Dragging Factors in Juvenile Delinquency, Mental Health Problems, and Nursing Care

Çocuklarda Suça Sürükleyen Faktörler, Ruhsal Problemler ve Hemşirelik Bakımı

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SUMMARY

Crime is the oldest disorderly conduct in the history of humanity. The increase in the number of children involved in criminal behavior takes attention. Children can display criminal behavior due to several reasons, and juvenile delinquency leads to not only judicial problems but also psychiatric problems. Psychiatric problems of juvenile delinquents often result in hospitalization in psychiatric units. Therefore, it is extremely important and necessary in the prevention of juvenile delinquency that the nurses who take care of this group of children should be aware of dragging factors in juvenile delinquency, characteristics and mental problems of juvenile delinquents, their roles and responsibilities in an efficient nursing care for juvenile delinquents, and the points that need to be taken into consideration while interviewing them. This study aimed to address mental problems observed in juvenile delinquents, explain the role and responsibilities of nurses in caring them, and shed light on the points that need attention during interviews with them.

Keywords: Child; child psychiatry; crime; forensic psychiatry; psychiatric nursing.

ÖZET

Suç insanlık tarihinin en eski kabul edilen yasalara, ahlaka aykırı davranışıdır. Günümüzde suça yönelmiş çocukların sayısındaki artış dikkat çekmektedir. Çocuklar çeşitli birçok faktörün etkisi ile suça yönelebilmekte ve çocukların suça sürüklenmesi, hukuksal sorunların yanında psikiyatrik sorunları da beraberinde getirmektedir. Suça sürüklenmiş çocukların birçoğunda psikiyatrik problemlerin görülmesi, bu çocukların sıklıkla psikiyatri kliniklerinde yatışına neden olmaktadır. Bu özellikli gruba bakım veren hemşirelerin, bu çocukların özelliklerini, onlarda görülen ruhsal problemleri, suça sürükleyen faktörleri ve bunlara yönelik etkin bir bakımda hemşirenin rol ve sorumluluklarını ve onlarla görüşme yaparken dikkat edilmesi gereken noktaları bilmesi, çocuklardaki suça eğilimi önlemede oldukça önemli ve gereklidir. Bu özden hareketle bu makalenin amacı, suça yönelmiş çocuklarda görülen ruhsal problemleri ortaya koymak ve onlara bakım veren hemşirelerin rol ve sorumluluklarını açıklayarak, görüşme yaparken dikkat edilmesi gereken noktalara ışık tutmaktır.

Anahtar sözcükler: *Çocuk; çocuk psikiyatrisi; suç; adli psikiyatri; psikiyatri hemşireliği.*

Introduction

The concept of crime, which is as old as the history of humanity, has continued to exist and always remained on the agenda by being defined in different forms from past to present.[1–3] The Greek philosopher in the Ancient Age, Plato, regarded the crime as a kind of mental illness in his work named "The Laws," but in the Middle Ages, it was regarded as a devilish act just as seen in mental illnesses and accepted as a behavior emerging with initiatives of evil spirits.[4] Today, the crime is accepted as any act that is clearly prohibited by laws and for which a penalty is foreseen.

Crime is a multifaceted concept. It is a whole set of behaviors that violate the law legally, harm the society sociologically, include individual characteristics psychologically, and are against the rules religiously and morally and evaluated as a crime criminologically.[5] For this reason, the criminal tendency of an individual may depend on many factors.

According to the United Nations Convention on the Rights of the Child, every individual is regarded as a child until the age of 18.[6] Therefore, the involvement of individuals under the age of 18 in a crime for any reason, and accordingly the display of a behavior requiring judicial jurisdiction, are considered juvenile delinquency.[7,8] Juvenile delinquency often coincides with adolescence, termed developmentally "problematic phase" or "transition phase."[9] The tendency to commit a crime is more common in childhood–adolescence.[10–12] Individuals with criminal tendency during childhood often maintain this tendency in adulthood.[13] However, crimes committed in childhood differ in many respects from crimes committed in adulthood.[14,15] For this reason, in order to recognize and prevent the crime behaviors exhibited during childhood and adolescence, it is important to determine the dragging factors in juvenile delinquency and risky groups and direct the individual's life in earlier periods in terms of developing his/her personality and making him/her attain the ideal. In this context, the purpose of this study was to clarify the factors affecting the criminal tendency in juvenile delinquents, identify the psychological problems observed in

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them, and clarify the roles and responsibilities of nurses who care for these children.

