

Juveniles in Conflict with the Law: Risk Factors and Preventive Approaches

Suçta Sürüklenen Çocuklar: Risk Faktörleri ve Önleyici Yaklaşımlar

 Mesut Sari¹,  Yasemin İmrek¹

¹Bolu Abant İzzet Baysal University, Bolu

ABSTRACT

Between 50% and 75% of juveniles in conflict with the law have at least one psychiatric disorder. Commonly observed disorders include conduct disorder, substance use disorders, attention-deficit hyperactivity disorder (ADHD), depression, and anxiety. These conditions—often characterized by impulsivity and difficulties in emotional regulation—reinforce tendencies toward criminal behavior. Antisocial personality traits typically emerge in childhood through impulsivity and oppositional behaviors. ADHD and emotional dysregulation may initially manifest as oppositional defiant disorder and later develop into conduct disorder, with approximately 40–60% of conduct disorder cases progressing to antisocial personality disorders. In early adulthood, prosocial roles such as marriage, employment, military service, and parenthood, alongside cognitive maturation and social support, facilitate desistance from crime. Preventive strategies include early interventions such as the Triple P (Positive Parenting Program) and the Incredible Years, high-quality early childhood education, executive function training, and home-visitation services. School-based initiatives to prevent peer bullying, implement mentorship programs, community-based support networks, and rehabilitation-oriented reforms in the juvenile justice system are also critical. These approaches aim to prevent the long-term adverse trajectories of juveniles in conflict with the law through multidimensional interventions tailored to individual needs at the family, school, peer, and community levels. This review aims to present research findings on the prevalence of mental disorders among juveniles in conflict with the law, the development of antisocial personality traits, related theories, and lifelong trajectories, with the goal of proposing methods that can be implemented to prevent involvement in crime.

Keywords: Juveniles in conflict with the law, child protection law, risk, prevention

Öz

Suçta sürüklenen çocukların %50-75'inde en az bir psikiyatrik bozukluk bulunmaktadır. Davranım bozukluğu, alkol/madde kullanım bozukluğu, dikkat eksikliği hiperaktivite bozukluğu (DEHB), depresyon ve anksiyete suçta sürüklenen çocuklarda sık görülür. Bu bozukluklar, impulsivite ve emosyon regülasyon zorluklarıyla suç eğilimini pekiştirir. Antisosyal kişilik özellikleri çocuklukta dürtüsellik ve zıtlasma ile başlarken, DEHB ve emosyon regülasyon sorunları karşı olma karşı gelme bozukluğu, ardından davranım bozukluğuna dönüşebilir; yaklaşık %40-60 davranım bozukluğu vakası ileride antisosyal kişilik bozukluğuna ilerler. Erken erişkinlikte evlilik, istihdam, askerlik ve ebeveynlik gibi bağlayıcı roller, bilişsel olgunlaşma ve sosyal destekler, suçtan uzaklaşmayı sağlamaktadır. Önleme programları; Triple P ve Incredible Years gibi erken müdahale, kaliteli erken çocukluk eğitimi, yürütücü işlev destekleri ve ev ziyaretleri; okul temelli akran zorbalığı önleme ve mentorluk uygulamaları; toplum temelli destek ağları, adli sistemde rehabilitasyon odaklı reformlarını içerir. Bu yaklaşımlar, aile, okul, akran ve toplum düzeyinde çok boyutlu ve bireysel ihtiyaçlara göre planlanan müdahalelerle suçta sürüklenen çocukların uzun vadeli olumsuz gidişatını engellemeyi hedefler. Bu gözden geçirmede suçta sürüklenen çocuklarda ruhsal bozuklukların yaygınlığı, antisosyal kişilik özellikleri gelişimi, ilgili kuramlar ve yaşam boyu gidişatla ilgili araştırma bulguları verilerek, suçta sürüklenmeyi önlemek için uygulanabilecek yöntemlerin sunulması amaçlanmıştır.

Anahtar sözcükler: Suçta sürüklenen çocuk, çocuk koruma kanunu, risk, önleme

Introduction

As defined by Article 3-1-a of Law No. 5395 on the Protection of the Child, a child is a person who has not reached the age of 18, even if they attain legal adulthood earlier (Resmi Gazete 2005). According to Law No. 5395 on the Protection of the Child, 'juveniles in conflict with the law (JCL)' are defined as children who are under investigation or prosecution for an alleged criminal act, or for whom a security measure has been decided (Yurtcan 2006, Kandemir 2025).

