ORIGINAL ARTICLE

An Examination of Psychiatric and Sociodemographic Risk Factors Among Children and Adolescents in Conflict with the Law

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Abstract

Background: This study aimed to investigate the psychiatric and sociodemographic risk factors associated with children and adolescents in conflict with the law referred to the Child and Adolescent Psychiatry Outpatient Clinic of Ardahan State Hospital by judicial authorities between October 2022 and August 2024. Understanding these factors is essential for developing effective interventions and preventive strategies targeting juvenile delinquency.

Methods: This retrospective cross-sectional study included 104 children and adolescents evaluated for forensic psychiatric purposes. Cases involving victims were excluded. Data were collected from patient files and forensic evaluation records, covering sociodemographic characteristics, previous psychiatric diagnoses, types of crimes committed, and forensic assessment details.

Results: The majority of children and adolescents in conflict with the law were male (86.5%), with a mean age of 14.58 years. The most common psychiatric disorders were Conduct Disorder (36.5%), ADHD (25%), and comorbid ADHD with Conduct Disorder (26%). Verbal crimes were more frequently associated with children diagnosed with anxiety and depression, while physical crimes were predominantly associated with ADHD and Conduct Disorder. A significant relationship was found between parental separation and previous criminal involvement, indicating that children from separated families were more likely to engage in recurrent criminal behavior.

Conclusion: The findings highlight the importance of early psychiatric evaluation and intervention to prevent delinquency and improve mental health outcomes. Comprehensive psychiatric assessments, targeted interventions, and family support systems are essential in addressing factors contributing to juvenile delinquency. Future research should focus on larger samples and explore the impact of early interventions on reducing delinquency and promoting mental health in children and adolescents in conflict with the law.

Keywords: Children and adolescents in conflict with the law, psychiatric risk factors, sociodemographic risk factors, forensic evaluation, forensic psychiatry.

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INTRODUCTION

Each year, a significant number of children and adolescents in conflict with the law enter the juvenile justice system. This situation contributes to serious public health concerns, imposing both emotional and economic burdens on society. For various legal proceedings, including family courts, juvenile courts, and criminal courts, forensic evaluations of children and adolescents are frequently requested. There are substantial structural differences between forensic and clinical evaluations, which can be categorized based on the purpose of the interview, the role of the clinician, the nature of the relationship established with the child, and the interview approach (1). When preparing forensic reports for children and adolescents, psychiatric findings must be objectively conveyed to the requesting individual or institution (2). Children and adolescents in conflict with the law (hereafter referred to as JCL) are defined, according to the Child Protection Law enacted in 2005, as minors who are under investigation or prosecution for an act defined as a crime in the legal framework or who have been subjected to security measures due to the committed act (3). Adolescence, the transitional period between childhood and adulthood, is a time of rapid growth, development, and maturation characterized by significant biological, psychological, cognitive, and social changes (4). Numerous studies have demonstrated that individuals are most likely to engage in delinquent behavior during adolescence (5). Studies conducted in our country have shown that male adolescents, particularly those aged 14-15, are more frequently involved in delinquent behavior compared to their female counterparts (6, 7). Additionally, research indicates that theft is the most common offense committed by adolescents in our country (8). In our country, forensic authorities frequently request child psychiatrists to assess the criminal responsibility of juveniles in conflict with the law (JCL) under Article 31/2 of the Turkish Penal Code (TPC). This article states that if a child between the ages of 12 and 15, at the time of committing the act, is unable to comprehend the legal meaning and consequences of the act or lacks sufficient capacity to control their behavior, their criminal responsibility must be evaluated accordingly (7). Additionally, forensic psychiatric evaluations may be requested to determine whether the testimony of a child or adolescent, either as a victim or a defendant, is credible; whether the victim had the physical and psychological capacity to resist the alleged act; or in cases involving marriage permissions for minors (6).