Dragging Factors in Juvenile Delinquency and Risky Group Features

It is important and necessary to know the characteristics of juvenile delinquents or risky children in this regard and the relevant dragging factors to identify these children in early periods and make necessary interventions on time. Children may get involved in criminal behaviors because of many factors. The sociocultural environment, family structure, group norms, value judgments, living conditions, and personal characteristics may play an important role in juvenile delinquency.[2] For example, criminal behavior can emerge in aggressive (property damage, and so on) or nonaggressive (robbery, and so on) forms.[16] The conducted studies stated that children with violent criminal tendency had more psychopathological characteristics and antisocial behaviors compared with the ones with nonviolent criminal tendency.[17] It is possible to sum up the dragging factors in juvenile delinquency under three main headings, which are as follows:

1. Individual Factors: Data in the literature show that majority of the juvenile delinquents are males[18] and teenagers.[19–21] The conducted studies state that crimes are mostly committed at the age of 14–18 years.[14,19,22] Cuervo et al. (2015) conducted a study on 395 children aged 14–18 years and showed that boys had a higher delinquency rate compared with girls, and the personal delinquency rate increased as the individual became older.[23]

The conducted studies revealed that juvenile delinquents reported stress symptoms at a higher level, used less of their effective coping patterns, and exhibited lower moral behaviors.[24,25] These studies also demonstrated that juvenile delinquents could not use their coping mechanisms and problem-solving skills adequately due to their lack of social support against the stressor they were living with. Thus, they displayed aggressive behaviors to cope with these stressors and had psychosomatic complaints.[25–28] Children–adolescents with an impaired social problem-solving ability are at a high risk of criminal behavior.[29] The study conducted by Brugman and Aleva (2004) on delinquent and nondelinquent adolescents emphasized that adolescents with a delinquency story exhibited lower moral behaviors.[30] Çeliköz et al. (2008) found that juvenile delinquents had a lower level of moral judgments.[9]

Rosenberg and Rosenberg (1978) explained that a decrease in self-esteem could lead to criminal behavior, which in turn could lead to a lower level of self-esteem.[31] In particular, juvenile delinquents with risky behaviors were more interested in social outlook goals, whereas the ones without risky behaviors were more interested in goals associated with academic outlook. Individuals with guilty and risky behaviors thought that they were perceived by others as incompatible. [10]

2. Familial Factors: Family is the smallest social unit affecting the individual at most and most closely in the process of socialization. From the time of birth, the child learns to socialize within the society in which he/she lives by identifying and imitating the behavior of his/her parents in the first phase of personality development. The child in the process of socialization and adaptation to the society internalizes all positive or negative behaviors, attitudes, and thoughts.[3,4,19] In this process, it is inevitable that the child experiencing stressful life events exhibits behavioral and emotional problems and is accordingly dragged into delinquency.[32–34]

Individual, hereditary, and psychological parameters, socioeconomic conditions of the family, and living environment are the factors affecting juvenile delinquency.[35] It is reported in the literature that the delinquency rate in adolescents decreases with the increase in the education level of parents.[19] Also, children from a family of low socioeconomic status were found to have higher delinquency rates.[36,37]

Factors including structural characteristics of the family, malfunctioning of the family order, and conflicts within the family can also be influential in delinquency of an individual in the process of development and socialization.[35] Moitra and Mukherjee (2012) stated that a statistically significant difference existed between the delinquent and nondelinquent children in terms of the variable of communication with the family. The study conducted by Gördeleş Beşer, Baysan Arabacı, and Uzunoğlu demonstrated that 65.3% of juvenile delinquents had a problematic relationship with their families.[21] Further analysis showed that ineffective communication and interaction between parents and the child was a factor dragging the child into delinquency.[38] Moreover, Couglin and Vuchinich (1996) reported that living in a step-family or being raised by a single parent doubled the delinquency rate of 14-year-old children.[39] The delinquency behaviors of children living with only fathers were found to be highly risky.[40]

