

Evaluation of Forensic Cases Referred to the Child Psychiatry Clinic of a Research Hospital

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ABSTRACT

Evaluation of forensic cases referred to the child psychiatry clinic of a research hospital

Objective: In this article, evaluation of forensic cases referred via judicial authorities to child and adolescent psychiatry clinic of a training hospital was aimed.

Method: Forensic reports of cases sent by judicial authorities to the Child Psychiatry Clinic of our hospital between 01 January 2009 and 31 December 2010 were reviewed retrospectively. Cases were evaluated according to gender, age, referral date, referral reason and contents of consequent forensic reports.

Results: Among 656 cases, mean age was 13.36±2.2, 73% (n=479) were men and 27% (n=177) were women. 157 of 656 cases had been evaluated in 2009 and 499 in 2010. Majority of cases were referred to us for examination according to Turkish Criminal Code (T.C.C.) item 31 (77.9%, n: 511) and evaluation of mental health due to sexual abuse (18.3%, n: 120). Among cases referred for examination according to T.C.C item 31, most frequent crime was theft (38%, n: 194) and 71.2% (n=364) of the cases were regarded as having the ability to perceive the legal meaning and consequences of the crime they were involved and in these cases behavioral orientation about the action was also adequately developed. In 70% (n= 84) of cases, mental health was affected after sexual abuse and most frequent diagnosis was post-traumatic stress disorder.

Conclusion: While 157 cases were referred to our clinic via judicial authorities in 2009, the number of cases increased in 2010, reaching 499. It seems that child psychiatrists will have to deal with more forensic reports in time. For this reason, research about documenting forensic reports will contribute to healthy functioning of this process.

Key words: Juvenile delinquency, sexual abuse, forensic report, child psychiatry

ÖZET

Bir eğitim hastanesi çocuk psikiyatri birimine gönderilen adli olguların incelenmesi

Amaç: Bu çalışmada, bir eğitim hastanesi çocuk psikiyatri birimine gönderilen adli olguların incelenmesi amaçlanmıştır.

Yöntem: Bu çalışma, 1 Ocak 2009 - 31 Aralık 2010 tarihleri arasında bir eğitim ve araştırma hastanesi çocuk psikiyatri birimine adli makamlardan rapor düzenlenmesi amacıyla gönderilen olguların adli raporlarının geriye dönük olarak incelenmesiyle yapılmıştır. Olgular; cinsiyet, yaş, gönderilme tarihi, gönderilme sebepleri ve değerlendirme sonucu hazırlanan rapor içerikleri açısından irdelenmiştir.

Bulgular: Toplam 656 olgunun değerlendirildiği çalışmada olguların yaş ortalaması 13.36±2.2 olup, %73'ü (n=479) erkek, %27'si (n=177) kızdı. Olguların 157'si 2009, 499'u 2010 yılından değerlendirilmiştir. Olguların en sık Türk Ceza Kanunu'nun (TCK) 31. maddesi kapsamında (%77.9, n=511) ve maruz kaldığı cinsel eylemler sonucunda ruh sağlığının bozulup bozulmadığının (%18.3, n=120) değerlendirilmesi istenmiştir. TCK 31. madde kapsamında değerlendirilen olgular, en sık hırsızlık %38 (n=194) sebebiyle gönderilmiş ve olguların %71.2'sinde (n=364), işlendiği iddia edilen suçun hukuki anlam ve sonuçlarını algılama ve bu fiille ilgili davranışlarını yönlendirme yeteneğinin yeterince gelişmiş olduğuna karar verilmiştir. Olguların %70'inin (n=84) maruz kaldığı cinsel istismar sonucunda ruh sağlığının bozulduğuna karar verilmiş ve en sık konulan tanı ise travma sonrası stres bozukluğu olarak belirlenmiştir.

Sonuç: 2009 yılında 157 olgu değerlendirilmişken, bu sayı 2010 yılında 499'a çıkmıştır. Bu sayı artışı, çocuk psikiyatristlerinin daha fazla adli rapor düzenleme gerekliliğini de beraberinde getirmektedir. Bu nedenle, adli rapor hazırlanması ile ilgili yapılacak araştırmaların, bu sürecin sağlıklı işlemesine katkısı olacağı düşünülmektedir.

