

FORENSIC CHILD AND ADOLESCENT PSYCHIATRY

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Although child and adolescent psychiatric practice preferably takes place within a voluntary patient-therapist relationship, this is not always so. In some cases patients enter the area of forensic psychiatry, which covers all psychiatric care that is provided in relation to legal processes. Forensic psychiatry covers both diagnostic and therapeutic issues but a substantial part of the forensic psychiatric work lies in the diagnostic field. In that context, the clinician is asked to assess an individual and make a report that can be used for legal decision making. The content of the report, which makes specific guidelines advisable (Kraus et al 2011), is thus open to people other than the clinician and the patient (and family). Therapeutic issues in the forensic field are controversial because it is unclear to what extent one may force a patient to undergo treatment.

For several reasons, minors and their families may be forced by law to become a *patient*. This may be because either:

- The (family) environment is considered suboptimal for the development of the child or
- The underage person is suspected to have committed a criminal act or has been convicted.

The first situation is rather specific to childhood as underage children largely depend on adults who carry the responsibility of taking care of them. When the caregiving adult does not fulfill this task properly, it is in the interest of the minor that legal authorities take over. This may happen, for example, when maltreatment or physical or sexual abuse is suspected or have occurred. A specific situation that has become increasingly common over the last few decades relates to parental conflict in case of divorce. This is a particularly complex and difficult area as parents frequently accuse each other of maltreating or abusing their children. The second situation in which minors are forced to accept treatment occurs when the children themselves harm society by their behavior. This often goes hand in hand with the first situation – when adults do not fulfill their caregiving responsibility – although this is not always the case. Children often break the law, resulting in contact with the police and courts. This chapter focuses on youths who receive psychiatric care as a result of having committed an offence; this issue poses specific challenges when considered in the international context.

The following paragraphs will focus on the goals of forensic psychiatry and the developmental and psychiatric characteristics of juvenile offenders. Some international conventions, guidelines and rules concerning juveniles are also described, highlighting differences in legislation between countries.

CRIMINAL LAW AND AGE

Overall, the penal system has two main roles: *preventive* and *retributive*. In regards to *prevention*, a distinction is made between general and specific prevention. *General* prevention refers to the effect of fear of being caught and punished in discouraging people from committing an offence. *Specific* prevention targets possible recidivism of the delinquent himself, who may abstain from offending because of wanting to avoid further punishment.

Retribution meets the needs of the victims by providing them with a feeling of redress by knowing that the offender has been punished. In juveniles, a specific role of the criminal law is re-education and stimulation of development. The underlying idea is that minors commit offences (at least partly) because of their

Minor

The terms “minor”, “juvenile”, “youth” and “child” in this article have the same meaning as the term “child” as defined in article 1 of the Convention on the Rights of the Child: “For the purposes of the present Convention, a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.”

Clinical tasks and skills related to forensic obligations

Custodial treatment

- Assess the mental health of the juvenile: for acute conditions (suicide, psychosis, substance abuse) within 24 hours of arrest or detention; for other mental disorders within the first few weeks
- Re-evaluate mental state frequently throughout the legal processes

Protection of the rights of the juvenile

- Be aware of the country’s laws and procedures related to the task
- Evaluate adolescents’ development in relation to the impact and consequences of legal procedures

Risk assessment

- Ascertain the risks associated with the minor’s condition
- Be cautious when interpreting findings from risk assessment and present findings as temporary and weighted as part of the expected development of the juvenile.

immaturity. By enhancing healthy development, further offending may be avoided and help youngsters become law-abiding, well-functioning citizens.

Over the last few decades, emphasis has shifted away from protection and towards retribution (Snyder & Sickmund, 2006). Even when dealing with younger delinquents, the public demands that punishment must be strict and many governments and courts are responding to this request. A well-known case in this respect was the murder in the UK of 2-year-old James Bulger by two 10-year old boys. Some are convinced that an emphasis on punishment is the way to reduce crime, because it is considered to strengthen the general preventive aspect.

