| DSM attention deficit hyperactivity disorder | 9  | 14.3 |
| DSM depressive disorder                      | 2  | 3.2  |

In this study, file records including information on socio-demographic characteristics of the cases, their crime-related information, clinical interview, WISC-R and judicial report results were reviewed retroactively. Their socio-economic levels were categorized in three groups as low (monthly net income less than 2000 TL), middle (monthly net income of 2000-4000 TL), and high (monthly net income higher than 4000 TL) based on employment status and monthly income of parents.

The WISC-R results of the cases were taken into consideration while determining their intelligence levels. However, the intelligence levels of the cases, whose WISC-R results were not compatible with clinical evaluation, were determined based on clinical opinion. WISC-R is an intelligence test developed by Wechsler in 1974 to determine the intelligence levels of children in the age range of 6 and 16 years. It consists of 12 subtests including verbal and performance skills. Turkish adaptation of this test was conducted by Savasır and Sahin<sup>11,12</sup>.

### Statistical analysis

Assessment of the data was conducted in SPSS (Statistical Package for Social Sciences) for Windows 18.0 packaged software, arithmetic mean $\pm$ standard deviation, number and percentage values are given. By accepting the significance value as  $p < 0.05$  at confidence interval of 95% in the analysis, chi-square test was used to compare percentages.

## RESULTS

It was found that 11.1% (n=7) of the 63 cases examined were female and 88.9% (n=56) were male. The average age of the cases on the data when they committed the alleged crime was  $13.58 \pm 1.30$  (12-15 years) years. When they applied, 16 (25.4%) of the cases were 12 years old, 21 (33.3%) were 13 years old, 26 (41.3%) were 14 years old. Table 1 shows data on socio-demographic characteristics and family characteristics of the cases. It was determined that 20.6% of 63 cases (n=13) had more than one criminal records. The most common crimes were theft and sexual abuse/sexual assault crimes. Table 2 shows a list of committed crimes.

It was determined that the time elapsed between the application date and the crime date distributed in the range of 1-40 months and the average was  $9.36 \pm 8.7$  months, 17.8% of the cases were brought in one

month or less.

In the psychiatric evaluation of the cases alleged to be delinquents; it was found out that 49.2% (n=31) of the cases had normal intelligence level. 38.1% (n=24) of the cases had borderline intellectual capacity and 12.7% (n=8) had mental retardation. According to WISC-R results, verbal intelligence mean score of all the cases was  $73.46 \pm 17.34$  (40-110), their performance intelligence mean score was  $79.28 \pm 19.32$  (40-119), and total intelligence mean score was  $75.63 \pm 18.15$  (40-113).

**Table 2. The distribution of the type of crime alleged to have committed.**

| Crime Type                    | N  | %    |
|-------------------------------|----|------|
| Stealing/theft                | 32 | 40.5 |
| Sexual abusive/Sexual assault | 17 | 21.5 |
| Deliberately injure           | 13 | 16.4 |
| Threat/Insult                 | 10 | 12.7 |
| Others*                       | 7  | 8.9  |

\* Destruction of property, becoming a member of a terrorist organization, don't leave the person deprived of liberty, weapon possession,

Children (n=50) evaluated for a single crime were compared with children evaluated for more than one crime (n=13) in terms of their gender, school attendance status, age of mothers, age of fathers, education time of their mothers, education time of their fathers, the number of children in the family, residence of the family, and their families' status of living. No statistically significant difference was found between these groups in terms of these data ( $p > 0.05$ ).

It was determined that 38.5% of the children (n=13) evaluated due to more than one crime were diagnosed with conduct disorder (CD), 23% (n=3) were diagnosed with attention deficit hyperactivity disorder (ADHD), 7.7% (n=1) were diagnosed with mental retardation (MR), and 15.4% (n=2) were diagnosed with CD+ MR.

