

Juvenile Delinquency and Medico-Legal Perspective for Promoting Children's Health

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ABSTRACT

Background: Risk factors such as biological, psychological, sociological, cultural, economic and environmental factors have been defined for juvenile delinquency. Identification of these risk factors is necessary in terms of creating a management plan of the cases, and for planning protective and preventive activities. **Objective:** To discuss the potential of forensic evaluation in improving the health of the children, and practical difficulties and to evaluate the risk factors and protection needs of children involved in crime. **Method:** Data of the children between the age group of 12-18 years, who attended the Forensic Medicine Polyclinic during the time period of 08th October 2015 – 31st January 2016, were taken for evaluation, retrospectively. Age, gender, socio-demographic data and reasons for evaluation were investigated. **Results:** Out of the 89 cases included in the study, 12 were girls (13%), 77 were boys (87%), and the mean age was 15.14. Custody examination was the most common reason of the application with 76 cases (85%). In the studied group, 60 children had the habit of smoking, and 24 were using alcohol/substance, while 36 of them were working. The mean period of education was 7.18 years; in this study, 3 children were living on the streets, 4 were staying at a children's dormitory (society for protection of children), 5 were living with their friends. New or recent blunt traumatic lesions were detected on the examination of 20 children. **Conclusion:** In our retrospective study, risk factors of juvenile delinquency were evaluated regarding gender, educational status, family status, working status, smoking and use of alcohol/substance, and these were found to be compatible to the literature. There is a need for future studies where wide risk factors of juvenile delinquency can be evaluated.

Key words: protecting child forensic examinations, promoting health, children's rights

Since childhood is a period where physical, social, and mental development and the process of socialization continues, it is necessary to develop different approaches and special regulations for children in every area [1,2]. According to the Declaration of the Rights of the Child (DRC) and Convention on the Rights of the Child (CRC), until the age of 18, every human being is considered as a child, and all states parties have

liabilities for ensuring that children survive and develop [3].

Juvenile delinquency is a special topic and there are special regulations at the national and international law for these children. In all regulations, the understanding of 'protecting the best interests of the child' has come to the forefront. Protecting the best interests of the child means

taking all kinds of efforts and necessary precautions regarding the aim of raising the child in a social environment filled with a spirit of peace, tolerance, freedom, equality, brotherhood, and solidarity, as well as a family environment that represents happiness, love and understanding so that the child can develop a healthy identity and form positive relationships with the environment [1].

Turkey has signed the CRC on 14th September, 1990, and it was published in the Official Gazette on 11th December 1994 [4]. In Turkish Child Protection Law's (TCPL) (dated 07 March 2005 and numbered 5395) article 4 where the basic principles are written and described as; "ensuring the child's right to life, development, protection and participation, protecting the interests and well-being of the child, participation in decision-making processes, discrimination ban, compatibility to human rights, giving special care in accordance with the situation of the child during the investigation and prosecution, when possible, the procedures to be carried out by people with civilian clothes, supporting the development of the child, resorting to restrictions on freedom and resorting to imprisonment as a last resort, being separated from adults when these are resorted to, and the measures of privacy that should be taken are regulated" [5].

According to the criminal laws of the countries, there can be differences in the lowest age limit for criminal responsibility of children [6,7]. Maher [8] emphasizes that the variability in this limit changes according to what the countries have put into the concepts of childhood and crime. According to the Turkish Penal Code (TPC), children under the age of 12 do not have criminal responsibility [9].

In many studies, it has been reported that many biological, psychological, sociological, cultural, economic and environmental factors influence to juvenile delinquency [6-10]. Identification of these risk factors is necessary in terms of demonstrating the relationship between criminal behavior, setting up a management plan for cases, planning protective and preventive activities, effective use of resources and achieving standards in inspections [10]. We planned this study to evaluate the risk factors of juvenile delinquency and protection needs of children, medico-legal examination of children and potential to promote their health, and also practical difficulties have been discussed.

METHODS

This retrospective study was conducted after getting ethical committee clearance from the members of the hospital. Data of children in the age group 12-18 year, who applied to the Forensic Medicine policlinic of a training and research hospital, were evaluated. Followed by which files of children between the age group of 12-18 years, and citizens of Republic of Turkey, who were brought to the Forensic Medicine Policlinic with the official letter for the request for the forensic medical report during working hours with law enforcement between the dates of 08/10/2015 – 31/01/2016, were evaluated.

Age, gender, socio-demographic data of children and the data on the reasons for medico legal examination were evaluated. Although there was a total of 144 child applications during the specified period, a total of 89 case files were included in the study for reasons such as: recurrent examinations of the same child, no anamnesis, and incorrect data of age on registration barcodes. The criteria to be included in the study were that the child must be older than 12 but younger than 18, and to be evaluated in the forensic medicine policlinic in the specified period, and to be issued a medico legal report. Two forensic medicine specialists performed examinations in two different policlinics in the same hospital. During the evaluation of the study data, descriptive statistical methods (mean, standard deviation, median, frequency, ratio), were used.