Age of maturity

In juvenile penal law, the challenge is to find a balance between protection, care and punishment. Because juveniles are immature, the goal is both to protect and stimulate development, and to prevent further harm to society. An important issue concerns the *age of maturity*: at what moment in life one considers underage persons mature enough to be fully aware and in control of their acts. Being able to evaluate developmental maturity is thus an important task of the forensic clinician (Kraus et al., 2011). Consideration of etiological factors, both environmental and individual, plays a role in this. The maturity of a person depends, for example, on the quality of parental care but also on broader societal issues such as education. In addition, the individual’s characteristics are important (e.g., intelligence). Current knowledge about brain development shows that maturity is not yet fully achieved by the age of 18; development continues until the early- to mid-20s (Shaw et al., 2008). It is however unclear to what extent the immaturity identified by brain research has behavioral consequences. Interestingly, notwithstanding evidence on maturity, age of criminal responsibility varies considerably according to country, from seven in Switzerland and Nigeria to 18 in Belgium (see Table J.3.1).

Procedural guidelines for clinicians in the forensic field

When doing diagnostic work in the forensic field, clinicians are expected to report on their findings to legal authorities. Therefore, it is important that they:

- Know beforehand who will be allowed to read the report and to communicate this to the patient
- Know exactly what the questions are they have to report on, and that patients know these questions and understand them
- Focus their evaluation work and their report on these questions.

In relation to forensic therapeutic work, it is important that clinicians:

- Remain in their therapeutic role, which means that obligations to follow through with therapy rest with the legal authorities
- Are open to patients about what will and what will not be reported to authorities.

Table J.3.1 Examples of age of criminal responsibility (Cipriani, 2009)

AGE (years)	COUNTRY
7	Liberia, Nigeria, New York (US), South Africa
8	Scotland, Sri Lanka, Zambia
10	Australia, England, Northern Ireland, Switzerland, Texas (US), Wales
11	Japan
12	Canada, The Netherlands, Turkey
13	Algeria, Greece, Guatemala
14	Bulgaria, China, Germany, Italy, Romania
15	Czech Republic, Denmark, Finland, Norway, Sweden
16	Argentina, Cape Verde

JUVENILE PENAL LAW

Care, protection and risk taxation

Forensic psychiatry is at the boundary between psychiatry and the law. As already described, forensic child psychiatry, as compared to forensic psychiatry of adults, has specific characteristics resulting from the psychological immaturity of minors. The tasks of forensic child psychiatry have been described by Grisso (2004) as follows:

- *The custodial treatment obligation.* The obligation of society to help people with an illness. When young people become involved with the judicial system, society has the responsibility to make sure that illnesses are recognized and treated. This is particularly so when minors are being detained because they and their families then lose the possibility and freedom to seek help themselves. Because of the stress associated with being arrested and prosecuted, there is an increased likelihood of triggering the onset of illnesses. Conditions that need specific attention in these circumstances are psychotic deterioration, suicidal behavior and consequences of substance abuse withdrawal.
- *Protecting the rights of persons in contact with the juvenile justice system.* Legal decisions can have a substantial impact on the young person's life. Therefore, it is important to ascertain that youths understand the procedures and the potential consequences of their decisions (Kraus et al., 2011). Also, it is necessary to ensure that children are cognitively able and mature enough to understand the procedures. In the US, this is, for example, important in relation to "Miranda" rights – the right to refuse to give self-incriminating information and the entitlement to have legal counsel present at any interrogation. The person who waives this right must understand what the potential consequences are. In countries where young people can be transferred to adult courts, it is necessary to ensure that these young people are able to understand and undergo adult court procedures. Because adolescents are known to think short term and favor immediate gain (Reyna & Farley, 2006), they are more likely not to act in their best interests when undergoing adult judicial procedures. For example, during interrogation they may deny facts even in the face of incontrovertible evidence, or to confess to a crime they have not committed to get rid of an unpleasant situation.
- *Risk taxation.* Protecting society by predicting the likelihood of recidivism is also important. Risk taxation not only serves the interests of the wider population but also those of the young people themselves. However, risk taxation is a complex issue in juveniles. Because they are immature and thus still developing, risk factors are likely to change, even without intervention. Therefore, one needs to be careful when considering risk, and always emphasize it as a momentary situation, that needs frequent re-assessment.