It was decided that legal meaning and outcomes of 68.3% (n=54) of the 79 alleged crimes in the cases evaluated under the scope of TPC 31/2 were perceived by the individuals; while legal meaning and outcomes of 31.7% (n=25) were not perceived. When 54 crimes whose legal meaning and consequences were perceived were evaluated it was medically concluded that while 40.7% (n=22) of the individuals who committed these crimes developed the ability to direct their behaviors, 59.3% (n=32)

did not develop the ability to direct their behaviors and the report was prepared. As a result, it was concluded that juvenile delinquents perceived the legal meaning and consequences of the act and their ability to direct their behaviors developed sufficiently in 27.8% of the evaluations (n=22) conducted within the scope of Clause 31/2 of TPC in the cases evaluated separately for each crime; whereas, 72.2% (n=57) have no criminal liability. In all of 9 judicial reports of the cases with mental retardation (100%), in 26 out of 32 judicial reports of the cases with borderline intelligence functioning (81.2%), and in 22 out of 38 judicial reports of the cases with normal intelligence level, it was determined that the child could not perceive the legal meaning and consequences of the act and his/her ability to direct his/her behaviors did not develop sufficiently. The reports given with the opinion that there is no criminal responsibility in the cases who have intelligence level below the normal level compared to those who have normal level of intelligence were determined to be statistically higher ( $p < 0.001$ ).

## DISCUSSION

In this study, it was shown that the majority of the juveniledelinquents were male and socioeconomic and educational levels of the families are low. In addition, the most common crimes were theft. As a result of the evaluation, it was concluded that the ability to perceive the legal meaning and consequences of the act and to direct the behaviors within the scope of Clause 31/2 of TPC developed by 27.8%.

In the present study, 88.9% of the juvenile delinquents (n=56) were male. Many studies investigating juvenile delinquency have shown that boys had more delinquency than girls similar to the present study<sup>5,13-15</sup>. It was suggested that the biological characteristics of boys, their higher involvement in the social life and higher probability of having friends committing crime, experiencing domestic violence more, and higher tendency to aggressive behaviors increased the likelihood of committing a crime. Another factor that is thought to increase the possibility for males to commit a crime is that their central nervous system is more susceptible to the environmental risk factors as well as their biological characteristics<sup>16</sup>.

It was determined in the present study that about

one third of the cases left the school and did not continue their education. It is reported that low education level, low school motivation, non-attendance, and low school achievement are risk factors for criminal behavior<sup>17</sup>. It was thought that inadequacy can occur for the children and adolescents, who do not attend school, in developing positive characteristics that can be gained with education and gaining appropriate attitude and behaviors and psychological development of children may be affected negatively which may lead to an increase in the tendency of committing a crime.

When it was examined in terms of sibling numbers, approximately three-quarters of the cases were found as children growing in families with three or more children. In similar studies in Turkey, the number of siblings of children evaluated due to a crime they committed was found to be high<sup>5,13</sup>. It was determined that the high number of children was a risk factor for criminal behavior<sup>1</sup>. A large number of children in the family may bring negligence, make it difficult to meet physical and mental needs, and increase the tentation.

Another remarkable finding in the present study was the low educational period of the parents. It was seen that while a great majority of the mothers were not primary school graduates or literate and the majority of the fathers were primary school graduates. While the average duration of education in Turkey is 7.6 years, the educational level averages of the parents of the juvenile delinquents are seen to be below the average<sup>18</sup>. It was determined that 61.9% of the parents had a low socioeconomic level and 30.2% of them did not continue their marriage. It is reported in the literature that low socioeconomic level, low educational level of the families, serious marital problems in the parents and the weak unity of family are risk factors for crime behaviors<sup>17,19</sup>. Due to the presence of possible crime behavior risk of children from these families, psychosocial support is thought to be important.

It was determined in the study that theft was in the first place. In some similar studies done in different cities in Turkey, the most common crime type in juvenile delinquents was shown to be theft as in the present study<sup>5,13-15</sup>. The reasons for the children's tendency towards the theft involve low income level of the family, the struggle to prove themselves, the opposition to the authority with the psychological effect of the adolescent period and delinquency,

envy of the peers with life they dreamed of, growing without attention in a crowded family and not meeting their needs and the education status of parents that is not enough to understand the spiritual development of children<sup>6,20</sup>. Considering that the majority of the children come from families with low educational level and socio-economic backgrounds in the study, it is possible that the mental and physical needs of these children are not adequately met and that crimes committed against assets are seen more.