According to data from the Turkish Statistical Institute, the number of JCLs was reported to be 178,800 in 2023 (TÜİK 2023). The same data indicate that the most common offenses committed by JCLs are 'wounding/assault' (39.8%) and 'theft' (20.8%) (TÜİK 2023). According to 2022 data, the majority of JCLs (85.0%) are male, and most are in the 15-17 and 12-14 age groups (TÜİK 2022). Between 2011 and 2020, 97.2% of the 86,211 JCLs aged 12-18 were male (Dizman & Araştırmacı 2023). During the same period, it was found that JCLs most frequently resided in the Marmara, Aegean, and Mediterranean regions (Dizman & Araştırmacı 2023). A significant proportion of JCLs, up to 65.1%, are between the ages of 15 and 17 (Pelit et al. 2022, TÜİK 2022). Of these children, most of whom are high school students (37.0%), 29.2% have a history of alcohol or substance use (especially nicotine and alcohol), and their actions are most often unplanned or performed in a group (TÜİK 2022). After being brought to law enforcement, "no grounds for prosecution" decisions are made for 54.6% of JCLs (Duruşan 2021). In the international literature, recidivism rates in JCLs are reported to range from 33.0% to 85.0%. In Turkey, this rate has been found to be approximately 60.0%-75.0% (Duruşan, 2021 Çağlar 2023). It has been noted that 75.0% of JCLs, particularly those aged 14-17, may re-offend between the ages of 18-24 (Duruşan 2021).

Individual risk factors for a child's involvement in crime include difficult temperament, the presence of diagnoses such as attention-deficit/hyperactivity disorder (ADHD), conduct disorder (CD), oppositional defiant disorder (ODD), impulsivity, low empathy levels, low frustration tolerance, and limited cognitive capacity (low intelligence level) (Kim et al. 2021, Retz et al 2021, Vural & Yıldızlar 2023). Family factors that increase criminal behavior include low socioeconomic status, large or broken family structures, inadequate parenting functions (e.g., low parental monitoring and inconsistent discipline practices), cases of neglect and abuse, domestic violence and conflict, a parent's involvement in crime, and family structures with parental psychopathology (Jacobsen & Zaatut 2022, Farrington & Malvaso 2025). In the school environment, elements such as low academic achievement, weak school attachment, inadequate academic motivation, school absenteeism, and peer bullying can increase an individual's propensity to commit crime. Relationships with delinquent or problematic peers and siblings can lead to individuals modeling risky behaviors and becoming involved in crime. In the context of environmental conditions, factors contributing to delinquency include low socioeconomic status, high intensity of social problems, weak social bonds, and social environments where antisocial behaviors are modeled and rewarded (Duruşan 2021).

Other structural problems that can reduce the effectiveness of the justice system and increase the risk of recidivism include early age of delinquency and violent crimes; a history of past offenses; neurodevelopmental and mental disorders in childhood (especially diagnoses such as ADHD, ODD, and CD); alcohol and substance abuse; disengagement from formal education; low academic achievement; limited social participation; peer delinquency; relationships with delinquent or risky peer groups; lack of family support; emotional neglect and persistent conflicts; parental mental disorders, addictions, or criminal history; low income levels; negative living conditions; and limited access to resources, as well as inadequate rehabilitation, social support, or counseling services offered to the individual after the judicial process and lengthy trial and prosecution processes (Duruşan 2021, Çağlar 2023, Özbek et al. 2025).

This review aims to present the prevalence of mental disorders in JCLs, the development of antisocial personality traits in children and adolescents, theories related to JCLs, and research findings on the lifelong trajectory of JCLs, as well as to suggest methods that can be implemented to prevent delinquency. To this end, the concepts of "crime" and "misdemeanor" are first elaborated.

Definitions: "Crime," "Misdemeanor," and "Status Offense"

When evaluating the actions of JCLs, it may be useful to differentiate the concepts of "crime," "misdemeanor," and "status offense" (Shubik & Kendall 2007, Korkut & Bas 2024). A crime is defined as an unlawful act punishable by law, as stipulated in the Turkish Penal Code or special laws containing criminal provisions (Korkut and Bas 2024). A misdemeanor, on the other hand, is classified as a wrongdoing that disturbs public order and for which an administrative penalty is prescribed (Misdemeanor Law No. 5326: begging, gambling, drunkenness, creating noise, harassment, illegal occupation, polluting the environment, etc.). A status offense is a legal term used in juvenile justice to describe specific actions that are illegal only when committed by a young person. While adults can engage in the same behavior without legal consequences, minors face legal consequences (e.g., running away from home) (Kim et al. 2020). The Turkish Penal Code or the Misdemeanor Law does not have a separate category for "status offenses" specific to minors; acts specific to children, such as running away from home, school truancy, or curfew violations, are not classified as crimes in the Turkish Penal Code or misdemeanors in the Misdemeanor Law. These acts are evaluated under "protection measures" in accordance with Child Protection Law No. 5395, and social investigation, family counseling, or temporary care measures are provided without imposing a penalty (Resmi Gazete 2005). From a comparative perspective, in the US, actions such as school truancy (truancy), running away from home (runaway), and curfew violations (curfew), defined as "status offenses" under the Juvenile Justice and Delinquency Prevention Act, are subject to administrative interventions within the scope of "delinquency prevention" rather than criminal liability (Shubik & Kendall 2007). These applications show that the definition and intervention methods for status offenses vary greatly from country to country. In Turkey, these acts are addressed within the framework of social protection and rehabilitation measures, rather than punishment.

