

ORIGINAL ARTICLE

Evaluation of Sociodemographic and Clinical Characteristics of Forensic Cases Referred to a University Hospital

Bir Üniversite Hastanesine Sevk Edilen Adli Olguların Sosyodemografik ve Klinik Özelliklerinin Değerlendirilmesi

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ABSTRACT

Objective: Judicial authorities may refer forensic cases to the child and adolescent psychiatry outpatient clinic for different evaluations when deemed necessary. Both children who are dragged into crime and children who are victims of crime are evaluated and a medical opinion is formed in order to prepare the reports requested by the judicial authorities. In this context, it was aimed to evaluate the sociodemographic and clinical characteristics of forensic cases referred to the child and adolescent psychiatry outpatient clinic by judicial authorities in 2023.

Material and Methods: In 2023, the files of forensic cases referred to the child and adolescent psychiatry outpatient clinic by judicial authorities were examined retrospectively and sociodemographic characteristics such as age, gender, family status, education level, parental education level, and whether they were diagnosed as a result of psychiatric evaluation were analyzed.

Results: The files of 96 cases between the ages of 2-17 years were evaluated. Seventy-two (75%) of the cases were boys and 24 (25%) were girls and the mean age was 13.60±2.04 years. The most common reasons for the referral of the forensic cases were "to determine whether they comprehend the legal meaning and importance of the crime alleged to have been committed and whether they have developed the ability to direct their behavior" (n=66, 68%) and "to determine whether they can defend themselves physically or mentally" (n=18, 18%), respectively. It was determined that cases with a psychiatric disorder had significantly more repeated offenses. In addition, it was found that repeat offenses were significantly lower in children living with both parents compared to children living with a single parent or without parents.

Conclusion: It was observed that having a psychiatric disorder and not living with both parents may provide important data on recidivism in forensic cases referred to our clinic. In this sense, it was thought that treatment of psychiatric disorder and social service interventions for risky groups may be important in terms of preventive medicine.

Keywords: Child, Adolescent, Forensic psychiatry, Psychiatric comorbidity

ÖZ

Amaç: Adli makamlar gerekli gördüğü durumlarda çocuk ve ergen psikiyatri polikliniğine adli olguların farklı değerlendirilmeleri için yönlendirebilmektedir. Hem suçta sürüklenen çocuklar hem de suç mağduru çocuklar adli makamların istediği raporların düzenlenmesi amacıyla değerlendirilmekte ve tıbbi kanaat oluşturulmaktadır. Bu bağlamda adli makamlar tarafından 2023 yılı içinde çocuk ve ergen psikiyatri polikliniğine yönlendirilen adli olguların sosyodemografik ve klinik özelliklerinin değerlendirilmesi amaçlanmıştır.

Gereç ve Yöntem: 2023 yılında çocuk ve ergen psikiyatri polikliniğine adli makamlarca yönlendirilmiş adli olguların dosyaları geriye dönük olarak incelenmiş ve yaş, cinsiyet, aile durumu, eğitim düzeyi, ebeveyn eğitim düzeyi gibi sosyodemografik özelliklerin yanı sıra psikiyatrik değerlendirme sonucunda tanı alıp almadıkları gibi veriler incelenmiştir.

Bulgular: 2-17 yaş aralığında 96 olgunun dosyası değerlendirilmiştir. Olguların 72'si (%75) erkek, 24'ü (%25) kız olup ortalama yaş 13.60±2.04 bulunmuştur. Adli olguların en sık yönlendirilme sebepleri sırası ile "işlendiği iddia olunan suçun hukuki anlam ve önemini kavrayıp kavramadığı ve davranışlarını yönlendirme yeteneğinin gelişip gelişmediğinin tespiti" (n=66, %68), "beden veya ruh bakımından kendisini savunup savunamayacağına tespiti" (n=18, %18) olmuştur. Psikiyatrik bir bozukluğa sahip olguların anlamlı düzeyde daha fazla suç tekrarına sahip olduğu belirlenmiştir. Ayrıca her iki ebeveyni ile yaşayan çocuklarda tek ebeveynle/ebeveysiz yaşayan çocuklara kıyasla suç tekrarı anlamlı düzeyde daha az olduğu saptanmıştır.