One of the most influential factors in juvenile delinquency is to have a delinquent member in the family, which has a great role in the process of development and socialization of the child. The delinquency in parents increases the child's criminal potential.[41] A study showed that the most important factor dragging the boys into delinquency was the father with a criminal background.[42] It is also known that family situations that cause more intense problems in family–child relationships, such as unemployed parents,[34] separation from the family, leaving home, or the absence of a parent, also increase the juvenile delinquency rate.[43]

3. Environmental Factors: Studies show that immigration is another influential factor in juvenile delinquency.[44] Akduman (2007) stated that 94.7% of the delinquent adolescents were children who migrated from various regions of Turkey to Ankara Province.[19] Gönültaş and Hilal (2012) also pointed out that immigration influenced the offenses against property in a weak or positive way.[45] Another environmental factor that explains juvenile delinquency is the child's school affiliation. The juvenile delinquency rate is lower in children with a high school affiliation.[46] A study conducted in Brazil indicated that delinquent children lived in dangerous social environments.[47]

In sum, children who are in the process of discovering and learning their own roles and social duties in the society are dragged into delinquency due to many factors. Therefore, it is not possible to explain juvenile delinquency with a single reason. A complicated and traumatic situation, such as a crime that the child living in vulnerable group encounters in his/her life, may trigger some mental health problems or aggravate the existing mental health problems.

Mental Health Problems in Juvenile Delinquents

Juvenile delinquents are not only included in the legal system but also frequently present in psychiatric clinics because of some comorbid mental problems associated with criminal behaviors. Moore, Gaskin, and Indig (2013) conducted a study on 291 delinquents and found that 8 out of 10 respondents had at least one psychiatric diagnosis, and about 25% had post-traumatic stress disorder symptoms.[48] Juvenile delinquents are also reported to have higher levels of depression, anxiety, anger, anxiety in family relations, and attention problems.[49] A study conducted on 869 children determined that approximately half of the juvenile delinquents had psychological distress, 36.8% had sleep disturbance, and 34.7% had a depression problem.[50] Santos et al. (2012) conducted a study on 261 convicted children and reported that the frequency of behavioral disorders in children, regardless of gender, was significantly higher. The same study underlined that boys showed more psychopathological features.[51] Similar findings were found in a retrospective study on 111 judicial cases examined during 2012–2013. This study determined that 55% of children included in the survey were diagnosed with "Behavioral Disorder."[52] Sireli et al. (2014) retrospectively examined 19 cases and reported that delinquent adolescents were mostly diagnosed with attention deficit and hyperactivity disorder.[53] Senses et al. (2014) conducted a study on 30 boys and found that children were most frequently diagnosed with attention deficit and hyperactivity disorder (56%) as well as depression (26%).[54] A study conducted in Korea reported high level of depression in the children who were dragged into the crime of theft.[55]

Children can be dragged into crimes due to a variety of factors, and juvenile delinquency leads to psychiatric problems as well as legal problems. These psychiatric problems result in hospitalization in psychiatric clinics. Taking care of such a special and vulnerable group requires having some specialized knowledge and skills. Nurses working in psychiatry units and caring for these children are expected to have a special ability in managing criminal behavior in addition to basic nursing skills.