Criminal Responsibility and Forensic Psychiatric Evaluation

For individuals who have not reached the age of 18, criminal responsibility is determined based on both the current age and mental state criteria. In accordance with Article 31 of the Turkish Penal Code, if a person's ability to comprehend the unlawfulness and criminal responsibility of their actions is significantly diminished or completely absent due to "mental illness" or "intellectual disability," limited responsibility or irresponsibility provisions are applied instead of full responsibility (Çakaloz et al. 2016). In forensic psychiatric evaluation, the early detection of cognitive and emotional functional impairments in JCLs, which develop in conjunction with factors such as trauma, neurodevelopmental disorders, or conduct disorder, is of critical importance for the legal classification of the act committed against a victim and society. Studies have found that approximately 15-25% of JCLs (especially in violent crimes) show indicators of limited criminal responsibility, and these individuals are referred to protective and therapeutic approaches rather than conviction due to severe forensic psychiatric disorders (Güler et al. 2018, Efendi et al. 2023, Güler et al. 2024).

Psychopathology in Juveniles in Conflict with the Law

It has been reported that the prevalence of psychiatric disorders in JCLs is significantly higher than in the general population. At least one psychopathology can be found in 50.0-75.0% of JCLs, and two or more diagnoses can be seen in two-thirds of the cases (Liu et al. 2023). It has also been reported that psychopathology in JCLs is persistent: after a two-year follow-up, the rates of continuation for diagnoses were found to be 88.0% for CD, 73.0% for substance use disorder, and 51.0% for major depressive disorder (Teplin et al. 2021). International literature reports that the most common diagnoses in JCLs are: CD, alcohol/substance use disorder, ADHD, depressive disorders, anxiety disorders, bipolar and other mood disorders, and psychotic disorders (Hovey et al. 2017, Teplin et al. 2021). CD is one of the most frequently encountered disorders in the JCL group. It is characterized by behavioral patterns such as aggression, rule-breaking, defiance of authority, and violations of the rights of others. In particular, conduct problems that begin at an early age can be a harbinger of more serious criminal behavior later in life. The presence of callous-unemotional features in these children has been reported as a risk factor for serious antisocial

behavior and poor outcomes. Alcohol and substance use disorders are highly prevalent in JCLs and often co-occur with conduct and depressive disorders. These disorders can increase impulsivity and reinforce criminal behavior. ADHD is reported in 20.0-50.0% of JCLs. The impulsivity and attention problems dimensions of ADHD, in particular, lead to difficulties with behavioral control, causing antisocial behavior. Depressive disorders are more common in female JCLs and children with a history of traumatic experiences. Depressive symptoms, along with feelings of hopelessness, low self-esteem, and social withdrawal, can create a foundation for criminality. Anxiety disorders are another group of psychopathologies that can be observed in JCLs. In particular, trauma-related disorders, such as post-traumatic stress disorder, are common in these children owing to their frequent exposure to violence and trauma. Traumatic experiences weaken children's psychological resilience and lead to the development of psychopathologies that set the stage for criminal behavior. Bipolar disorder and other mood disorders are sometimes encountered in the JCL group, especially with fluctuating presentations characterized by impulsivity, difficulty in anger control, and episodic behavioral changes. Psychotic disorders are less common in juveniles in conflict with the law, but presentations involving impaired reality testing, paranoid thoughts, or hallucinations can lead to serious behavioral consequences. Cognitive delay and intellectual disability are also reported in JCLs at rates ranging from 6.0% to 22.0%. Cognitive impairment can cause a child to have difficulty understanding social norms and exhibiting appropriate behaviors, which poses a risk for delinquency (Eyuboglu et al. 2018, Bilginer et al., 2021).

Development of Antisocial Personality Traits in Children and Adolescents

The process for the development of antisocial personality disorder (ASPD) in children begins with polymorphisms that increase genetic susceptibility to impulsivity (MAO-A, COMT, DRD4, DRD5, DRD2, DAT1, and SET) (Beaver et al. 2007). These children may show severe behavioral responses after birth (difficult temperament is seen in approximately 10.0% of cases), impulsivity, and oppositionality (Lefley 1998, Beaver et al. 2007). If parents approach these behaviors as a power struggle, the child's over-arousal and aggression will be reinforced. Emotion regulation (ER) problems may be added to ADHD and ODD, with the effect of repeated conflicts. Exposure to deviant peer groups, violence/crime, and substance use in the social environment in late childhood and adolescence results in the development of CD and ASPD. The development of ASPD can be conceptualized as a spectrum. ADHD, disruptive behavior disorders (DBD), and specific learning disabilities (SLD) may appear first and increase the risk. ER problems and a lack of social skills, along with ADHD/SLD, can lead to ODD in the future. ODD can turn into CD. 40.0-60.0% of CD cases can progress to ASPD. Not every ASPD case develops into psychopathy. Approximately one-fourth of ASPD cases may exhibit psychopathic traits (Beauchaine & Gatzke-Kopp, 2012).