RESULTS

Out of total 89 cases included in this study, 87% were male (n: 77) while the rest were female. The mean age was 15.14 years; the most common application reason was for custody (85%) (Table 1). Out of the 89 children, two children, aged 16 and 17 years, reported that they did not use alcohol but were suspected to be under the influence of alcohol during the examination, were not included in the evaluation for this subheading. Smoking were very common (67%) among these children (Table 2).

Educational range was 1-12 years; average education was 7.18 years. School attendance was very low (70%). In the studied children, 36 were working while all of them were working informally (Table 2). Declared working status of mothers were; 70 not working, 13 working, 3 deceased, 1 in prison (2 children couldn't answer).

Declared working status of fathers were; 63 not working, 10 working, 6 deceased, 5 in prison (5 children couldn't answer). Eighty six percent of children stated that they were living with their families or at least one family member (Table 2), and the household number stated by these children varied between 2 and 16, household average was 6.14. The range of siblings reported was 1-15, and the average numbers of siblings were 5.01.

Table 1. Distributions of sex, age and reasons of applications

FEATURES	n (%)
Gender	
Girl	12 (13)
Boy	77 (87)
Age Range	
12-15 Years	21 (24)
15-18 Years	78 (76)
Reasons of Application	
Custody Examination	76 (85)
Examination before dormitory	9 (11)
Violence	4 (4)

Table 2: Sociodemographic features, smoking, alcohol and substance use*

Socio-demographic Features	n (%)
Working Child	36 (40)
*Uneducated Child	62 (70)
Children living with parents	77 (86)
Children living on streets	3 (3)
Children living in dormitory	4 (4)
Children living with friends	5 (6)
Separated parents	12 (13)
Children whose parents are dead	9 (10)
Substance Use	
Alcohol	17 (19)
Other substances	18 (20)
Smoking	60 (67)

*uneducated child means children who aren't attending school

Medico legal examination and findings revealed that all the children were brought to polyclinic for examination on the incident date or right after the incident date, which can be defined as an acute application. Total 88 out of 89 children were examined, one child refused examination. This child mentioned that it was not subjected to any

physical trauma or violence, and did not have any physical complaints. In the examination of 20 children, skin findings consistent with new or recent blunt traumatic change were found, 5 of these children were in the 12-15-age range. While 16 children mentioned reasons like accident or falling for these findings, one child mentioned the cause as parental violence, one child mentioned partner violence and one child mentioned law enforcement violence. One child mentioned that he/she did not remember when and how the injury happened. No findings of physical trauma were found during the examination of 2 children stating they were fighting with their school friends,

DISCUSSION

The Turkish Child Protection Law (TCPL) was enacted in 2005 for the investigation and prosecution of children in Turkey, and in the law, a child who has been reported to be a criminal, who has been investigated and prosecuted or measures are decided upon, is expressed as a 'child driven to crime'. Procedures and guidelines are arranged in the law to protect 'children driven to crime' or 'needing protection', and securing their rights and well-being. With these two important definitions in the law, regarding juvenile delinquency, the fact that the children are driven to crime instead of their possibility of being a criminal are taken into consideration [1,5].

The studies, conducted to assess the risk factors of juvenile delinquency, have reported that a standardized risk investigation presents some advantages [10,11]. To do this, 'The Washington State Juvenile Court Assessment' has developed an evaluation model that covers important areas of the information defined in literature on juvenile delinquency. In this model, risk factors are evaluated under several titles; Criminal History, Demographics, School, Use of Free Time, Employment, Relationships, Family, Alcohol and Substance, Mental Health, Attitudes, Aggression and Social Skills. It is reported that the identification of these risk factors is also a criterion for preventive measures [10]. In our study, retrospective data were obtained, not all of the mentioned risk factors were identified. There is a need for planning standardized future studies related to this subject.

When the risk factors reported on juvenile delinquency in Turkey and in the world are looked at; it is reported that factors such as low socio-economic level,

alcohol/substance abuse, parental factors (low education level of parents, crime rate of parents, one or both of parents' deaths, being prison, child not seeing parents for a long time for any reason), migration, conflicting environments, being raised in criminal circles, lack of access to education, forced labor or uninsured employment, lack of adequate care due to the residential area and the crowded family, deprivation are risk factors related to juvenile delinquency [8,10-30].