Nursing Care in Juvenile Delinquents

Establishment of special courts and prison processes for juvenile delinquents are not enough to reintegrate them into the society. Besides legal problems, these children also face sociological and psychological problems. Therefore, juvenile delinquency is an issue requiring the cooperation of many disciplines and specialists including cops, judges, and prosecutors as well as social service specialists, forensic psychiatrists, and psychiatric nurses.[56–60] Nurses can play an important role in ensuring necessary care and support during the diagnosis, treatment, rehabilitation, and reintegration of juvenile delinquents.[61] The roles and responsibilities of nurses working in the field of psychiatry (child psychiatric nurses, community mental health nurses, forensic psychiatric nurses, etc.) include identifying problems of the adolescents' criminal tendency, teaching them how to cope with their problems, and developing positive interpersonal relationships.[62] Nurses caring for these children, who are a group with criminal backgrounds and mental problems, should also have some particular knowledge and skills. For example, they should have knowledge and skills about developmental periods of delinquent children, mental problems in childhood, therapeutic communication and empathy with the child, and solving social and psychological problems related to crime. In other words, it is important and necessary for nurses to have the ability to perform judicial and psychiatric evaluations, in addition to their roles that they must perform during the care and rehabilitation for these children.

The judicial evaluation performed by the nurse differs from classical evaluation in terms of purpose, scope, evaluation results, role of the evaluator, and communication type between the assessor and the assessed child.[63] Forinstance, the situation in which the delinquent child has been silent during an interview sometimes may allow him/her to think. However, this silence should not be so long as to increase the child's anxiety. It is important to know the developmental process of the child, understand the behaviors exhibited by the child, and communicate with him/her without judgment. Table 1 summarizes the points that the nurse should keep in mind when asking questions during an interview with a juvenile delinquent.[63]

Table 1. Points to which nurses should pay attention when asking questions during the forensic interview with the child*

Explanation	Ineffective question	Effective question	Effect
Questions with Yes/No answers should be avoided during the interview. Open-ended questions so that the child can make the necessary definitions should be asked.	"Did you do bad things when you got angry?"	"What do you do when you get angry?"	This allows for further identification and explanation.
Questions involving multiple concepts should be avoided.	"What do you think about your mother and father?"		Children can give the same answers for the question.
Sharp and negative questions that will embarrass the child should be avoided.	"You have failed in five courses, is that true?"	"What are the lessons in school that you think are hard for you?"	In this way, the child would not be judged.
If the "Why" questions are carefully asked, they can help in communication with the child. However, attention should be paid to the fact that these questions are not judicial.	"Why are you using alcohol/substance?	"Why do you think your father might have said that?"	More information can be obtained from the child.
In communication with the child dragged into crime, questions should be asked to make him/her provide more detailed recall.	"Is this the only thing that your uncle told you?"	"Do you remember exactly what your uncle said when he told you he had a gun at home?"	It is a more reminiscence question for the child.
If the silence lasts longer during the interview, the child should be encouraged to talk.		"I wonder what you think right now." "Do you want to talk now or later about what you felt at the time of the event?"	

*Gudas LS, Sattler JM, Forensic Interviewing of Children and Adolescents, In: S.N. Sparta, G.P. Koocher, editors. Forensic Mental Health Assessment of Children and Adolescents. Oxford University Press, New York, 2006; 115-128.

Forensic evaluation of a juvenile delinquent differs from the one applied on adults in terms of psychosocial development, family dynamics, and special tools used for the evaluation.[53,64] Nurses who evaluate juvenile delinquents should assess the situation from both medical and legal perspectives. Considering that the data obtained can be carried to the court process, the child's judicial evaluation must be converted into a written report. Achieving a valid and reliable forensic evaluation on the child is not easy in ethical terms.[65]

The developmental process, individual differences, legal process, psychological state of the juvenile delinquent, and his/her ability to understand all of these issues can affect the ethical decision-making about the case. Comprehension of the child's understanding ability and coping technique is the most important ethical question in forensic evaluation on the child.[66] In the process of forensic evaluation on a juvenile delinquent, it is important for the nurse to act ethically in determining the right and wrong in the solution of the incident that the child has lived. For example; in a forensic case where two cousins of 4 years in age were admitted to the clinic due to sexual abuse between them, the nurse, who has contradictions about what to believe and how to behave during the interviews conducted with the children because of the fact that they both describe the event in different ways, would need the guidance of the ethics. In another case, a 13-year-old living on the street, who used addictive volatile substances and then stole the food from a pastry shop threatening with a knife, was brought to the clinic by the police upon a complaint about him. For this case, it would be important for the nurse to make an assessment in the direction of ethical principles when the ability of the child to accurately portray the event was being tested. The questions that the nurse should answer in similar cases when conducting a forensic evaluation on a juvenile delinquent are shown in Table 2.