Theories of Crime

The development of crime has been a common area of interest for different disciplines, such as psychology, sociology, and biology. Crime theories can be broadly classified as psychological, sociological, or biological (Burt et al. 2007; Chen & Zhong 2013; Losel et al. 2025). Psychological theories include psychodynamic, cognitive, and behavioral approaches. Psychodynamic theories suggest that delinquency in children emerges from unresolved conflicts in early childhood development and the effect of traumatic experiences (abuse, neglect, etc.) (Schoenfeld 1971). Cognitive theories, on the other hand, tend to emphasize cognitive biases and distortions, such as the tendency to ignore the consequences of criminal acts and blame others for their own behavior, as well as an inability to solve problems, which is contributed to by impulsivity and executive function problems (Barriga 2000). Behavioral theories emphasize that the tendency to commit a crime is learned over time through the modeling and reinforcement of deviant behaviors within the family and peer environment (Burt 2007, Chen & Zhong 2013, Losel et al., 2025). Sociological theories related to delinquency include social disorganization, strain, differential association, and labeling theories. According to the Social Disorganization Theory, JCLs are more common in communities with weak social ties, limited moral social control, and restricted social resources (e.g., poor, high crime rate, etc.) (Chen and Zhong 2013). According to the general strain theory, criminal acts occur when individuals experience a mismatch between socially accepted goals and the legal means of

accessing these goals (e.g., financial income, status, etc.) (Tezcan 2015). Differential association theory suggests that children learn criminal acts by being exposed to deviant values and behaviors through interactions with their delinquent peers, emphasizing the role of gang membership (Bingöl 2022). The labeling theory emphasizes the role of societal reactions in delinquency and suggests that when a child is labeled as a "juvenile in conflict with the law," their opportunities for prosocial behavior are limited, while their risk of recidivism increases, and their repeat criminal acts can be viewed as a "self-fulfilling prophecy" (Suleymanoglu 2024). Biological theories related to JCLs, on the other hand, include the role of genetic, neuropsychiatric, and hormonal factors (Burt et al. 2007, Chen & Zhong 2013, Losel et al. 2025). Genetic theories suggest that certain genetic variations can increase aggression/irritability levels or impulsivity, contributing to delinquency risk. Neuropsychiatric theories emphasize that postnatal injuries or congenital anomalies in areas related to impulse control and executive functions, especially the frontal lobe, can increase delinquency risk. Hormonal factors, considering that aggression and risky behaviors increase after puberty, especially in males, suggest that changes in hormone levels, particularly testosterone, may play a role in delinquency (Armstrong et al., 2022). Among psychosocial theories, the theories of Loeber and Moffitt may be more powerful from a developmental perspective, as they also include the lifelong trajectory (Moffitt 1993; Loeber & Burke 2011).

Loeber's Developmental Pathways to Delinquency Theory

Loeber and colleagues (1993) identified three main behavioral pathways to explain the development of antisocial behavior in childhood: the "Authority Conflict Pathway," the "Overt Pathway," and the "Covert Pathway" (Loeber et al. 1993). Although these pathways follow different behavioral patterns, an individual can follow more than one path simultaneously or sequentially. This model has been used to predict the risk of delinquency, especially in male children. The Authority Conflict Pathway typically begins in early childhood and is characterized by stubbornness, difficulty following rules, and defiance toward authority figures. Over time, these children may move towards more serious acts of defiance, such as running away from home or school. This pathway has been observed in approximately 20.0-25.0% of juveniles in conflict with the law. The Overt Pathway usually begins with directly observable aggressive behaviors. The process, which starts with relatively minor aggression, such as bullying, evolves over time into physical fights and eventually violent crimes (e.g., assault and battery). This pathway is observed in 25.0-30.0% of juveniles in conflict with the law. The Covert Pathway starts with hidden behaviors that are concealed from social norms, such as lying, minor theft from school, and secret rule violations. Over time, these behaviors can escalate to more serious crimes, such as property damage and organized theft. This pathway is observed in a very large portion of juveniles in conflict with the law (40.0-50.0 %) and is reported to be one of the most common pathways (Loeber et al. 1993, Loeber & Burke 2011).

Moffitt's Developmental Taxonomy of Antisocial Behavior

In her developmental theory explaining individuals' antisocial behavior patterns, Moffitt (1993) defined two main subtypes of offenders: life-course-persistent offenders and adolescence-limited offenders. This classification is based on the onset, duration, and developmental reasons for individuals' criminal behavior and aims to shed light on the heterogeneous nature of antisocial behavior (Moffitt 1993). In the life-course-persistent offender group, antisocial behaviors begin in childhood and continue throughout their lives. These individuals exhibit neuropsychological difficulties, such as early onset executive functioning impairments and language development problems, as well as difficult temperament and negative family/social environmental conditions, such as parental neglect, poverty, and domestic violence. Although life-course-persistent offenders comprise a relatively small proportion of the population, they are responsible for most crimes. The criminal behavior of these individuals is generally stable, repetitive, and persistently violent (Moffitt 1993, Moffitt et al. 2002). In the adolescence-limited offender group, criminal behavior begins in adolescence and generally ends in early adulthood. These individuals are often drawn to crime under pressure from developmentally delayed social roles, a desire for independence, and peer pressure. Their criminal behavior is generally temporary, experimental, and socially motivated and does not develop into a persistent antisocial pattern. While this group is more widespread in society, the

severity and duration of their criminal behavior are more limited than those of the life-course-persistent offender group (Moffitt et al. 2002, Odgers et al. 2008).