Sonuç: Kliniğimize yönlendirilen adli olgularda psikiyatrik bozukluğa sahip olmanın ve her iki ebeveynle birlikte yaşamıyor olmanın suç tekrarıyla ilişkili önemli veriler sağlayabileceği görülmüştür. Bu anlamda psikiyatrik bozukluğun tedavisi ve riskli gruplara yönelik sosyal hizmet müdahalelerinin koruyucu hekimlik açısından önemli olabileceği düşünülmüştür.

Anahtar kelimeler: Çocuk, ergen, adli psikiyatri, psikiyatrik komorbidite

Introduction

Behaviors that threaten the security and order of society or violate the rights of other individuals are considered crimes under certain legal regulations and are punished according to the penalties prescribed by law. Statutory offenses include crimes defined in criminal laws such as murder, theft, sexual abuse and assault, and often require some form of sanction such

as imprisonment or a fine as a result of a judicial trial. Legal offenses also apply to children (1). According to a 2010 Canadian study, 37% of children in 7th and 9th grades were dragged into crime and 50% of these children committed their first crime before the age of 12 (2). According to data from the Turkish Statistical Institute, the number of incidents involving children who

came to or were brought to security units increased by 20.5% in 2022 compared to 2021 and reached 601,754. Two hundred six thousand eight hundred fifty-three of these incidents occurred due to being dragged into crime (3). Of the crimes charged, 37.8% were wounding, 25.2% were theft, 4.5% were using, selling or buying drugs or stimulants, 4.2% were crimes against the passport law and 4.1% were threat crimes.

The penalties to be imposed by judicial authorities are defined by specific legal regulations. Article 31/2 of the Turkish Penal Code (TPC) states that children who have completed the age of 12 but have not completed the age of 15 should be evaluated whether their ability to perceive the legal meaning and consequences of the act committed or to direct their behavior in relation to this act has developed sufficiently, or Article 32 of the TPC states that due to mental illness, the ability to perceive the legal meaning and consequences of the act committed or to direct their behavior in relation to this act has decreased or significantly decreased (1). In this context, children who are referred to child and adolescent psychiatry outpatient clinics for the evaluation of their ability to perceive the legal meaning and consequences of the act committed or to direct their behavior in relation to this act, to determine whether they can defend themselves physically or mentally, and for the presence of any psychopathology, should be examined at the direction of the court. At the same time, Article 124/2 of the Turkish Civil Code states that judges may authorize the marriage of boys and girls who have reached the age of 16 in extraordinary circumstances and for a very important reason (4). Children who are victims of crime and children who want to marry before reaching the age of majority are also referred to the child and adolescent psychiatry department. These children are also evaluated on the reliability of their declaration and their suitability for marriage. In a study conducted in Sakarya in 2012, the presence of a psychopathology was found in 71% of abuse cases, 56.9% of children dragged into crime (CDC) and 11.5% of children who applied for marriage (5). In addition, when children who were dragged into crime were examined, repeated offenses were associated with having negative family relations (6), dropping out of school, having friends who were dragged into crime (7), having low- and middle-income level socioeconomically (8) and having more siblings (9). At the same time, it has been statistically revealed that children with comorbid psychopathology constitute the majority of CDC.

The number of referred forensic cases is increasing every year (3). In the evaluation of these referred cases, it is important to determine the risk factors for being dragged into crime and to identify the determinants of the possibility of repeat offences. Therefore, we have two aims. Our first aim is to determine the sociodemographic characteristics of forensic cases. Our second aim is to determine the relationship between psychiatric disorder and being dragged into crime. Our hypothesis is that if children

dragged to crime have psychiatric disorders, the rate of repeat offences will increase.

Material and Methods

The sample of this study consists of children referred to the Child and Adolescent Psychiatry Outpatient Clinic of Selçuk University, Faculty of Medicine Hospital by judicial authorities between January 1 and December 31, 2023. Forensic cases referred to our clinic are interviewed under the supervision of the responsible faculty member, the reason for the referral, the forensic file is examined and detailed diagnostic interviews are conducted with the family and the child based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (10). In addition, the Wechsler Intelligence Scale for Children (WISC-R) is administered to determine cognitive characteristics in cases with clinically suspected Intellectual Disability (ID). The data to be used in this study were obtained by file screening method.