It was determined that about half of the cases in the present study had borderline intellectual functioning or mental retardation. In study of Bilac et al., it was determined that there was mental retardation or borderline intelligence in 14.4% of the cases<sup>14</sup>. It was found in a study conducted in Trabzon that 10.5% of juvenile delinquents had borderline intelligence level, 12.7% had mild mental retardation and 4.4% had moderate mental retardation<sup>15</sup>. It was also determined in Cakaloz et al.,'s study that 26.8% of the cases had borderline intelligence capacity and 7.8% had mental retardation<sup>21</sup>. Due to excessive tendency to suggestions in those who have mild mental retardation, they are reported to have crime tendency to the crimes they can commit easily during their youth and adulthood periods<sup>22,23</sup>. It is reported that the closest association between mental retardation and crime is theft and sexual offences<sup>23,24</sup>. The results of the present study showed that intellectual constraints in children may play a role in criminal behavior.

It was found that 20.6% of the cases had more than one criminal records in the present study. In the studies, the rate of the juvenile delinquents to have criminal history in the past was determined to change between 10.5-27.7%<sup>13,25</sup>. In the meta-analysis study by Cottle et al., it was found that the repetitive crime behavior is associated with being male gender, being a minority, having a story of child abuse, living with one of the parents, having low socioeconomic level, having special education history, entering a prison at a young age, being arrested before and long detention period, having familial problems, ineffective use of spare times, having moderate mental pathologies such as anxiety and stress, having conduct problems, having friends who have committed a crime, having low intelligence score and living in an out-of-home environment; whereas, it was found to be not related with the presence of severe psychological

pathology, leaving the school, parent pathology, school failure, having treatment history in the past, having the history of using drug and low performance intelligence level<sup>17</sup>. Since the present study was retrospective, the possible risk factors for repetition of the crime were not adequately assessed. It is required to determine possible risk factors for repeated crime behaviors and take protective measures for them in the future studies.

In this study, the time elapsed between the application date and the crime date was approximately 1 year in average and this period varied between 30-40 months in 3 cases. In the examination of age of discretion of the cases, the result report was found to be issued based on the crime date. The result report was issued by considering the crime date and taking retrospectively detailed history and their applications for determining the age of discretion were later than the crime date, which caused serious difficulties in assessment and decision-making stage of the cases. The major practical problem in forensic psychiatry evaluation is the fact that cases make their applications later than crime date with a delay of days, weeks, months and even years. In cases applying in order to evaluate whether or not they are at the age of discretion especially for the crime they commit, such delay seems to complicate to make a decision also when considering the development of the juvenile delinquent and even may cause legal problems.

The initial age limit for criminal responsibility in Turkey is 12. Practices vary in different countries and age varies from 7 to 18<sup>26</sup>. The initial age limit for criminal responsibility is different among countries and it is observed in the studies conducted in Turkey that the rates about the perceiving the legal meaning and consequences of the act and the ability of directing behaviors are very different when the reports arranged about the juvenile delinquents are examined.

It was concluded in the present study that juvenile delinquents perceived the legal meaning and consequences of the act and their ability of directing behaviors developed sufficiently and they had criminal responsibility in 27.8% of the evaluations conducted within the scope of Clause 31/2 of TPC for the cases in the age group of 12-15 years. This rate is between 10.8-93.2% in other studies conducted in Turkey and there is no consistency<sup>13-15,27</sup>. As it is expected, it was determined in the

present study that children with intellectual limitations had difficulty in perceiving the legal meaning and consequences of the act and directing their behaviors accordingly compared to the children who had normal intelligence level. It cannot be assumed that children with normal intelligence level can perceive the legal meaning and consequences of all acts and they can direct their behaviors accordingly under every condition and also it cannot be suggested that every child who had intelligence level below normal did not completely have juridical capacity

In the study, the reports issued for 32 out of 54 crimes indicating that "the ability of perceiving the legal meaning and consequences of the act has developed but the ability of directing behaviors related to this act has not developed sufficiently are frequently issued in daily practices of child psychiatry clinics. During the examination, these children expressed that they knew that their act was legally a crime. However, these children were the ones who are acting with biopsychosocial process and impulsive behaviors of adolescence period, cannot think possible legal and moral consequences of the act in details and cannot give the right decision and have primarily symptoms of impulsivity and acting-out which can be seen in diseases such as ADHD and CD. The cases, for whom such report is issued, are accepted to have no criminal responsibility since their ability of directing the behaviors specified legally in the laws of Turkey does not develop sufficiently.