Factors Affecting Lifelong Trajectory among Juveniles in Conflict with the Law

The development of criminal behavior is shaped by multifaceted interactions that continue throughout life. In this context, various risk factors from the prenatal period to early childhood, adolescence, and young adulthood are among the determinants of criminal behavior. This developmental process is discussed below within the framework of the key periods and related factors.

Prenatal and Perinatal Factors

Adversities encountered during these periods can set the stage for criminal behavior later in life. A mother's alcohol and substance use during pregnancy can negatively affect fetal development, leading to impairments in cognitive processes, such as impulse control and behavioral regulation, later on. Recent meta-analyses have shown that prenatal exposure is associated with increased aggression in adolescence and attention problems in childhood (Sessa et al. 2022). Malnutrition or chronic stress can negatively affect fetal brain development, increasing developmental vulnerability. Complications during birth can result in neurological risks, such as hypoxic-ischemic damage, and may be associated with impairments in behavioral regulation (Sessa et al., 2022).

Temperament and Behavioral Indicators in Early Childhood

An individual's temperament and early behavioral patterns can be harbingers of behavioral tendencies in later life. Difficult temperament is characterized by a high level of irritability, impulsivity, and difficulty in emotional regulation, which can set the stage for risky behaviors. Early indicators of CD can be observed in the form of persistent aggression, defiance of authority figures, and intense tantrums, and these behaviors can also develop into criminal behavior later in life. The absence of empathy and feelings of remorse, particularly in antisocial behavioral patterns, can cause difficulty in understanding emotions and complying with social norms, which is a risk factor for the continuation of such behaviors in the future (Buil et al. 2017). In children with a lack of empathy, social feedback mechanisms are ineffective, and reinforcement of antisocial behaviors is common (Buil et al. 2017).

Family and Parenting Approaches

In early childhood, parenting styles and the quality of the family environment are fundamental elements that determine a child's adaptation to social norms. Harsh, inconsistent, and coercive parenting can negatively affect the development of a child's behavioral regulation and create a basis for the development of antisocial behavior. Inadequate parental supervision and control can increase exposure to risky social environments, especially during adolescence, and facilitate criminal behaviors. Physical, emotional, or sexual abuse and neglect, with their traumatic effects, can damage a person's trusting relationships and social bonds. Domestic conflict and structural disorganization can create insecurity, stress, and behavioral instability in children (Van der Put & Assink 2025).

Cognitive and Neurobiological Factors

Cognitive capacity and brain development determine how individuals react to environmental stimuli and regulate their behavior. Problems with executive functioning, especially a lack of inhibition, planning deficiencies, and poor working memory, have been frequently observed in individuals with a tendency to commit crimes. Deviations in brain development, particularly structural and functional differences in the amygdala and prefrontal cortex, are associated with impaired emotion regulation and decision-making mechanisms (Borrani et al., 2019).

Mid-Childhood and Adolescence

During this period, the influence of the social environment and societal factors becomes more pronounced, and it can be said that this is a critical period for the reinforcement of criminal behavior. Peer influences demonstrate their effect through social learning by normalizing crime through relationships with delinquent peer groups, exclusion, and isolation by prosocial peers and the increasing influence of the peer group against family authority. Academic problems, school failure, lack of investment in formal education, absenteeism, disciplinary actions, and suspension from school can lead to an individual's detachment from the school system and, subsequently, from the societal system. Furthermore, problems such as SLD, intellectual disability, and ADHD can make the educational process difficult and increase exclusion from the educational process. Societal environmental influences, such as poverty, unemployment, growing up in a violent environment, weak social support systems, and a lack of prosocial opportunities, increase an individual's risk of engaging in criminal behavior. Substance use is evaluated within the framework of "gateway theory," where a transition from legal to illegal substances is observed. According to this theory, the transition from legal to illegal substances increases impulsivity and criminal susceptibility in adolescence. Under the influence of substances, impulsive behaviors increase, executive functions are impaired, and this can directly cause criminal behavior. Mental health problems, especially untreated psychiatric disorders, can reduce a person's internal regulation capacity, increasing their tendency to reoffend (Jones et al. 2022, Reese et al. 2024).