Table 2. Questions to be answered in a forensic evaluation of juvenile delinquent*

- How well is the child able to decide voluntarily and logically in the sense of his legal rights?
- Is the child competent to participate in the judicial process?
- Is the child aware of the cognitive and sensory consequences of his actions?
- Should the child be waived from the criminal court?
- Does the child have a mental disorder that affects the ability of his private life to comply with the requirements of the law? Does this require a special response from the juvenile justice system?
- What kind of arrangement is best for the child?

*Weithorn LA, The Legal Contexts of Forensic Assessment of Children and Families, In: S.N. Sparta, GP. Koocher. Forensic Mental Health Assessment of Children and Adolescents. Oxford University Press, New York, 2006; 11-29.

The roles and responsibilities of a nurse in the care of a ju-

Table 3. Role and responsibilities of the psychiatric nurse in the care of juvenile delinquents*,**

- To increase awareness and understanding of children's rights
- To provide basic forensic evaluation
- To be able to monitor the child's care and treatment process within the scope of ethical and legal issues
- To have a knowledge of criminology and be able to evaluate crime-related situations
- To establish effective communication with the child in accordance with age and development period
- To be able to take into account the biological, psychological, and sociocultural situations while providing the child's care
- To collect data, make evaluation, and be able to write reports related to judicial situations
- To be able to select appropriate tools for collecting data
- To record the data well
- To offer safe and evidence-based forensic psychiatric care
- To integrate evidence-based and evidence-informed practices to improve the care of the forensic psychiatric patient
- To include the child's family, teachers, other knowledgeable individuals, and health workers in the process during the data collection to provide holistic care
- To be aware of personal values, attitudes, and beliefs
- To be able to follow the technology closely (it can be used to locate the child place, record the data, and provide control)
- To incorporate the latest scientific data and evidence into the care plan
- To establish appropriate nursing diagnosis and validate it by sharing with the family and other health care workers
- To identify and plan the most appropriate initiatives for the situation of juvenile delinquent
- To be able to determine the economic impact of planned care for family, children, or other organizations that may be affected
- To apply safe, effective, realistic, and timely care in accordance with the plans
- To support/participate in problem-solving skills appropriate to the child's ability to perceive
- To be able to shape judicial care for the child's needs
- To be able to provide the care in accordance with ethical values
- To measure the efficiency of the care/assessment performed
- To be able to incorporate other disciplines in any given period when necessary
- To be able to evaluate the effectiveness of the care given under the standards, based on the evidence

*IAFN & ANA. Forensic Nursing: Scope and standards of practice. Maryland, 2015.
**Sikorski JB, Kuo AD, Forensic Psychiatry, In: J.M. Wiener, M.K. Dulcan Textbook of Child and Adolescent Psychiatry. The American Psychiatric Publishing, Washington, London, 2004; 903-927.

