

Social and Familial Aspects of Juvenile Conduct Disorders in Romania.

Selected Cases Presentation from Forensic Psychiatric Board Admission

Simona Damian¹, Cristina Gabriela Schiopu², Nicoleta-Elena Hegheș³

¹Associate Professor, PhD, University of Medicine and Pharmacy "Grigore T. Popa", Department of Legal Medicine, Iași, Romania, si_damian@yahoo.ro

²PhD Student, University of Medicine and Pharmacy "Grigore T. Popa", Department of Psychiatry, Iași, Romania, schiopu_cristina_gabriela@yahoo.ro

³Researcher 2nd Degree, "Andrei Rădulescu" Legal Research Institute of Romanian Academy, Bucharest, Romania, nicoleta.hegheș@icj.ro; Professor, PhD, "Dimitrie Cantemir" Christian University of Bucharest, Romania, nicoleta.hegheș@ucdc.ro

ABSTRACT: Juvenile delinquency in Romania has become a complex problem due to the imbalanced state of bio-psychological and social factors that should ensure the safety of children's development. When discussing children in legal terms, the person is no longer the focus of the problem as in adults, but he should be analyzed as a multitude of intrinsic and environmental factors that coordinate to develop a judicial problem. Most of those environmental factors refer to social aspects like discrimination, poverty, limited access to education, as well as family disorganization, victimization of child and exposure to negative psychological and affective stimuli that distort the emotional, behavioral and intellectual development of those children. Moreover, we can state that delinquent children are a mirror of social and familial problems left unattended or a fault of the system's care for them. Therefore, there is a need to explore more effective protective and preventive measures while strengthening rehabilitation programs for vulnerable groups rather than seeking to isolate them. Given the above statement, the authors present a selection of cases that were addressed to the psychiatric forensic expertise for children. This paper will focus on social and familial aspects that disrupt the affective and intellectual mechanisms of these children, leading to aggressive behavior, lying and delinquencies as defensive and control responses to their disrupted environment. Also, these cases presentations will reveal other important characteristics of the cases and the difficulty of social and legal management of these children.

KEYWORDS: children, delinquency, society, forensic, psychiatry

Introduction

Juvenile delinquency can take many aspects due to the child's inner response to outer stimuli, especially in teenagers, when neurobiological mechanisms lack control, motivation is emotion regulated and impulsivity determines their behavior (Shoemaker 2017). Negative stimuli from the environment are proportional to the severity of the child's act out, often transforming him from victim to the one who victimizes others in order to regain control over themselves and the outer world that put him in a vulnerable condition (Lundman 2001).

In the Romanian legal system, children under 14 do not answer to the law and children between 16 and 18 years old will answer as adults. The range of 14 to 16 years of age is considered a more uneven area, where a child's intellectual and affective mechanisms are coordinating with environmental stimuli to develop the future adult. In this idea, any antisocial act committed between 14 and 16 years of age will be submitted to a forensic psychiatric analysis, to reveal if the child has the capacity to understand his actions and their consequences (Delcea, Fabian, Radu and Dumbravă 2019). As such, the majority of the cases addressed to the forensic psychiatric board is formed of 14 to 16 years old minors who are investigated for violence acts and robberies. Under 14 years old, children are often addressed to the board, being victims of different forms of abuse and neglect. Often, the background story of delinquent children reveals a

history of abuse and family disorganization, social inclusion problems, poverty and poor educative stimulation. So, the dynamic of cases presented to the forensic psychiatric board is only reinforcing the importance of prevention and safe environment for children (Park 2019, 99-112).

Another distinctive aspect of forensic psychiatric analysis in children is the detailed examination of the child's environment. All familial and educational data are gathered as the committee has the responsibility of not only answering the discernment issue but also making the recommendation in the child's best interest for rehabilitation and social reinsertion. It is for this reason that children in the range of 14 to 16 years old are submitted to expertise: because corrective measures are reserved for severe acts and reiteration risks but the Romanian legal systems almost recognize the system's flaws and tries to "save" the children from disrupted development issues and provide them with care and protection they need, even after they made mistakes (Van der Stouwe et al. 2021).

Influencing factors of juvenile delinquency

From a psychological and biological point of view, we could say the 14-16 years old range is an "Area 51" of adolescence. The dynamics of development take abrupt turns, powered by hormonal and organic changes. Emotional activity is processed without any regulatory cognitive functions as brain control regions (prefrontal cortex) is still immature and amygdala is hyperactivating impulse based behavior, by-passing inhibition centers. It is like the brain promotes active experimenting as a way of gaining experience and predictability for later mature decision making. (Sertdemir et al. 2020) As such, risk behavior, impulsiveness, poor inhibitory mechanisms to heavy external stimuli, are all characteristics of the personality development. These hyperexcitability and powerful, emotional responses to negative stimuli are what form the bases of conduct disorders in children and adolescents and the affective charge is proportional with the environmental influence and the magnitude of the answer (Chabrol et al. 2009).