In order to fulfill these tasks well, the forensic expert needs to be able to conduct a thorough diagnostic assessment, and weigh the needs of offenders against the requirement to protect society.

James Patrick Bulger

James Bulger was a boy from Kirkby, England, who was murdered on 12 February 1993, when aged two. He was abducted, tortured and murdered by two ten-year-old boys, Robert Thompson and Jon Venables. James disappeared from the New Strand Shopping Centre in Bootle, near Liverpool, while accompanying his mother. His mutilated body was found on a railway line two-and-a-half miles away in Walton, two days after his murder. Thompson and Venables were charged on 20 February 1993 with James' abduction and murder. The pair was found guilty on 24 November 1993, making them the youngest convicted murderers in modern English history. They were sentenced to custody until they reached adulthood, initially until the age of 18, and were released on a lifelong licence in June 2001. The case has prompted widespread debate on the issue of how to handle young offenders when they are sentenced or released from custody.

On 2 March 2010, the Justice Secretary, Jack Straw, stated that Venables had been returned to prison because of "extremely serious allegations", and stated that he was "unable to give further details of the reasons for Jon Venables's return to custody, because it was not in the public interest to do so." (Source: Wikipedia).

INTERNATIONAL CONVENTIONS, RULES AND GUIDELINES

Some international conventions and treaties concerning the rights of minors and their protection have a direct influence on national legislation. Therefore, it is important for clinicians to be knowledgeable about international rules and guidelines and how one's country of practice has implemented those rules. The most important children's rights instrument is the *United Nations (UN) Convention on the Rights of the Child* (hereafter referred to as "the Convention") grounded on the Universal Declaration of Human Rights. Besides the Convention, the UN adopted three important guidelines concerning juveniles, which had an influence on and can be used together with the Convention. In this section a brief description is given of the most important international conventions relevant to juvenile delinquents. For the scope of this chapter we will focus on the relevant articles only (for a more detailed description of the Convention see Chapter J.7).

Besides the Convention, three other rules provide guidelines for juvenile justice systems on three different levels (Meuwese et al, 2005):

- (a) Implementing a juvenile justice system
- (b) Creating social policies for prevention of juvenile delinquency, and
- (c) Protecting the right of incarcerated juveniles for social reintegration.

These guidelines are derived from the so-called Beijing rules, Riyadh Guidelines and Havana Rules respectively.

Beijing Rules

On 29 November 1985, the General Assembly of the UN adopted the *Standard Minimum Rules for the Administration of Juvenile Justice (Beijing Rules)*. The Beijing Rules provided member states with guidelines for the protection of the rights of juveniles with the establishment of a specific juvenile justice system. Although the Beijing Rules are recommendations – and have therefore no binding legal status – member states were requested to incorporate these rules within their national legislation. The Beijing Rules were already in existence four years before the Convention was adopted and influenced the wording of the Convention. Some of the principles of the Beijing rules are incorporated in articles 37 and 40 of the Convention and will be discussed later in the chapter.

Riyadh Guidelines

The UN Guidelines for the Prevention of Juvenile Delinquency ("Riyadh Guidelines") were adopted by the UN on 14 December 1990. The Riyadh Guidelines should be seen as a further clarification and concretization of the rights of the child, especially of article 40 of the Convention. These guidelines are *child-centred*, that is, the minor is seen as a person and not just as an object. The guidelines are comprehensive and encourage a pro-active approach to the prevention of juvenile delinquency (Meuwese et al, 2005). The Riyadh Guidelines provide countries with standards to prevent juvenile delinquency, focussing on juveniles who are at "social risk" and suggesting multidisciplinary measures to minimise risk to children coming in contact with the legal system. Like the Beijing rules, the Riyadh Guidelines are not binding, their influence is moral.