Ethics committee approval of the study was obtained from Selçuk University, Faculty of Medicine Local Ethics Committee with protocol number 2024/103. The data of the study were obtained retrospectively by file scanning method. Statistical analyses were performed using SPSS version 22. Continuous variables were expressed as mean \pm standard deviation while categorical variables were summarized as frequencies and percentages. The Kolmogorov-Smirnov test was used to check the normality of the data. Before conducting the analysis, kurtosis and skewness values were evaluated to ensure the normality assumption, with coefficients falling within the acceptable range of -1 to +1 (11). Participants were divided into two groups based on family status (intact or separated) and presence or absence of psychiatric disorders. Differences in age, gender, and recidivism rates between the two groups were analyzed using Student's t-test and Chi-square tests. A significance level of $p < 0.05$ was adopted for all tests.

Results

The study included 96 children between the ages of 2-17 years, and the mean age of the children was 13.60 ± 2.04 years. 25% of the children were girls ($n=24$) and 75% were boys ($n=72$). 2.1% ($n=2$) of the children had not yet reached school starting age, 22.9% ($n=22$) had dropped out of school, and 75% ($n=72$) were attending school.

In 30.2% ($n=29$) of the children, parents were divorced while 69.8% ($n=67$) had preserved family unity. When parental education status was analyzed, the mother of 13.5% ($n=13$) was illiterate and the father of 4.2% ($n=4$) was illiterate. None of the parents of the participants included in the study were university graduates. 97.9% ($n=94$) of the children lived in rural areas and 2.1% ($n=2$) lived in urban areas. 71.9% ($n=69$) of the children were referred to us because of damage to property and person, 12.5% ($n=12$) because of theft, and 10.4% ($n=10$) because of underage marriage. As a result of detailed diagnostic interviews with the

children, it was determined that 67.7% (n=65) had no psychiatric disorder, 24.9% (n=24) had attention deficit and hyperactivity disorder (ADHD) and 16.7% (n=16) had ID. (these data are shown in table 1.)

Table 1. Characteristics of participants

Participant characteristics (N=96)	%/M (SD)
Gender	
Female	25 (n= 24)
Male	75 (n= 72)
Age	13.60 (2.04)
Educational level of children	
Under school age	2.1
Drop out of school	22.9
Attending school	75
Educational level of the mother	
Illiterate	13.5
Primary School	56.3
Secondary school	21.9
High school	8.3
Educational level of the father	
Illiterate	4.2
Primary School	63.5
Secondary school	7.3
High school	25
Living Space	
Rural	97.9
Urban	2.1
Having a Psychiatric Disorder	
No	67.7
Yes	32.3
Reasons for referral	
Damage to property and person	71.9
Theft	12.5
Underage marriage	10.4
Other	5.2

When the reasons for referral of forensic cases were examined, the most common reasons for referral were "to determine whether the patient comprehends the legal meaning and importance of the crime alleged to have been committed and whether his/her ability to direct his/her behaviors has developed" (n=66, 68%) and "to determine whether he/she can defend himself/herself physically or mentally" (n=18, 18%). 79.2% (n=76) of the children were referred to us for the first offense and 20.8% (n=20) were referred to us for repeated offenses. When children who committed repeated offenses were analyzed, it was found that the tendency to commit repeated offenses was statistically higher among children living in separated families and those with psychiatric disorders (These data are shown in table 2.3.).

Table 2. Comparison of repeated offense rates according to family status

Participant characteristics (N=96)	Intact Family	Separated Family	p	χ^2 /t*
Gender				
Female	n=14	n=12	0.135	4.006 [^]
Male	n=53	n=17		
Age	13.2 ± 3.5	12.8 ± 3.7	0.629	0.485*
Repeated Offense				
Present	n=50	n=8	0.007	7.365 [^]
Absent	n=17	n=21		

[^]Chi-square test was applied

* Student's t-test was applied

Results with statistically significant differences are in bold.