Factors Related to Desistance from Crime in Early Adulthood and Beyond

It has been stated that specific turning points in an individual's life, such as marriage, employment, and military service, play a significant role in desisting from criminal behavior. Having a stable and regular job strengthens an individual's social bonds, helps them assume prosocial roles, and activates social control mechanisms, contributing to a departure from criminal behavior (Apel & Horney 2017). A high-quality and stable married life is an important factor in individuals desisting from crime (Johnson & Giordano 2021). Military service can contribute to individuals desisting from crime by helping them gain discipline, adapt to authority, and establish new social bonds (Johnson & Giordano 2021). Parenthood leads to the development of a sense of responsibility and the assumption of prosocial role. As individuals age, improvements in cognitive function and an increase in impulse control are observed (Van De Werve et al., 2022). Establishing new prosocial relationships helps individuals expand their social support networks and reintegrate into society by moving away from criminal behavior (Boman and Mowen 2017, Copp et al. 2020, Devers 2011).

Prevention Programs

Early intervention programs are designed to prevent the development of antisocial behavior and subsequent potential criminal behavior in childhood and early adolescence or to reduce these behaviors after they have intensified. Antisocial behaviors emerge within a multifaceted and dynamic process; therefore, instead of focusing on a single risk factor in prevention programs, a holistic approach at the biological, psychological, and social levels is required.

1. Early Intervention Programs

Triple P ("Positive Parenting Program")

Triple P adopts a multi-level approach, aiming to prevent behavioral and emotional problems in children at home and in pre-school/school-age children (Sanders 1999). The program has been shown to result in significant reductions in externalizing behavioral symptoms in children, especially when applied to low-income and high-risk families. Given that Triple P reduces violent behavior and tendencies to defy authority, it can be suggested that it can also reduce the risk of delinquency in the long term.

"The Incredible Years" Program

Developed by Webster-Stratton, this program aims to strengthen both parent education and children's social-cognitive skills in the 3-12 age group. The program, with its group and one-on-one versions, is structured to improve children's social-emotional regulation, empathy, and problem-solving skills starting from the preschool period (Webster-Stratton 2001). Follow-up studies have indicated that children who benefited from the program showed significant reductions in antisocial behavior rates, as reflected in police records, in subsequent years (Webster-Stratton & Reid 2010).

High-Quality Early Childhood Education

It has been stated that early childhood education plays a critical role in reducing the risk of delinquency by supporting both cognitive development and social-emotional skills. Studies such as the Perry Preschool Program and Chicago Child-Parent Centers have shown that investments in early childhood education reduce long-term social costs and contribute to individuals leading prosocial lives free of crime (Reynolds et al. 2001, Schweinhart et al. 2005).

Cognitive and Executive Function Interventions

Inadequacies in executive functions (inhibition, focusing attention, planning, and problem-solving) in childhood can lead to increased antisocial tendencies in children with weak impulse control. Therefore, it has been stated that early interventions that support executive functions can be an important tool in reducing the risk of delinquency (Raver et al. 2008).

Home Visiting Programs

Various programs that involve home visits from the prenatal period to the age of three have been reported to develop effective parenting practices and reduce domestic violence rates ; children have a better start in social-emotional development in the preschool period, and their executive functioning skills are strengthened; therefore, they provide a reduction in the risk of antisocial behavior and delinquency in later years (Love et al. 2005).

2. School-Based Programs

Peer bullying prevention initiatives are based on school counselors holding weekly small group sessions with students to conduct awareness-raising activities on the causes, effects, and recognition of bullying behavior. Social-emotional skills were added to educational materials, and modules for emotion recognition and empathy development were included in the curricula. In-school mentoring programs aim to identify academic and social problems early, offer positive role models, and provide support for students in setting personal goals by matching teachers with students and holding meetings. Initiatives and supports that encourage positive behaviors are aimed at reinforcing students' prosocial behaviors, such as helping, taking responsibility, and following classroom rules (Bradshaw et al. 2009, Durlak et al., 2011).

3. Community-Based Initiatives

A mentorship model has been suggested through peer modeling, where each adolescent is matched with an experienced and trained volunteer "older brother" or "older sister" in the neighborhood. Another study model redirected adolescents to sports, arts, and academic support workshops held after school, offering conflict resolution workshops and cognitively adaptive activities for them. In another model, a "Community Support Network" was formed, consisting of local community leaders, social workers and volunteers. Within this network, monthly meetings were held, and it was suggested that parents and neighborhood officials be trained on judicial problems, risk signs, and open communication strategies. A plan is made for adolescents in cooperation with a vocational training center near the neighborhood, and short-term workshops are organized to provide basic computer skills, manual skills, and preparation for job application processes (Dubois et al. 2002, Durlak & Weissberg 2007).

Institutions such as "child protection homes" and "Homes of Affection" are structures created to provide a safe living environment for children who have been taken into state protection. Children placed in these institutions often have histories of abuse, neglect, parental deprivation, or other risky living conditions that prevent them from staying with their families. Thus, these children were already exposed to various social, emotional, and behavioral risks before they entered the institution. Research shows that children in the child protection system, especially those raised in foster care, have a higher probability of becoming involved in the criminal justice system in adulthood than the general population. However, these findings do not mean that the institutions themselves directly cause criminal tendencies; rather, this situation reflects the difficulties, traumas, and inadequate social support these children experienced before coming to the institution (Baidawi 2020). The quality of care provided in institutions, the presence of stable social relationships, educational opportunities, mental health services, and protective factors can significantly reduce the risk of delinquency. Therefore, child protection homes and Homes of Affection have the potential to contribute to the healthy development and reintegration of children into society with appropriate support and interventions. Negative effects are often related to factors such as deficiencies in care processes, inadequate staffing, or failure to sufficiently address past traumas (Malvaso et al. 2017, Baidawi 2020). In conclusion, it should be considered that these institutions do not push children into crime; they exist to mitigate the effects of past risky experiences and support them in building a future free from crime.