Anahtar kelimeler: Çocuk suçluluğu, cinsel istismar, adli değerlendirme, çocuk psikiyatrisi

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Date of receipt:
July 04, 2011

Date of acceptance:
August 24, 2011

INTRODUCTION

Physicians have legal duties including issuing of medico-legal reports in addition to their preventive and therapeutic tasks in their professional practices (1,2). Medico-legal reports are official documents required from physicians by judicial bodies, in which an individual's medical condition is evaluated and issued to contain the opinions and ideas of the physician (3).

Number of juvenile crimes increased twice as much in 1990's compared to 1980's which account for 7% of all crimes (4). It is worldwide accepted that children during biological, psychological, cognitive, ethical and social development and having no or poorly-formed value judgments cannot be sentenced or they should have reduced sentences. Indeed, article 31 of the Turkish Criminal Code (TCC) stipulates that 'Children that have not reached the age of twelve years at the time of committing the crime shall have no criminal liability'. Criminal prosecution may not be initiated against them; however, protective measures specific to children may be implemented. Those who have not reached the age of 15 but are older than 12 years at the time of the crime shall have no criminal liability where they are incapable of perceiving the legal significance and consequences of their act or where their faculties of autonomous action are not sufficiently developed (5). Furthermore, Law no. 2253 on the "Organization and Procedures for Proceedings of Juvenile Courts" enacted in 1982 requires that experts should assess children mentioned in article 31. Physician should assess level of intelligence, type and circumstances of crime, pre-, peri- and post-crime attitudes and behaviors, social and family environment of the child, take child's educational background into consideration during psychological assessment and should try to determine how child's development will be affected from these incidents. It is also very important to perform adequate flexible assessments while determining an underlying psychiatric disorder (6-8).

Juvenile offences are not the only subject of forensic evaluations. Article 103 of the TCC stipulates that 'The perpetrator of child abuse shall be imprisoned for a term of three to eight years' and 'In case the crime results with the distortion of physical or mental health of the

victim, perpetrator shall be imprisoned, being not less than 15 years' (5). Thus 'Determination of whether mental health of children exposed to sexual crimes was damaged or not' is also frequently asked to be answered by child and adolescent psychiatrists.

In this study, we aimed to examine the medico-legal reports issued in 2009-2010 at the Child and Adolescent Psychiatry Department of the Konya Training and Research Hospital and discuss the findings in line with the literature.

METHOD

Reports of 656 cases which were referred by judicial agencies in the vicinity to the Child and Adolescent Psychiatry Department of Konya Training and Research Hospital between January 1, 2009 and December 31, 2010 with the purpose of preparing medico-legal reports were retrospectively examined. Cases were classified under different topics according to reasons for referral and were classified according to age, sex, referral reason and results in the report issued. As a result of evaluation and psychiatric diagnoses mentioned in reports and case notes of children, DSM-IV diagnosis was made according to diagnosis criteria. Data were evaluated using SPSS 13.0 software and given as simple distribution (in figures and percentage) and with a Chi-square analysis. Significance rate was set at $p < 0.05$.

RESULTS

Mean age of 656 cases studied was 13.36 ± 2.2 , 27% (n: 177) being female and 73% (n: 479) male. When examined by their reasons of referral, 77.9% (n: 511) of cases were referred under article 31 of the TCC, 18.3% (n: 120) were referred for determining whether their mental health was damaged as a result of sexual abuse they have reportedly experienced, 1.5% (n: 10) were referred for determining whether there are any obstacles to their marriage, and 2.3% (n: 15) for preparing reports in other areas. Examination of cases by years showed that 23.9% (n: 157) were referred in 2009 whereas 76.1% (n: 499) were referred in 2010. Examining the reason for this difference showed that this was due to

referral of higher number of cases in 2010 compared to 2009 as per article 31 of the TCC (78 cases in 2009 and 433 cases in 2010).