Table 4. Nursing care plan

Name, Surname: B.K.
Medical Diagnosis: Behavioral Disorder

DIAGNOSTICS		PLANNING		APPLICATION		EVALUATION
Diagnosis/Descriptive properties	**Reason (etiology)**	**Goal/Result criteria**	**Interventions**	**Y**	**N**	
Ineffective coping **Descriptive properties** • Aggressive behavior • Swearing • Shouting • Not wanting to go to the school	– Failure to have anger control – Low self-esteem – Inactive social learning – Lack of information	**Short-term goal** To use effective coping techniques in anger control **Long-term goal** To ensure the continuity of effective coping techniques used in anger control in daily life	• The current coping techniques of the child are determined. • The child is told about effective coping techniques (breathing exercises, muscle relaxation exercises, sports exercises, change in thinking, and problem-solving techniques). • The most effective coping technique for the child is determined. • In the case of anger, the effective coping technique determined with the child is used together for effective learning and use. • The child is trained in anger control. • The child is told about effective communication skills. • The effective/ineffective behavior of the child is assessed together. • Eye contact with the child is established throughout the communication. • Rules and practices are explained simply in accordance with the child's vocabulary. • Timely and consistent feedback is given. • A nonstimulating environment is created so that the child can express his/her feelings comfortably. • The child is given time for behavior change and anger control.			
Risk of damage on himself/herself and his/her environment **Descriptive properties** -	– Decrease in impulse control – Decrease in the ability to assess reality – Not being aware of the consequences of behaviors	**Short-term goal** To prevent the child from harming himself/herself and his/her environment **Long-term goal** To make the child acquire appropriate behavioral patterns	• A safe, quiet, calm environment is created for the child (heat, low volume, not crowded). • Routine work is simply explained to the child so that he/she feels the environment is safe. • The child is helped in problem solving. • The child's behavior is often observed (at 15-min intervals). • Harmful devices are removed from the environment/around. • Effective coping techniques are taught to the child. • Effective communication techniques are taught to the child. • The child's energy is positively guided by making him/her participate in work activities.			

venile delinquent are not limited to forensic psychiatric evaluation to be performed in the hospital. The nurse should take part in the judicial process when necessary. If the child is in a trial, the nurse should give him/her the message "I am here to understand and help you" during the trial.[67] The purpose of the interview should be explained to the child, and he/she should get the necessary information from the parent or caregiver. The nurse should observe the areas that need to be assessed before the interview, and if possible, observe the child in his/her habitat. The other roles and responsibilities of a nurse in the care of juvenile delinquents are listed in Table 3.[68,69]

It is also important for the nurse to plan and record the nursing care activity in the line of nursing process. In this context, possible nursing diagnoses that can be identified in juvenile delinquency may be as follows; "The risk of aggression toward himself/herself or others," "ineffective coping," "deterioration in social interaction", "low self-esteem", "anxiety", "deterioration in verbal communication," and "post-trauma syndrome." The nurse encourages the child to undertake therapeutic nursing care interventions in the direction of these diagnoses, help him/her recover, and reintegrate into the society.

A sample case study and a nursing care plan for juvenile delinquents are presented in Table 4.

Case Study: 12-year-old B.K. lives in a dormitory of Social Services and Child Protection Institution. Her divorced parents live separately. One night, B.K., who began to yell with a sudden swearing in the dormitory, kicked her friend and caused him/her to suffer serious damage in the nose. Then, she took a knife, threatened the dormitory group mother and manager on duty, and began to yell, saying, "I will kill myself and all of you." In this situation, employees of the dormitory called the police and B.K. was admitted to the Child-Adolescent Girl Clinic of a regional psychiatric hospital in police custody. After an interview with B.K., it was determined that she did not want to go to the school and had complaints such as abnormal aggressive behaviors continuing for 3 weeks. During the preliminary interview, she told the nurse that "she could not master herself, she did not know why she acted like this." Judicial proceedings of B.K. according to TCK 32 and CMK 74 are ongoing. After the evaluation made by the physician, B.K. was diagnosed with "Behavioral Disorder."

Conclusions

Children are the foundation of a society. It is an important responsibility of nurses, especially psychiatric nurses, as much as of other disciplines, to protect the physiological, psychological, and social well-being of children who are dragged into crime in the process of socialization, help them recover in the case of an illness/disease, and make them have a healthy development. It is important for nurses to be aware of their roles and responsibilities to provide effective care for juvenile delinquents, facilitate these children's reintegration into the society, and assess the effectiveness and outcomes of the care to be given. In this regard, this study addressed the dragging factors in juvenile delinquency, characteristics of juvenile delinquents, the mental problems seen in juvenile delinquents, nurses' role and responsibilities in a nursing care activity for juvenile delinquents, and the points that need to be taken into consideration while interviewing juvenile delinquents. It is thought that the findings of this study will enable nurses to have awareness on risky children–adolescents with criminal tendencies, and guide professionals who provide care for these adolescents.

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