Serious concerns raised as children criminalised at 10. View video by clicking on the picture.

Havana Rules

The *UN Rules for the Protection of Juveniles Deprived of their Liberty* (“Havana Rules”) were adopted by the UN in December 1990 and are a supplement to the Beijing Rules. They provide standards for the protection of juveniles within the criminal justice system. For example, incarcerated minors should be segregated from adults and incarcerated with peers of the same sex, age and personality. Also they should be provided with appropriate education or training. Although these rules are not legally binding they are consistent with articles 37 and 40 of the Convention.

UN Convention on the Rights of the Child

The most important children’s rights document is the Convention, which is grounded on the Universal Declaration of Human Rights. The Convention was adopted by the UN on 20 November 1989 and enacted on 2 September 1990. With the exception of the US and Somalia – among others – 193 countries have ratified the Convention, although many member states – for example the Netherlands (Declarations and Reservations to the Convention on the Rights of the Child, n.d.) – have made some reservations or declarations to the provisions of the Convention.

The Convention spells out the basic human rights that children all over the world should have and is legally binding for signatory states. By ratifying the Convention, member states commit themselves to the protection of the rights of children and to be monitored by the UN Committee on the Rights of the Child concerning the status of the rights of children in their country. Articles 37 and 40 of the Convention spell out the key principles for juvenile justice. Together with the leading principles of the Convention (General Comment nr. 10, 2007) these articles form the basis for the legal status of minors deprived of their liberty (Liefwaard, 2010).

Looking at article 37 one can see that it sets the minimum conditions with which countries need to comply when a child is deprived of liberty. This article can be divided into two different sections. First, it sets the minimum conditions concerning deprivation of liberty itself. According to article 37 this can only take place “in conformity with the law,” as “a last resort” and “for the shortest period of time.” Second, once a minor is deprived of liberty, the juvenile should be treated “with humanity and respect” and the needs of the juvenile ought to be taken into account. For example, in the Dutch legal system – based on Constitutional Law in conjunction with the Convention – juveniles can only be limited in the execution of their rights when this is necessary for the implementation of a deprivation of liberty and the objectives thereof (Muller & Vegter, 2009).

Article 40 of the Convention defines the minimum conditions for dealing with juveniles who have broken the law:

- The right to due process
- Age appropriateness; the age below which juveniles cannot be held responsible for infringement of penal laws is explicitly stated.

Important concepts used in this article include: dignity and worth, innocent until proven guilty, promoting reintegration, legal assistance, access to an



Thomas Spence’s book “Rights of Infants” is one of the earliest English-language statements of the rights of children. Thomas Spence (June 21, 1750 – September 8, 1814) was an English revolutionary and advocate of the common ownership of land, for which he was incarcerated several times. (Photo: the Thomas Spence Trust)

UN Convention on the Rights of the Child

Article 37

States Parties shall ensure that:

- (a) No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment. Neither capital punishment nor life imprisonment without possibility of release shall be imposed for offences committed by persons below eighteen years of age;
- (b) No child shall be deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time;
- (c) Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the needs of persons of his or her age. In particular, every child deprived of liberty shall be separated from adults unless it is considered in the child's best interest not to do so and shall have the right to maintain contact with his or her family through correspondence and visits, save in exceptional circumstances;
- (d) Every child deprived of his or her liberty shall have the right to prompt access to legal and other appropriate assistance, as well as the right to challenge the legality of the deprivation of his or her liberty before a court or other competent, independent and impartial authority, and to a prompt decision on any such action.