Cases were examined under article 31 of TCC and it was found that they were referred for theft charges at a rate of 38% (n: 194) and aggravated assault and battery charges at a rate of 33.5% (n: 171) (Table 1). Forty-two (8.2%) cases were found to have been referred more than once and this repetitive crime was most frequently theft (n: 28). An evaluation of the relationship between crimes committed and sex revealed that men committed significantly higher number of crimes compared to females ($p<0.001$) as crimes against both property and persons.

We found that in 71.2% (n: 364) of cases, perception capacity of legal implications and consequences of the crime charged and of self-determination related to his/her action were sufficiently developed. Of the remaining 147 cases, 110 cases in consideration of the circumstances of the incident and the child's responses, and 37 cases due to their psychopathology (27 mental retardation, 6 attention deficit hyperactivity disorder and 4 depressive disorder) were considered as not having ability to

perceive the legal implications and consequences of the crime charged and manipulate their behaviors.

Of 120 cases referred for determining whether their mental health was impaired due to sexual abuse they have repeatedly experienced, 20.8% (n: 25) were male and 79.2% (n: 95) were female. Seventy percent (n: 84) of these cases were reported to have mental health impairment, while 18.3% (n: 22) did not and 11.7% (n: 14) were referred to a forensic center for further evaluation. These cases were mostly diagnosed with post-traumatic stress disorder and depressive disorder (Table 2). Impairment ratio was 72% (n: 18) among males and 69.5% among females (n: 66) and there was not any significant difference ($\chi^2=0.06$, $p>0.05$) between two genders. We found that only 21.4% (n: 18) of cases whose mental health was impaired and who were referred for treatment and follow up, regularly complied with and continued their treatment.

Other topics for which medico-legal reports were required have been that there were no obstacles to the marriage of 10 (8.3%) cases who were referred to determine whether there are any obstacles to their marriage; that their statements could be relied upon in 5 (4.2%) cases who were referred to determine whether their statements could be relied upon; that there were no obstacles for adoption of 2 (1.7%) cases who were referred to determine whether there are obstacles to their adoption; and that custody should be given to the mother in 1 (0.8%) case who was referred to determine to which parent custody should be given. Paragraph 1 of article 32 of the TCC stipulates that a person cannot be penalized if he did not perceive the legal implications and consequences of his action or if his capacity of self-determination was substantially decreased due to mental illness but that safety precautions will be taken regarding these people", whereas article 2 stipulates that "if one's capacity of self-determination not wholly but substantially affected consciousness and free movement due to mental illness or disorder, the penalty will be reduced" (5). We found that 1 of 7 (14.3%) cases who were referred to determine whether they were within the scope of article 32 of the TCC was reported to be diagnosed with schizophrenia, being within the scope of the law, whereas remaining 6 (85.7%) were reported to be "out of the scope of the article."

Table 1: Distribution of cases by charged crimes

	N	%
Theft	194	38.0
Assault and battery	171	33.5
Sexual abuse	29	5.7
Threat	28	5.5
Harm to property	21	4.1
Robbery	16	3.1
Drug abuse	7	1.4
Others	45	8.7
Total	511	100

Table 2: Distribution of cases by evaluation of their mental health

Diagnoses	N	%
Posttraumatic Stress Disorder	62	51.7
Depressive Disorder	10	8.3
Acute Stress Disorder	8	6.7
Anxiety Disorder	4	3.3
Not impairment in mental health	22	18.3
Referred to other forensic center	14	11.7
Total	120	100

DISCUSSION

In our study, 87.1% of the 511 children, aged 12-15, referred under article 31 of the TCC were male. Other studies on this topic also showed that boys were more likely to commit crime than girls (6,9-11). This is due to social reasons such as boys being more into the social life as well as to males exhibiting more aggressive behaviors due to their biological traits (12-14).