Custody examinations constitute the majority of the child applications made to our polyclinic (85% with 76 cases). In the case of the applications made for custody examinations, although the judicial process has not yet reached the stage of law enforcement, it was found that socio-demographic data were very similar to data that is described for children who were found guilty after the legal process. While taking the protective and supportive measures defined in Article 5 of the TCPL; study data were evaluated under these titles regarding the risk factors; the child's education status, whether he/she is still attending the school, the parents' status, smoking, alcohol and substance abuse, and work status; and these five titles were taken into consideration.

The most striking data we have obtained in our study is the high level of smoking (67%), alcohol (19%) and substance (20%) abuse that should be considered as a negative health indicator especially when their negative effects on health are considered. It is emphasized that substance abuse is a risk factor for juvenile delinquency [12,17-20,25-28]. Smoking/alcohol/substance abuse at early age is an important problem that should be taken into consideration in terms of care, counseling and health care measures. For this reason the necessity and importance of centers that the child can be directly sent to, in order to protect the child's health in any polyclinic or examination where smoking/alcohol/substance abuse or addiction is diagnosed in children should be voice. In Article 33 of the CRC, the liability of states parties for protecting the children from drugs and narcotics is clearly defined [3].

The low level of children's school attendance is another striking result, and was found to be compatible with the studies conducted on juvenile delinquency [2,13,15,21,22]. It was seen that this low level in the rates of children finishing compulsory education which is 8 years in Turkey, emphasized a problem with a magnitude that can even be realized in health care institutions. In the

study, it was found that 36 children (40%) were working unregistered and without insurance, and 6 of these children were in the 12-15 age range. According to Turkish Labor Law (article 71/1) in effect, children who are not fifteen years old are not allowed to work [31,32]. Unregistered and uninsured labor is expressed to increase illiteracy and the probability of causing children to be driven to crime, having problems in school attendance, being exposed to criminal behavior while working, and internalizing these behaviors [2,17,22,28]. In Article 33 of CRC, the liability of states parties for protecting the children from economic exploitation and from hazardous work for child's education is clearly defined [3].

The negative family characteristics in this study can be listed as; not having one of the parents, living away from the family, living in a crowded family (the average household number in the study is 6,14), high number of siblings (average number of siblings in the study is 5,01). Factors like fragmented family, negative role models in the family, low educational level of parents, the existence of crime history in the family, domestic conflicts, ill treatment, discipline methods and crowded family life are among factors related to the family that are also reported in other studies [13-18, 21-24,29]. In accordance with studies that report that male gender is also a risk factor in juvenile delinquency, the proportion of boys was higher in our study (87%). Although an increase in juvenile delinquency in girls is reported in international literature [25], studies performed in Turkey report that juvenile delinquency are still more common in boys, and social gender roles and cultural characteristics have a protective aspect for girls in terms of being driven to crime [21-24,27-30].

As a clinical observation, it is particularly striking that the number of incisions on the dorsal sides of the arms are very high. But statistical data isn't shared because these kind of skin findings weren't systematically recorded. In future examinations, findings on harmful behavior of the children to themselves should also be recorded. Behavioral trends and aggression are reported in the risk factor assessment model for children driven to crime [10]. Having 'child-friendly units' where there is also a child psychiatrist, social worker, child police, child prosecutor and relevant health teams; is important so that evaluation, prevention and preventive measures can be done in a multidisciplinary way. One of the major shortcoming of this study was that there were no child psychiatrist in the hospital, where the study was conducted. Psychiatric

evaluation is very important for evaluation of mental state of the children [33], identification of the risk factors they have and performing treatment when necessary.

When forensic evaluation was performed due to an official report request, it contains some difficulties in terms of patient doctor relationship. The most important of these is that the information that the patient provides during the forensic evaluation will be shared with official authorities. For this reason the healing therapeutic relationship of the patient doctor relationship can't be easily established during forensic examination. The low level of reliability of the data obtained from the children due to these difficulties establishes the most important limitation of this study. However, even when we evaluate the data with the prediction that children tend to hide away negativity, we concluded that the results of this study are very striking in terms of negative health indicators. Since our study was retrospective and limited to one hospital's data, the results can't be generalized. Standardized future studies with wider case series should be planned where all risks factors can be evaluated. The development of health in the Ottawa Declaration, which is an important declaration on the development of health, has been described as "not only strengthening the skills and capacities of individuals but also reducing the effects of social and economic conditions on the health of the individual and the society". In the Lalonde Report, it was emphasized that disadvantaged groups should be prioritized in the interventions related to the development of health [34,35]. Seeing every encounter with children as an opportunity to promote their health, and performing studies in this direction may increase the awareness of health workers.

CONCLUSION

This study demonstrates that children who are driven to crime have serious negative health indicators and forensic examination is an important opportunity in terms of initiatives for promoting health of children and protecting children. All adverse factors that occur during childhood will have lasting effects on the future life of the child by showing an accumulating and increasing effect if the prevention is not taken.

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