In forensic psychiatric evaluations of children and adolescents, various factors must be considered, including the presence of psychopathology severe enough to impair reality testing and the development of their ability to regulate behavior. Criminal responsibility in children and adolescents is influenced by multiple factors, such as family functioning, educational background, co-occurring psychiatric disorders, and cognitive abilities (9). Studies have indicated that the most significant factor influencing delinquent behavior in adolescents is weak family relationships. Certain family structures, such as broken or single-parent families, as well as domestic violence and poor communication within the family, have been identified as predictive factors for adolescents' involvement in delinquent behavior (10, 11). It has been observed that approximately 70% of JCL receive at least one psychiatric diagnosis, whereas this rate is around 20% in community-based adolescent samples (2). Research has shown that approximately half of JCL are diagnosed with multiple psychiatric disorders (12). According to these findings, JCL most commonly receive diagnoses of conduct disorder (with prevalence rates reaching up to 90% in some studies), oppositional defiant disorder, attention-deficit/hyperactivity disorder, depression, and substance use disorder (13). Furthermore, numerous studies have demonstrated a negative correlation between intelligence level and delinquent behavior, indicating that lower cognitive abilities are associated with an increased likelihood of engaging in criminal activities (14, 15).

In the forensic evaluation process, children and adolescents may be involved as both alleged perpetrators and victims of crimes. A significant number of these cases involve children referred as victims of sexual or physical abuse. Any intentional or unintentional act by an adult that negatively impacts a child's physical, mental, or psychosocial development is classified as child abuse (16). The systematic underreporting of child sexual abuse (CSA) significantly limits researchers and clinicians in accurately estimating its prevalence A recent meta-analysis estimates the global prevalence of CSA to be approximately 11.8% (17). Studies conducted in Turkey have shown that the prevalence of sexual abuse is approximately 13%, while the prevalence of physical abuse is around 30% (16).

Despite the increasing frequency of forensic evaluation requests from child psychiatry clinics in recent years due to various factors, research in this field remains limited in our country. The aim of this study is to examine the reasons for referral, sociodemographic and clinical characteristics, and potential psychopathologies of children and adolescents referred to our child and adolescent psychiatry outpatient clinic by judicial authorities for forensic report requests.

Research Hypothesis / Research Question:

- What is the distribution of psychiatric disorders, as well as the sociodemographic and clinical characteristics, of children and adolescents referred to our child and adolescent psychiatry outpatient clinic by judicial authorities for forensic report requests?
- What are the reasons for referral of children and adolescents to our child and adolescent psychiatry outpatient clinic by judicial authorities for forensic report requests?

MATERIALS AND METHODS

This study was conducted using a retrospective cross-sectional design. The sample consisted of JCL who were referred to the Child and Adolescent Psychiatry Outpatient Clinic of Ardahan State Hospital by judicial authorities between October 2022 and August 2024 due to suspected criminal involvement. Victim cases were excluded from the study. A total of 104 children who underwent forensic psychiatric evaluation during this period were retrospectively reviewed through medical records.

The study collected sociodemographic, forensic, and clinical data from patient files and forensic evaluation records. *Sociodemographic Variables:* Age, gender, educational level (grade), parental marital status (whether separated), family history of substance use, cigarette use. Forensic Evaluation Informations: Reason for referral due to criminal suspicion, type of offense committed (theft, assault, property damage, etc.), age at first offense, history of previous criminal involvement. Psychiatric Evaluation Informations: History of psychiatric consultation before the offense, psychiatric diagnoses (Conduct Disorder, Attention-Deficit/Hyperactivity Disorder, Depression, etc.). All psychiatric diagnoses were made based on the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) criteria, and evaluations were conducted by a child and adolescent psychiatrist.

The data were analyzed using SPSS (Statistical Package for the Social Sciences), version 27. Continuous variables were expressed as means and standard deviations, while categorical variables were presented as percentages. Chi-square tests were used for group comparisons. A p-value of <0.05 was considered statistically significant.

Ethics committee approval was granted by the Lokman Hekim University Scientific Research Committee with the decision number 2025/048 and the code number 2025041, and it was deemed ethically appropriate.

