

common in boys, that being male is one of the risk factors for delinquent behavior in children and adolescents, and that this behavior begins on average at the age of 14 and peaks at the age of 17 and 18^{8,10}. This difference between the genders can be explained by the fact that men are exposed to more risk factors, such as failure at school, peers with criminal behavior and abuse¹⁴. In addition, the higher prevalence of psychiatric disorders such as ADHD and DB in boys may contribute to the higher incidence of criminal behavior in boys. In this study, 95.6% of children involved in delinquency were male and this finding is consistent with previous studies¹⁵. According to these findings, delinquent behavior in boys is more pronounced than delinquent behavior in girls during adolescence.

A psychiatric disorder was present in 41.8% of the cases in our study, and recidivism in children was associated with psychiatric disorders. Moreover, the most commonly identified psychiatric disorders in children were ADHD, CD and SUD respectively. A total of 12.1% of cases had an intelligence level below the norm (mild mental retardation or borderline intelligence). There is a reciprocal relationship between delinquency and psychiatric disorders and the prevalence of psychiatric disorders is reported to be higher in young people with delinquent behavior than in the general population^{2,16}. However, some psychiatric symptoms that are common in young offenders are reported to increase the risk of aggressive and delinquent behavior. These symptoms include, in particular, emotional symptoms such as anger and impulsivity¹⁷. Young people diagnosed with disruptive behavior disorders and ADHD are more likely to exhibit aggressive behaviors, and the comorbidity of these disorders is associated with chronic and recurrent criminal behavior. It is emphasized that there is a link between substance abuse and criminal behavior and that

the risk of criminal and aggressive behavior increases in young people with substance abuse¹⁷. In addition, children with ADHD are more likely to commit crimes in adolescence compared to the general population, and delinquent behavior is found to become more persistent and severe, especially in the presence of comorbid CD⁴. In a study of 55 adolescent patients conducted in Turkey, it was found that 67.3% of patients had at least one and 45.5% had two or more comorbid psychiatric disorders. The most common psychiatric disorders reported were ADHD and mood disorders¹⁶. Studies conducted in other countries have also shown that the prevalence of psychiatric disorders in children with delinquent behavior is higher than in the general population. The most common psychiatric disorders are ADHD, CD and anxiety disorders^{18,19}. In a large sample study, it was found that the most common psychiatric diagnoses were alcohol use disorder, ADHD and CD. In addition, the association of alcohol use disorder with disruptive behavior disorders (ADHD, CD) was reported to increase the risk of recidivism²⁰. There is a parallel increase in substance use and antisocial behavior. Drugs and alcohol are substances that affect behavioral control and play an important role in crimes committed and the adoption of high-risk behaviors. Substance use has been found to increase delinquent behavior 8.2 times in children²¹. Researches indicates that young people who use substances often have a delinquent peer group and that young people who exhibit violent behavior start using substances earlier. Secondly, the link between delinquent peer group and substance use facilitates the adoption and maintenance of delinquent behaviors¹². Thirdly, in order to avoid withdrawal symptoms, young people may engage in various criminal behaviors to obtain the substance. In our country, four-fifths of children who engage in criminal behavior smoke cigarettes, and the use of addictive

substances such as cannabis and heroin has increased significantly in this population in recent years. It is also reported that there is a positive correlation between the increase in the number of children exhibiting criminal behavior and smoking and drug use²². Involving offenders with known psychiatric and substance abuse diagnoses in the treatment and rehabilitation process can have a positive impact on children's delinquent behavior. This measure can be a protective factor that prevents these children from recidivism.