When determining the presence of the criminal responsibility of juvenile delinquents, it is necessary to evaluate whether or not they have mental illnesses that impair children's mental development and the ability to assess reality and also assess social, environmental, economic, familial, educational and cultural status that may cause inadequacies in children's perceptions or not to develop skills of directing the behaviors<sup>6</sup>. Even in cases where there is no illness that would disturb the child's level of intelligence and mental health, sociocultural factors that deteriorate or distort the child's perception of the crime committed, their attitudes before, during and after the event, and their styles of evaluating the act should be taken into account<sup>28</sup>. Therefore, it is important to evaluate both the individual and social characteristics of the cases as well as the context in which the judicial event takes place. On the other hand, the fact that the range

determined in different studies is so wide reveals that it would be useful to provide standardization in this area.

In the present study, approximately one third of the cases had crime history in their families. A crime history in the family is a risk factor for the children and adolescents in terms of delinquency<sup>29</sup>. As a child grows up, he imitates his parents' behaviors, he takes as a model, as a part of his development and parents' behaviors affect the reactions of the child against the life events. It can be thought that in the case a child is pushed into crime growing up in a family environment where the crime is perceived normally, it is evitable that his/her ability to perceive the meaning and consequences of the crime is different than those growing in a healthy family environment. On the other hand, it can be thought that the fact that the parents who are in prison due to the crime cannot fulfill their basic guardianship function will ease the child's delinquency.

While the incidence of mental disorders was high in children and adolescents pushed into crime, the most common mental disorders were determined respectively as CD, ADHD, and MR, in the present study. High CD prevalence in children and adolescents pushed into crime can be interpreted as these children and adolescents commit other crimes or they tend to commit other crimes. It is also thought that the high prevalence of ADHD and MR in this group is important for preventive mental health. It is reported that the CD development and delinquency rate are higher in the children with ADHD and MR than those without ADHD and MR and they are more likely to commit a crime<sup>30,31</sup>. It was found that children and adolescents pushed into crime were dragged back, exhibited aggressive behaviors, and frequently committed crime in adult age<sup>32</sup>. Although frequency of the mental disorder was determined to be high in the juvenile delinquents, few of these children were followed in a center for child mental health. Early psychiatric evaluation and treatment are thought to contribute to reduce delinquency in these children. Rehabilitation, follow-up, and mental treatments of these children and adolescents at every stage of the judicial process are required. In order to meet these needs, a specialized education and specialist unit in the field of child and adolescent forensic psychiatry is needed.

The limitations of the study are that the study was retrospective and cross-sectional and only the

children and adolescents pushed into crime in the age group of 12–15 years referred to our unit by judicial authorities into our study were included in the study. It does not represent all children and adolescents pushed into crime, therefore, these results cannot be generalized. There is a need for higher number of comprehensive future studies in this field.

Consequently, when juvenile delinquents were examined, it was observed that families experienced socioeconomic difficulties, the educational levels of the family and child were low and getting involved in repeated crime was common. When biological and environmental factors come together, the tendency towards violence and crime is increasing. Determining possible risk factors for crime behavior in large and multicenter studies in Turkey and taking preventive measures for children at risk are important in decreasing juvenile delinquency. Among these preventive measures, family education, psychosocial and environmental support, protective mental health policies are thought to have an important place. The main priority for juvenile delinquents should be identifying requirements and taking appropriate protective and supportive measures. Individually, physicians can also contribute to the process of determination child-specific protective and supportive measures by making a comprehensive psychiatric assessment of the juvenile delinquent during the expert practices.

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