RESULTS

According to the demographic information obtained in Table 1, 86.5% of the JCL in the sample were boys and 13.5% were girls. The average age of 104 children between the ages of 12 and 17 was 14.58. The distribution of the children in the sample by their grades shows that the largest percentage is 9th grade students with 37.5%, followed by 10th grade students with 22.1%. The lowest rates belong to 7th grade students with 1% and 6th grade students with 1,9%. Looking at smoking habits, 62.5% of the participants were non-smokers and 37.5% were smokers.

When the relationship status of their parents was analyzed, it was observed that 73.1% of the participants' parents were together, 24% of the participants were separated, 1% of the participants' mother and 1.9% of the participants' father had passed away. Although data regarding family history of substance use and smoking were collected, they were not included in the analysis due to missing information in a significant portion of cases. When the diagnoses of JCL were analyzed, it was seen that 3.8% (n=4) were diagnosed with anxiety, 4.8% (n=5) with depression, 25% (n=26) with ADHD alone, and 36.5% with Conduct Disorder in total. Among them, 26% were diagnosed with both ADHD and Conduct Disorder. 3.8% (n=4) had no psychiatric diagnosis. Since ADHD and Conduct Disorder were comorbid in some participants, the total percentage exceeds 100%. These overlapping diagnoses are also presented as a separate category ('ADHD+Conduct Disorder') in Table 1 to improve clarity. Regarding the type of the crime, 83.7% were involved in physical crimes and 16.3% were involved in verbal crimes (Table 2).

Table 1. Demographic Characteristics of JCL			
		n	%
Gender	Male	90	86,5%
	Female	14	13,5%
Grade	6th grade	2	1,9%
	7th grade	1	1,0%
	8th grade	9	8,7%
	9th grade	39	37,5%
	10th grade	23	22,1%
	11th grade	9	8,7%
	12th grade	4	3,8%
	Dropout	17	16,3%
Smoking	Yes	39	37,5%
	No	65	62,5%
Parents' relationship status	Together	76	73,1%
	Separate	25	24,0%
	Mother is deceased	1	1,0%
	Father is deceased	2	1,9%
Previous criminal involvement	Yes	14	13,5%
	No	90	86,5%
Psychiatric diagnosis	Anxiety	4	3,8%
	Conduct disorder	38	36,5%
	ADHD	26	25,0%
	ADHD+conduct disorder	27	26,0%
	Depression	5	4,8%
	No diagnosis	4	3,8%
Note-1: ADHD; Attention-Deficit/Hyperactivity Disorder, JCL; Juvenile in Conflict with the Law			

Table 2. Distribution of Crimes by Type			
		n	*%*
Physical	Sexual abuse	13	12,5%
	Extortion	7	6,7%
	Violation of animal protection law	3	2,9%
	Theft	13	12,5%
	Deliberately injuring	47	45,2%
	Damage to property	2	1,9%
	Possession of unregistered firearm	1	1,0%
	Threatening with a firearm	1	1,0%
	Total	87	83,7%
Verbal	Defamation against Atatürk	2	1,9%
	Defamation	1	1,0%
	Slander	4	3,8%
	Violation of privacy	10	9,6%
	Total	17	16,3%
Note-2: ADHD (Attention-Deficit/Hyperactivity Disorder) and Conduct Disorder diagnoses overlap in some individuals. Therefore, the total percentage exceeds 100%. The group labeled "ADHD+Conduct Disorder" refers to participants who were diagnosed with both conditions concurrently.			

As a result of the Chi-square independence test conducted to examine the difference between the type of crime committed by JCL and the psychiatric diagnoses they received (Table 3),

Table 3. Frequencies and Chi-Square Results for the Difference between Type of Crime and Psychiatric Diagnosis (N = 104)						
	Type of crime					
Psychiatric diagnosis	Physical		Verbal		$X^2(5)$	*p*
	n	*%*	*n*	*%*		
Conduct disorder	32	36.8	6	35.3		
ADHD	26	29.9	0	0.0	55.72	<.001
ADHD+conduct disorder	27	31.0	0	0.0		
Note: Variables with less than 5 participants (anxiety, depression and no diagnosis) are excluded from the table. ADHD; Attention-Deficit/Hyperactivity Disorder						

it was seen that there was a significant relationship between the type of crime and the psychiatric diagnoses received, $X^2(5, n = 104) = 55.72$, $p <.001$. It was found statistically significant that verbal crimes were more common in children with anxiety (23.5%, n=4) and depression (23.5%, n=4). It can be said that physical crimes were more common in children with ADHD (29,9%) and conduct disorders accompanied by ADHD (31.0%).