4. Judicial System Reform

The principle of the best interests of the child is a fundamental principle in international documents such as the 1989 Convention on the Rights of the Child, the United Nations Declaration of the Rights of the Child, and the 1924 Geneva Declaration of the Rights of the Child (League of Nations 1924, United Nations 1989). It fundamentally emphasizes that this should be the primary consideration in all decisions concerning the child. This principle aims to provide the most suitable conditions for a child's protection, development, participation, and welfare, and it is stated that it requires a flexible and case-specific approach, especially in areas such as family law, adoption, immigration, and health (Archard & Uniacke 2021, de Torres Perea 2021, Huefner & Ainsworth 2024). Türkiye's international obligations in the field of children's rights and protection are based on conventions such as the United Nations Convention on the Rights of the Child, which it signed in 1990; the International Labour Organization Convention, which it signed in 2000; and the Lanzarote Convention, which it signed in 2007.

As required by the labeling theory, the judicial system should be designed to prioritize rehabilitation over punishment for juvenile offenders. This approach should provide alternative outcomes for relatively minor crimes and misdemeanors, such as paid community services and probation. Care should be taken to ensure that appropriate procedures and questioning regarding the child's age are carried out during the initial encounter with law enforcement (the detention process). Likewise, it should be remembered that a child's separation from their family, interruption of their education, and contact with delinquent peers before the arrest process will reduce the possibility of rehabilitation (Andrews & Bonta 2014). It has been reported that JCLs can be encouraged to participate in society without being imprisoned (Cullen & Gendreau 2000). Diversifying judicial practices, such as mediation, can enable the resolution of conflict-based crimes through social consensus and alleviate the judicial burden. The implementation of community-based alternatives, such as treatment programs and electronic monitoring instead of detention, allows JCLs to be included in the rehabilitation process without severing their social ties (Gendreau & Goggin 2022).

The right of children to actively participate in the judicial process is guaranteed by international documents such as the United Nations Convention on the Rights of the Child. To realize this right, states must take steps to facilitate children's meaningful participation in the process (Forde 2018). When examining international practices, it is recommended that children, with the aim of psychological protection and protection of their rights, be tried in closed sessions, without official uniforms, and accompanied by their families or social workers. Adopting an approach during the trial that is appropriate for the child's age and developmental level and does not traumatize the child is of critical importance for

both a fair trial and the protection of the child's mental health (Leiria & Nunes 2023, Lee et al. 2025). Thanks to the structured treatment programs applied in high-security settings, the goal is to improve children's mental state and reintegrate them into society. Research shows that multidisciplinary approaches applied in these hospitals result in significant improvements in children's psychiatric and social functioning. High-security forensic psychiatric hospitals enable positive outcomes at both the individual and societal levels by ensuring children's safety and supporting their rehabilitation processes (Seppänen 2018; Cameron et al. 2022, Tong et al. 2022).

Prognosis

The lifelong trajectory of individuals with a JCL profile generally follows a negative course due to the cumulative effect of risks that begin at an early age. Characteristics such as impulsivity, lack of empathy, and executive function impairments seen in early childhood are reinforced by aggression, school dropouts, and peer abuse in adolescence if no intervention is applied (Moffitt 1993; Loeber & Burke 2011). In adulthood, these individuals are highly likely to face secondary problems such as repeated criminal histories, unemployment, an inability to form relationships, homelessness, and substance addiction (Odgers et al. 2008). Additionally, significant reductions in life satisfaction, social participation, and health indicators are expected (Murray et al. 2012). Many studies have shown that alternative programs, such as rehabilitation, educational support, and psychosocial interventions applied outside the judicial system for JCLs, have positive effects and reduce the risk of these individuals becoming involved in crime later in life (Lipsey 2009; Mulvey et al. 2010, Piquero et al. 2015). However, some studies have shown that the effect of alternative programs may be limited, especially in severe and chronic cases, or that positive outcomes are not achieved when they are inadequately implemented (Farrington 2003).