Table 3. Comparison of repeated offense rates according to psychiatric comorbidity

Participant characteristics (N=96)	Having a Psychiatric Disorder	Not Having a Psychiatric Disorder	p	χ^2 /t*
Gender				
Female	n=6	n=18	0.512	1.337 [^]
Male	n=25	n=47		
Age	12.5 ± 3.2	13.8 ± 3.4	0.212	1.256*
Repeated Offense				
Present	n=13	n=7	<0.001	12.362 [^]
Absent	n=18	n=58		

[^]Chi-square test was applied

* Student's t-test was applied

Results with statistically significant differences are in bold.

Discussion

The study aimed to comprehensively examine the sociodemographic and clinical characteristics of pediatric cases referred to the Child and Adolescent Psychiatry Outpatient Clinic of Selçuk University, Faculty of Medicine Hospital by judicial authorities. Although the findings are largely consistent with previous studies in this field, they include some differences and unique contributions. As a result of the study, living in a separated family and having a psychiatric disorder were found as the factors that increased the likelihood of repeated offenses.

ADHD was detected in 24.9% of the cases in the study, and 16.7% of the cases had ID. These findings are consistent with the results of Bilginer et al. (2020) who reported that a large proportion of CDC had a previous psychiatric diagnosis. The prevalence of ADHD explains the difficulties these children experience in impulse control and adaptation to social norms. The relationship between ADHD and criminal behavior has been widely documented in the literature; it is known that individuals with ADHD are at higher risk of being dragged into crime due to their attention deficits and impulsivity (13). In this context, it can be concluded that it may be in the best interest of the children to conduct comprehensive psychiatric examinations of CDC and to closely monitor children with psychiatric diagnoses, especially in terms of the risk of being dragged into crime.

When children who have committed repeated offenses are examined more closely, it is also investigated which factors may predispose them to reoffending. In this context, it was determined that CDC living in broken families were significantly more likely to reoffend compared to children living in nuclear and/or extended families. One of the factors affecting the tendency of those living in broken families to reoffend may be poor social support. Tunceroğlu's (2015) study shows that family disharmony increases the risk of juvenile delinquency. Having a fragmented family structure may cause children to not receive sufficient emotional and social support, leading to an increase in criminal behavior. In this sense, it may be important to follow children who have been dragged into crime once and live in a broken family more closely to prevent them from being dragged into crime again.

In the Child Protection Law published in the Official Gazette in 2005, there are cautionary decisions defined for CDCs. These cautionary decisions are of great importance in closely monitoring CDCs and providing them with the necessary support (12).

Another factor found to be significant in the study on recidivism is having a psychiatric disorder. In our study, it was found that individuals with psychiatric disorders were significantly more likely to be dragged into repeated offenses. Although this finding does not mean that every child with a psychiatric diagnosis will be dragged into crime, it has been concluded that it may be appropriate to follow up children who have been dragged into crime and have a psychiatric disorder in order to prevent them from being dragged into crime again and to evaluate them in terms of the measures specified in the Child Protection Law (12). However, longitudinal studies with a larger sample on this subject are important to confirm the results emphasizes the prevalence and the role of comorbidity. In particular, it is known that neurodevelopmental disorders such as ADHD and ID can negatively affect children's social adaptation skills and problem-solving abilities and may predispose them to criminal behavior (14).

Limitations

Our study has some limitations. For example, sampling from only one university hospital and the relatively small sample size limit the generalizability of the results. In addition, the retrospective collection of the data used in our study may cause some information gaps. Therefore, it is recommended that future studies be conducted on larger sample groups and with different methods.

Conclusion

As a result, this study may provide an opportunity to comment on the fact that mental disorders are present in a significant number of children referred by judicial authorities and that family structure may have a determining effect on being dragged into crime. It emphasizes the importance of comprehensively assessing and supporting the mental and social needs of children involved in judicial processes. In order to support the healthy development of children and reduce the risk of children being dragged into crime, effective cooperation between families, educational institutions and judicial authorities should be ensured in order to strengthen family relationships and increase social support. These recommendations may show the necessity of multidisciplinary and coordinated work in terms of both preventing children from being dragged into crime and preventing CDC from being dragged into crime again. More multidisciplinary studies with larger samples are important to confirm the results of our study.

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