According to the results of the Chi-square test of independence conducted to examine the difference between gender and type of crime committed (Table 4), there was a significant relationship between gender and type of the crime, $X^2(1, n = 104) = 69.26$, $p <.001$. Therefore, boys were associated with physical crimes (98,9%), while girls were associated with verbal crimes (76.5%).

As a result of the analysis in Table 5, there is a statistically significant relationship between the relationship status of parents and children's previous involvement in crime $X^2(3, n = 104) = 17.42$, $p =.003$. This suggests that children whose parents are not together are more likely to have been involved in more than one crime compared to children whose parents are together.

In the Chi-square independence test conducted to examine whether there is a relationship between parents' relationship status and the type of crime committed, no statistically significant relationship was found between these two variables, $X^2(3, n = 104) = 4.60$, $p =.203$.

DISCUSSION

Our study findings indicate that the majority of juveniles in conflict with the law are male, and physical crimes are the most commonly committed offenses. A significant association was found between psychiatric disorders and delinquent behavior, with Attention-Deficit/Hyperactivity Disorder (ADHD) and Conduct Disorder being strongly linked to physical crimes, while anxiety and depression were more prevalent among those involved in verbal offenses. Additionally, juveniles with separated parents were more likely to have a history of repeated offenses. These findings highlight the crucial role of early psychiatric evaluation and intervention in preventing delinquent behaviors and improving mental health outcomes in this vulnerable population.

Table 4. Frequencies and Chi-Square Results for the Difference between Gender and Type of Crime (N = 104)

| Gender | Type of crime | | | | $X^2(1)$ | p |
| | Physical | | Verbal | | | |
	n	$\%$	n	$\%$		
Male	86	98.9	4	23.5	69.26*	<.001
Female	1	1.1	13	76.5		

Table 5. Frequencies and Chi-Square Results for the Relationship between Parents' Relationship Status and Children's Previous Criminal Involvement (N = 104)

| Parents' relationship status | Previous criminal involvement | | | | $X^2(3)$ | p |
| | Yes | | No | | | |
	n	$\%$	n	$\%$		
Together	6	7.9	70	92.1	17.42*	.003
Separate	6	24.0	19	76.0		

Variables with less than 5 participants (mother is deceased and father is deceased) are excluded from the table.

The findings are largely consistent with national and international literature, providing robust evidence for the strong association between JCL and psychiatric disorders. Although this study is based on data from a specific region, the results suggest that regional sociocultural dynamics may significantly influence this relationship. These findings underscore the critical importance of comprehensive psychiatric evaluation and early intervention in mitigating delinquent behavior and enhancing mental health outcomes in this vulnerable population.

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Notably, a significant proportion of the children and adolescents in conflict with the law in our study were male (86.5%). The literature consistently reports that delinquent behaviors are more frequently observed in adolescent males (5, 8). Additionally, our study found that males were more frequently associated with physical crimes (98.9%), whereas females were more commonly involved in verbal offenses (76.5%). This pattern suggests that aggression tendencies and externalizing conduct disorders in adolescents are influenced by biological, social, and environmental factors." (15). Our finding supports the notion that aggression manifests differently based on gender.

A significant proportion of JCL in our study were diagnosed with psychiatric disorders, in line with previous studies reporting high rates of comorbidity in this population. Conduct disorder and ADHD remain among the most common diagnoses associated with delinquent behavior (2). Conduct disorder and ADHD are well-documented risk factors for delinquent behaviors (13). Children with ADHD are reported to have a higher propensity for engaging in unlawful activities due to impulsivity and risk-taking tendencies (18). Furthermore, our study revealed that children diagnosed with ADHD and conduct disorder were more likely to be involved in physical crimes, suggesting that these conditions may contribute to an increased tendency toward aggressive behaviors.