We found theft (%38) as the most frequently committed crime and this finding is consistent with the literature (6,9,11). Studies report family's low level of income, desire to prove oneself, envying children of the same age who have a living standard they yearn for, children growing up with no care in crowded families and failure to have their needs met, and their parents' educational background being far from understanding their spiritual growth are among reasons underlying children's steering themselves towards theft (4,7). Again, in our study, consistent with the literature, we found that cases referred to us more than once were referred most commonly for theft (6,9). The second common crime found in our study was assault and battery (33.5%). Prevalence of this crime was reported to be 9.2% in a study conducted by Çöpür et al. (11) in 1991-1992 and around 8.5% in the study of Göker et al. (6) in 2004-2005. High rates of aggravated assault crime in our study support the information that rate of violence-related behaviors during childhood reported in studies conducted in recent years has increased (15). As a matter of fact, our study reports 26 cases referred for aggravated assault and battery in 2009, rising to 145 cases in 2010 which supports that information.

Our study found that 71.2% (n: 364) of 511 cases referred under article 31 of the TCC had capacity to perceive the legal implications and consequences of the charged crime and self-determination related to his/her action were sufficiently developed. Kurtuluş et al. (9) reported this rate to be 93.2%, whereas Çöpür et al. (11) reported it to be 89%, Turla et al. (16) 100%, Karagöz et al. (17) 98.8%, Tunalı et al. (18) 50% , Göker et al. (6) 14.4% and Selvi et al. (19) 96.5%. Such great differences among these rates bring to mind questions whether or not evaluations were made using a standardized approach.

In our study, second most frequently referred group of cases were 'cases referred for the determination of whether the mental health of children who were victims of such sexual assault was impaired or not.' 79.2% of the referred cases were female, with only 20.8% being male. Other studies on this subject also reported higher rates of girls who were victims of such sexual assaults (20-22). We found impairment in mental health in 84 (70%) of the 120 evaluated cases, while 14 (11.7%) were referred to other clinics. Most frequent reasons underlying their referral to other clinics were inability to get sufficient information from referred children or his/her relatives, referred person's making contradictory statements and our clinic not offering the tests required for application. In their study, Fiş et al. (21) found at least one psychiatric disorder in 90.4% of the cases who are victims of sexual assault. While Finkelhor et al. (23) reported no symptoms at all or few symptoms in more than 40% of children who were victims of such, Putnam (24) reported that these children experienced serious problems in their future lives. These findings show that when evaluating whether or not there is mental damage in children who were victims of sexual assault, it is important to make the final decision after follow-up monitoring of children, as it becomes impossible to detect psychiatric symptoms during the initial interview.

Results of previous studies showed that children who were victims of sexual abuse had more frequent anxiety spectrum disorders (post-traumatic stress disorder, acute stress disorder etc.) and mood disorders (21,25), which are also supported by our study. In addition, we found that only 21.4% of cases found to have impaired mental health and called for an interview could regularly showed up at their controls, with the remaining cases discontinuing their treatment. This points out that there are problems about the follow-ups of cases requiring treatment after medico-legal evaluations. We consider that this rate may be increased by establishing a special follow-up system aimed at such children at child and adolescent psychiatry clinics and informing the families about any future mental health disorders the children might experience and telling them about the importance of treatment.

However, there occurs a great change in the amount of punishment depending on the decision made as a result of the evaluation. As shown in the studies, since no psychiatric symptoms will be found during the evaluation process in every child who is a victim of sexual abuse, making decisions about whether or not the mental health of such children were damaged might put the physician in limbo in consideration of the child's life in the future. In fact, studies show that childhood sexual abuses were related to many disorders during adulthood even though they cannot be detected or understood during childhood and that abuses can be remembered even if they occur at very early ages (26,27). This challenge caused by the laws may be overcome by making the punishments independent from them suffering damages in their mental health based on the assumption that all children who were victims of sexual abuse were affected or might be

affected in certain stages of their lives.

As a result, also in consideration of the differences among studies, we are of the opinion that we need to develop a common algorithm among physicians in evaluations made under article 31 of the TCC. Besides, we believe that lawmakers must make a re-evaluation of the liability age for crimes in consideration of the characteristics of the adolescence period. There are very few studies in the literature about children who are victims of sexual abuse. And these studies generally cover subjects that are not directly evaluating the child's mental health such as the form of the abuse, characteristics of the abuser, and methods of medico-legal examination. We believe that future studies in the field will be beneficial both for healthier medico-legal evaluations and for the conduct of psychiatric treatment and follow-ups of children who are victims of sexual abuse following medico-legal examination.

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