Article 40

1. States Parties recognize the right of every child alleged as, accused of, or recognized as having infringed the penal law to be treated in a manner consistent with the promotion of the child's sense of dignity and worth, which reinforces the child's respect for the human rights and fundamental freedoms of others and which takes into account the child's age and the desirability of promoting the child's reintegration and the child's assuming a constructive role in society.
2. To this end, and having regard to the relevant provisions of international instruments, States Parties shall, in particular, ensure that:
 - (a) No child shall be alleged as, be accused of, or recognized as having infringed the penal law by reason of acts or omissions that were not prohibited by national or international law at the time they were committed;
 - (b) Every child alleged as or accused of having infringed the penal law has at least the following guarantees:
 - (i) To be presumed innocent until proven guilty according to law;
 - (ii) To be informed promptly and directly of the charges against him or her, and, if appropriate, through his or her parents or legal guardians, and to have legal or other appropriate assistance in the preparation and presentation of his or her defence;
 - (iii) To have the matter determined without delay by a competent, independent and impartial authority or judicial body in a fair hearing according to law, in the presence of legal or other appropriate assistance and, unless it is considered not to be in the best interest of the child, in particular, taking into account his or her age or situation, his or her parents or legal guardians;
 - (iv) Not to be compelled to give testimony or to confess guilt; to examine or have examined adverse witnesses and to obtain the participation and examination of witnesses on his or her behalf under conditions of equality;
 - (v) If considered to have infringed the penal law, to have this decision and any measures imposed in consequence thereof reviewed by a higher competent, independent and impartial authority or judicial body according to law;
 - (vi) To have the free assistance of an interpreter if the child cannot understand or speak the language used;
 - (vii) To have his or her privacy fully respected at all stages of the proceedings.
3. States Parties shall seek to promote the establishment of laws, procedures, authorities and institutions specifically applicable to children alleged as, accused of, or recognized as having infringed the penal law, and, in particular:
 - (a) The establishment of a minimum age below which children shall be presumed not to have the capacity to infringe the penal law;
 - (b) Whenever appropriate and desirable, measures for dealing with such children without resorting to judicial proceedings, providing that human rights and legal safeguards are fully respected.
4. A variety of dispositions, such as care, guidance and supervision orders; counselling; probation; foster care; education and vocational training programmes and other alternatives to institutional care shall be available to ensure that children are dealt with in a manner appropriate to their well-being and proportionate both to their circumstances and the offence.

interpreter, and minimum age.

As one can see, all the member states have been provided with the same guiding principles – in case of the Convention, mandatory – to protect minors and how to treat them in case minors transgress the law. In the next section we will see that, although the same guidelines are implemented, there are differences between countries which can influence clinical practice.

Country-specific legislation

The balance between protection and punishment concerning juvenile delinquents differs according to country. The juvenile justice laws in the Netherlands and Belgium are a good example. In every UN member state minors commit crimes and in every state minors can be held by the police, interrogated, sent to juvenile justice institutions, and often punished. Although these similarities between states are obvious, there are differences that cannot be ignored.

Firstly, implementation of the Convention is not homogeneous. Many countries have made reservations and declarations to the provisions of the Convention before their implementation. For example, in relation to articles 37 and 40 of the Convention, the Netherlands has made the following reservations upon implementation, which have somewhat modified the legal effect of article 37 and 40, and adjusted the articles to their own specific juvenile criminal law. Belgium however, has *only* made one interpretive declaration to article 40 (Declarations and Reservations to the Convention on the Rights of the Child, n.d.).

The Netherlands

- Article 37: “The Kingdom of the Netherlands accepts the provisions of article 37 (c) of the Convention with the reservation that these provisions shall not prevent the application of adult penal law to children of sixteen years and older, provided that certain criteria laid down by law have been met.”
- Article 40: “The Kingdom of the Netherlands accepts the provisions of article 40 of the Convention with the reservation that cases involving minor offences may be tried without the presence of legal assistance and that with respect to such offences the position remains that no provision is made in all cases for a review of the facts or of any measures imposed as a consequence.”