The rate of parental separation among JCL in our study was found to be 24%. This finding highlights changes in family structures and emphasizes the influence of familial dynamics on juvenile delinquency. Family fragmentation is a well-established risk factor for delinquency (19). Parental separation can negatively impact children's emotional and social development, predisposing them to behavioral problems (20). The 24% parental separation rate observed in our study suggests that disrupted family structures may be a contributing factor to juvenile delinquency.

Another key finding of our study is that children diagnosed with anxiety and depression were more frequently associated with verbal offenses. Individuals with anxiety disorders and depression are known to exhibit introverted and passive-aggressive behaviors (21). Consequently, they are more likely to engage in verbal threats and insults rather than physical aggression (22). This finding highlights the broader societal implications of psychiatric disorders beyond their impact on individual mental health (23).

These findings underscore the direct relationship between psychiatric disorders and juvenile delinquency. However, early psychiatric intervention may prevent these children from engaging in criminal activities. Specifically, early diagnosis and treatment of conditions such as ADHD and conduct disorder, which are strongly associated with impulsivity and aggression, may help mitigate risky behaviors. Despite this, mental health services remain underutilized due to societal stigma (24). Factors such as peer bullying and the perception of seeking psychiatric help as a weakness within families may discourage children and their parents from pursuing professional support (25). Consequently, many children only become involved in psychiatric treatment after engaging in criminal activities. This highlights the necessity of increasing access to mental health services and implementing awareness campaigns to reduce stigma. Identifying and supporting children and adolescents in conflict with the law at an early stage may contribute to lowering crime rates at both individual and societal levels.

Our study has several limitations. First, the sample size is relatively small, and future research should incorporate larger and more diverse datasets. Additionally,

qualitative methodologies that explore the underlying causes of juvenile delinquency in greater depth may enhance the interpretation of these findings. Moreover, the subjective nature of forensic evaluations and potential variations in clinical assessments among professionals should be taken into account.

Our study's findings underscore the complex relationship between psychiatric disorders and delinquent behavior in JCL. The high prevalence of conduct disorder and ADHD among this group suggests that underlying neurodevelopmental and behavioral issues may contribute to delinquent actions. Additionally, our findings highlight the role of familial factors, such as parental separation, in increasing the likelihood of repeated offenses

Given these findings, early psychiatric evaluation and targeted interventions are essential in reducing delinquent behavior and improving long-term outcomes for JCL. Strengthening family support systems, increasing access to mental health services, and implementing preventive strategies within educational and community settings could play a crucial role in addressing juvenile delinquency. Future research should further explore the impact of psychiatric treatment and social interventions in mitigating risk factors associated with delinquent behavior.

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Abbreviations List

ADHD: Attention-Deficit/Hyperactivity Disorder;
CSA: Child Sexual Abuse;
DSM-5: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition;
JCL: Juveniles in Conflict with the Law;
SPSS: Statistical Package for the Social Sciences;
TPC: Turkish Penal Code.

Ethics Approval and Consent to Participate

This study was approved by the Lokman Hekim University Scientific Research Committee (Decision No: 2025/048; Code No: 2025041). The research was conducted in accordance with the principles of the Declaration of Helsinki. As the study was based on a retrospective review of anonymized medical records and forensic evaluation files of minors, the ethics committee determined that obtaining informed consent from participants and their legal guardians was not required.

Consent for Publication

This manuscript does not contain any individual person's identifiable data in any form. Therefore, consent for publication was not required.

Availability of Data and Materials

The datasets generated and/or analyzed during the current study are not publicly available due to legal and ethical restrictions related to forensic psychiatric records of minors. De-identified data may be made available from the corresponding author upon reasonable request and with permission from the relevant institutional and ethics authorities.

Competing Interests

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Author Contributions

SCD: Writing – review & editing, Writing – original draft, Visualization, Validation, Resources, Project administration, Methodology, Formal analysis, Data curation, Conceptualization. **BEM:** Writing – review & editing, Validation, Resources, Methodology, Investigation, Data curation, Conceptualization. **AÖ:** Writing – review & editing, Writing – manuscript formatting and editing. **NA:** Data collection, Statistical analysis.