Adolescence is a time of searching for identity, when interactions with peers become more frequent and parental conformity diminishes over time. One of the main challenges for adolescents is the pressure to conform to the norms and expectations of their peers. Peer influence has been identified as an important factor in delinquent behavior among adolescents. Exposure to antisocial peers in early adolescence is a strong predictor of later violent behavior and serious delinquency²³. The results showed that 52.7% of the children in our study committed the alleged crimes together with others and the presence of peers who participated in the crime was associated with the recurrence of the crime. In a study conducted with male adolescents with criminal behavior, it was reported that 88.0% of the cases acted together with their peers¹⁰. A meta-analysis examining the effects of peer influence on delinquency found that a composite measure of peer relationships (including association with delinquent peers, gang membership, and peer rejection) predicted persistent lifetime delinquency compared to a trajectory restricted to adolescence²⁴. The effect of peer influence on juvenile delinquency is consistent with the results of our study, and the relationship with deviant peers, the experience of serious and violent criminal behavior, and the desire for social status and acceptance may contribute to this relationship.

In our study, the presence of a criminal family history and parental occupational status were found to be associated with recidivist behavior. It is claimed that environmental factors are more effective than individual factors in the development of criminal behavior in children. Children whose behaviors and attitudes develop through modeling, which is one of the ways they learn socially, can be negatively affected by the presence of people with criminal behavior in their parents^{25,26}. Delinquent behavior can develop in a child because the child learns delinquent behavior from people who exhibit delinquent behavior in the family, or because the child perceives delinquency as normal behavior²⁷. Studies have reported high rates of delinquency and psychiatric disorders in the parents of children who exhibit delinquent behavior^{28,29}. Good parenting skills can help foster a sense of security and belonging, as well as promote values such as respect, responsibility and psychological resilience. Children and young people who lack parental guidance and support can lead to an increased likelihood of the child engaging in criminal behavior. In addition, the child may be more likely to engage in criminal behavior due to lack of access to resources or opportunities to help them avoid the temptations of crime, such as education or employment.

One of the most common characteristics of children with delinquent behavior is that they do not like school or do not attend school⁵. During the assessment, it was found that a significant proportion of the cases (53.8%) did not attend school and dropping out of school was significantly associated with recidivism. It has been reported that problems experienced at school contribute to the progression of delinquent behavior in children and that school dropout is an important risk factor for delinquent behavior of children^{4,8,30}. Truancy or dropping out of school can pave the way to delinquency as it creates time and opportunity

for antisocial behaviors; low school performance can accelerate the development of antisocial behaviors by affecting already low levels of self-esteem; all these are more common in a poor, disorganized sociocultural context with little supervision¹². Studies conducted with children with delinquent behaviors in Turkey support that academic failure and dropping out of school are seen at high rates and that dropping out of school is a risk factor for delinquent behaviors^{9,31}. The school is a place where both social skills are learned and education is imparted to children. It is believed that ensuring school attendance can play an important role in reducing delinquent behavior in children⁹. School can play a protective role against criminal behavior by providing social control and contributing to the development of reasoning and problem solving skills¹⁶. This is because students who miss school are more likely to be separated from peers, school staff and other adults who can be a positive influence, and are more likely to be exposed to negative influences. Children may also fall behind in school, which can lead to feelings of hopelessness and an increased likelihood of criminal behavior.

The limitations of the present study include retrospective examination of the data, the relatively low number of cases, and the fact that the data consisted of cases referred within a one-year period. The fact that no clinical scale was used in the study and the majority of the subjects were male are among the other limitations of the study. Therefore, the data obtained cannot be generalized to all children with delinquent behavior and it is recommended to conduct studies with larger samples in this field. It shows that comorbid mental disorders increase the risk of recidivism and that cases who dropped out of school (or never attended school) may be in the vulnerable group in terms of recidivism. Risk factors associated with childhood delinquency are also among the important risk factors for recidivism. There is a need to develop preventive mental health services for the detection and treatment of psychopathologies in children and adolescents at risk for delinquent behavior and to

determine protective measures for familial, environmental and individual risk factors for children with delinquent behavior.

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Ethics Committee Approval: Approval for the study was obtained from the local ethics committee (dated 14/10/2022 and numbered 257) and the study was conducted in accordance with the ethical standards of the Declaration of Helsinki.

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