Belgium

- “With regard to article 40, paragraph 2 (b) (v), the Belgian Government considers that the expression ‘according to law’ at the end of that provision means that:
 - (a) This provision shall not apply to minors who, under Belgian law, are declared guilty and are sentenced in a higher court following an appeal against their acquittal in a court of the first instance;
 - (b) This provision shall not apply to minors who, under Belgian law, are referred directly to a higher court such as the Court of Assize.”

As one can see there are considerable differences between the two. The Netherlands has two reservations on the implementation of the Convention to the Dutch legal system. Belgium *only* provides an interpretive declaration to clarify the meaning of an expression used in article 40.

Reservation and declaration

According to the Vienna convention on the law of treaties (n.d.) the following definition is used for a reservation made upon a treaty:

Reservation “means a unilateral statement, however phrased or named, made by a State, when signing, ratifying, accepting, approving or acceding to a treaty, whereby it purports to exclude or to modify the legal effect of certain provisions of the treaty in their application to that State.”

Declaration is a clarification of a meaning of an expression used.

Besides the *regular* criminal law system for adults, the Netherlands also has adopted a juvenile criminal law system in which minors as young as 12 years of age can be held accountable for committing a crime and can therefore be convicted and punished. However, because juveniles are still developing, the juvenile justice system in the Netherlands acknowledges this and incorporates objectives such as re-socialization and education besides retribution and prevention. The Dutch juvenile justice system therefore emphasizes pedagogical support and re-education as part of the legal decision making, and the minor as a person is the primary consideration during this process. Belgium, on the contrary, has no separate juvenile justice system; minors younger than 18 years are protected by civil law (*Law on the Protection of Young People*), that is, juveniles under the age of 18 are considered to have no criminal responsibility. Therefore, judges can decide to impose measures upon the delinquent minor, which can have an educational or protective character (van Dijk et al, 2006); see Table J.3.2.

Considering the above, one could conclude that the difference is the balance between considering juvenile delinquent acts as criminal or envisioning youngsters as immature persons who need help. In each country, the balance between punishment and a therapeutic approach varies, as well as the frequency in which specific consequences are given. In practice, forensic psychiatrists need to understand and have a good knowledge of the judicial framework they have to work with, which varies. Clinicians need to be aware of the different aspects of criminal law, namely general prevention, specific prevention and retribution and, for juveniles, re-education and promoting development. Clinicians need to use this knowledge when dealing with policy makers to explain how these roles must be combined appropriately.

DEVELOPMENTAL AND PSYCHIATRIC ISSUES

When dealing with delinquent youths, a number of developmental and psychiatric issues are of importance. Firstly, while many youths show delinquent



Life in prison for juveniles?
View video by clicking on the picture.

Table J.3.2 Differences between legal systems using The Netherlands and Belgium as examples.

The Netherlands:

- Juvenile criminal law applies to children aged 12-18.
- Consequences:
 - Punishment can be given, including detention in juvenile jail (maximum 2 years)
 - Offences are added to the personal penal record, some to be kept for life (sexual offences)
 - The rights of offenders are regulated, e.g., with regards to arrest, interrogation, and detention

Belgium

- There is no juvenile criminal law but civil protection law until age 18.
- Consequences
 - Only protection measures are possible, including detention
 - No personal penal record until the age of 18
- Regulation of rights in relation to being protected but not in relation to arrest.