Conclusion

The aim of this literature review was to evaluate data from Turkey regarding juveniles in conflict with the law, to present the prevalence of mental disorders in JCLs, the development of antisocial personality traits in children and adolescents, theories related to JCLs, and research findings on the lifelong trajectory of JCLs, and to suggest methods that can be implemented to prevent delinquency; the review predominantly addressed psychological factors. In conclusion, it was observed that in our country, male children, mostly living in the Marmara, Aegean, and Mediterranean regions, are involved in crime in the 15-17 age range, the most common offenses attributed to these children are "wounding" and "theft," the majority of JCLs are high school students, approximately one-third of them use psychoactive substances, especially nicotine and alcohol, and their actions are mostly unplanned and committed in a group. For more than half of the JCLs, a "no grounds for prosecution" decision is made after the judicial process, but it is also observed that recidivism rates are high. Therefore, it can be said that initiatives are needed in our country to reduce recidivism rates in JCLs.

The literature lists risk factors for recidivism as follows: early age/violent crime, a history of past offenses, the presence of inadequately treated neurodevelopmental disorders in childhood (especially ADHD and ODD/CD), alcohol/substance abuse, disengagement from formal education/limited social participation opportunities, peer delinquency, family neglect/ indifference/ conflicts, parental criminality/ psychopathology/ alcohol substance use disorder, low socioeconomic status, limited support systems after the judicial process, and limitations specific to the juvenile justice system (Duruşan 2021, Çağlar 2023). Therefore, early detection and adequate treatment of neurodevelopmental disorders specific to childhood, prevention of alcohol/substance abuse in adolescents, an increase in school enrollment rates, prevention of labeling children during and after prosecution processes as emphasized by the labeling theory, an increase in opportunities for their participation in society, and their separation from delinquent peers can reduce recidivism rates. It is thought that the families of JCLs need support beyond the counseling supports included in the provisions of Child Protection Law No. 5395, and planning can be done in this direction (Özkan & Kılıç 2013, Özpolat 2022). When conducting a forensic evaluation, the child's developmental age and characteristics should be considered, and the evaluation should be conducted by

a committee that includes child psychiatry, forensic medicine, and other relevant specialties on a case-by-case basis. It should be remembered that for forensic reports prepared by a single physician in our country, after the appeal process, a re-evaluation is requested by the high courts to be prepared in a committee format. Ensuring confidentiality in the juvenile justice system, speeding up prosecution and trial processes, and protecting the identities of JCLs after rehabilitation in cases reported in the press can support their participation in society (Kintzinger 1980, Lim et al. 2012). It may be beneficial to expand the provisions related to the support applied within Child Protection Law No. 5395 in this direction. Juvenile delinquency involves a complex and dynamic interaction of individual, family, societal, and protective factors. Therefore, the combined implementation of early childhood interventions, school-based programs, community-based initiatives, and judicial process reform can yield more effective and lasting results than targeting them alone.

It has been observed that the most effective and economical early childhood intervention is high-quality early childhood education (Reynolds et al. 2010). Therefore, in terms of primary prevention, the expansion of high-quality kindergartens and preschools that cover the early childhood period in our country and the provision of education that supports and develops social skills in addition to preparation for formal education can be beneficial in preventing juvenile delinquency and its intergenerational transmission. On the other hand, for children with individual, family, and societal risk factors for delinquency, programs can be implemented that are adapted to our country's conditions, are short, applicable, scalable, and support cognitive and social development. These programs can be integrated into the routine practices of family physicians and family health centers (Özkan & Kılıç 2013, Özpolat 2022). Tertiary prevention programs for JCLs and children involved in peer bullying can focus on rehabilitation and the development of social-emotional skills (Avsar & Alkaya 2018). Longitudinal studies are needed to evaluate whether the theories related to the developmental trajectory of JCLs are valid in Türkiye.

Holistic and multi-systemic approaches should be adopted in the evaluation and rehabilitation of JCLs; effectiveness can be achieved by intervening in multiple risk factors simultaneously and integrating family, school, peer, and societal levels. The participation of the family, school, peers, and society should be supported by interventions tailored to the individual's needs according to the risk-need-responsivity principles; in this way, interventions can be made sustainable by adapting them to each person's developmental level and individual needs.

In conclusion, the lifelong trajectory of JCLs is shaped by the interaction of multidimensional risk and protective factors. Neurodevelopmental disorders, impulsivity, and a lack of empathy at the individual level; a family environment with low socioeconomic status, neglect, abuse, and inconsistent parenting; a school environment with academic failure and peer pressure; and poverty and a violent environment at the societal level reinforce criminal tendencies. The high burden of psychopathology in these children, including CD, substance use, and emotion regulation difficulties, can increase repeated criminal behaviors and perpetuate a negative trajectory. Various models, such as those of Loeber and Moffitt, explain the different onset and developmental patterns in antisocial pathways, emphasizing the importance of early diagnosis and targeted interventions. Protective and preventive programs, when applied holistically, including early intervention, executive functioning supports, school-based and community-based mentoring practices, and rehabilitation-focused reforms in the judicial system, have significant effects. While marriage, employment, and prosocial roles in early adulthood provide a departure from crime, multi-systemic interventions sustained through family-school-community collaboration reduce risk factors by offering support tailored to the individual needs of JCLs. In conclusion, the healthy development and reintegration of JCLs into society depend on establishing holistic, inter-systemic collaboration and the simultaneous application of intervention strategies that are specific to each developmental period.

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