In both countries, minors committing an offence at age 16 and 17 can be convicted as adults, under specific conditions of severity of the crime and maturity of the offender.

behavior over the course of their lives, only a minority become persistent offenders. The dual taxonomic model of Moffitt (1993) is useful to understand these pathways. Moffitt's work has shown that, apart from an adolescent-onset delinquent group that tends to desist from crime later on (*adolescent-limited*), there is an early-onset group which has an increased risk of persisting in their delinquent behavior (*life-course persistent*). Offenders in the life-course persistent group have risk factors in the individual and environmental domains (Moffitt, 1993). They usually grow up in multi-problem families, with parents who all too often have psychiatric problems themselves. Individually, they are recognized as being impulsive and having lower intelligence, particularly in the verbal domain. In contrast to the life-course persistent group, the adolescent-limited group has fewer risk factors and often commits offences because of peer pressure. Risk of persistence in the long term is lower, and thus may not require intensive intervention. However, a small subgroup of the adolescent-limited group who abuse substances will persist in their offending behavior and need to be recognized. Although the life-course persistent group is estimated to comprise only 5% of the (male) population, they commit half of all offences attributed to adolescents. This group needs intensive intervention and society needs to be protected from them.

Secondly, individuals are vulnerable to committing offences until early in adulthood because of developmental immaturity. Current understanding of the development of cognition and executive functions suggests that in contrast to adults, who take decisions in the rational part of the brain, children and adolescents are more inclined to use lower brain areas. Consequently, they are more likely to make irrational and impulsive decisions (Reyna & Farley, 2006). An immature way of thinking is normative for adolescents resulting in an underestimation of negative consequences and in being more likely to come up with either/or responses than with a range of options. As a consequence adolescents are more likely to react inappropriately (e.g., aggressively) to others because they perceive messages as threatening more often and because they lack an adequate arsenal of reaction modalities. Further, they are less likely to perceive certain behaviors as risky (Cohn et al, 1995). As a result, they do not fully understand that an arrest and adjudication (legal judgment) are likely to harm their future drastically. It is known that moral development only comes to maturity in early adulthood (Colby et al, 1987). Because of this, juveniles do not empathize with others in the same way that we expect of adults; thus they do not fully understand the effect on others of their inappropriate behavior. Immaturity, as described here, does not only influence the likelihood of committing an offence but also an adolescent's attitude during the judicial procedures.

Thirdly, several studies have shown that a majority of incarcerated youth suffers from psychiatric disorders and that comorbidity occurs very frequently in this group (Colins et al, 2010; Vermeiren et al, 2006). Recent studies have demonstrated that apart from internalizing (i.e., depression and anxiety) and externalizing disorders (i.e., conduct disorder, oppositional defiant disorder, ADHD), psychosis-related symptoms as well as substance abuse and dependence are very common in juvenile delinquent populations (Colins et al, 2010). While most studies on adolescents in detention have focused on boys, some studies on girls are available (Teplin et al, 2002; Vermeiren, 2003). Although antisocial behavior is much less frequent in girls than in boys, psychiatric pathology may be

Children in legal proceedings

In legal proceedings, a juvenile younger than 18 years should always be considered immature, not only because of normative developmental data but also because of the consequences of frequently occurring psychiatric disorders. This has as a consequence that juveniles:

- Are more likely to commit crimes without fully understanding the consequences for the victim and for themselves
- Are more likely to react inappropriately during interrogation, either by denying even in the face of incontrovertible evidence or admitting to a crime they have not committed
- Are less likely to have a realistic view of the long-term consequences of legal decisions.

more prevalent among detained girls, in particular depression and post-traumatic stress disorder, while externalizing disorders and substance abuse and dependence may be similar in boys and girls.

In this chapter we have discussed a variety of issues forensic psychiatrists need to know for the practice of their profession. As described, the tasks of the forensic psychiatrist have to be performed always with a good knowledge of the developmental and psychiatric characteristics of juvenile offenders. Furthermore, countries vary considerably in the way they handle juveniles committing delinquent acts. On an international level, the implementation of conventions, rules and guidelines differ according to county. These differences substantially relate to the balance between protection and punishment, whether choosing a punishment or a therapeutic approach. For example, while some countries have adopted a juvenile criminal law system, others have not, considering that juveniles do not have criminal responsibility. One should however contemplate that the differences described are not all-embracing. In conclusion one could say that besides the characteristics and development of juvenile delinquents, a clinician should be aware of the national and international legislation and the judicial framework of their country of practice.

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