Violence, lying, theft and other conduct disruptions in children are often a more or less conscient response to stimuli like conflictual situations, an inadequate relationship with an adult, a provocation for taking back control, reactions to feelings of helplessness and fear, a need for attention and they are often a mirror effect of unbalanced emotional filters in the search for self-identity. Most conduct disorders are signs of social and intrafamilial problems and could translate offensive conducts – in order to regain control over themselves, affective conducts – impulsive manifestations of extreme rage, situational responses to conflictual or stressful environment – often lying or acting out for revenge and last but not least, defensive conducts as a response to psychological stress. Aside from the psychological and neurobiological aspects of children conduct, psychiatric and brain pathologies and substance abuse are severity accessory factors (Müller-Fabian et al. 2018).

Family factors are fundamental for a child's development as most of his future personality will depend on parent models and affective relations between family members. Familial and social environment could provide risk factors not only for developing antisocial conduct firstly for child victimization. This is another argument that abuse, in all its variables will transform many victims into future abusers (Nicolaescu and Racu 2021).

Family dynamics can become risk factors when the relationship between family members lack affectionate interactions and instead involve physical and verbal violence, with permanent stress and tension between parents and siblings, when rules are exaggerated or they are completely absent, abrupt dynamics between parents with frequent fights and separations or when one or both parents leave the family or divorce and child custody is not regulated and substance misuse. Risk factors in the relationship between child and parent include inconstant presence of the parent in the child's life, punishment prone discipline, inadequate emotional relationship or lack of it, child emotional neglect or abuse, poor expectations for the child or exaggerated and unrealistic ones. Family structure can also have risk characteristics for victimization of children and conduct disorders. These risk factors may include large family size, multiple siblings and

toddlers requiring care, emotional and physical neglect of unwanted children, divorced parents, unstable relationships or multiple partners involving individuals other than the child's parent, and single-parent families (Nicolaescu 2017).

Social factors are also part of the vulnerability dynamic and they refer to social and professional status (unemployment, dangerous/stressful work conditions, insufficient payment, lack of professional satisfaction), residence elements such as homelessness, crowded and insufficient space or poor hygiene and minimal comfort for living and geographical mobility factors such as frequent residence changes, nomadism and immigration or refugee status. Cultural factors are deeply linked with social characteristics in terms of negative influences and they refer to political disbalance, economic crushes, social and mass media access, educational access cultural ideology such as the general attitude towards children, women and paternity, social exclusion, school bullying, discrimination and religion which can take extremist forms and align to social dynamics inside certain communities (Butoi and Butoi 2004).

Psychological, social and familial risk factors often expose the child to forms of abuse before transforming his behavior. Emotional sexual and physical abuse or child emotional and physical neglect are endemic forms of abuse which consists in an adult, parent or non-parent, takes advantage of the child's vulnerability and dependence and inflicts trauma on the child from its power position. The helplessness, fear inability to defend themselves often twist the child's affective development and conduct towards escaping those negative emotions and regain control over itself. Affective numbness and lack of compassion could also lead to antisocial disorders if they are caused by childhood trauma (Bonea 2017).

Discernment and responsibility are extremely variable in children, especially in teenagers and forensic psychiatric expertise has a different view in minors than in adults, due to the particularities of the developmental stage. Educational status, social and family environment, neurologic status, organic pathologies and the investigation data have to evaluate against the child's statement. Children's imaginative processes and emotional disruptions often translate to simulative behavior and lying in a rich creative way. Series of interviews, psychological battery tests and psychiatric examinations are required for the board to come to an objective conclusion but not necessarily for the child to be submitted to a detention punishment but for the rehabilitation of his development by correcting the negative influences he was exposed to. In some cases, conduct disorders are a result of personality traits that raise alarm signals such as psychopathy and borderline characteristics and require an adequate psychological and psychiatric management before personality is finally crystallized (Mates 2007, 165).

Case 1: Sturge-Weber Syndrome and disharmonic development disorder with psychopathic traits

The first case we would like to present is the one of a 15 years old male from a rural area, addressed to the forensic psychiatric board by the court, because of conduct disorders in the family with severe aggressiveness towards the mother, thefts from home and trying to poison the mother. The court orders a forensic psychiatric evaluation in order to assess the danger that the child could represent for family, society and himself. The mother pressed charges against him as she was no longer able to take care of him. Medical history reveals Sturge-Weber Syndrome, bilateral nystagmus, and retinal detachment of the left eye. He is also in psychiatric evidence for developmental disorder with media addiction.

From the mother's and grandmother's declaration, we found out that the child tried to burn the house, he has frequent verbal and physical aggressive outbursts toward the mother, he tried to slip his psychiatric medication into the mother's food and he is constantly provoking self-harm in order to manipulate situations and steals money from the house.

Educational history reveals that the boy has been admitted to three different educational facilities for children with special needs and he was expelled from every institution for aggressive behavior such as being violent to peers and professors, emotional blackmail, demonstrative self-

harm, defiant and oppositional conduct, lack of interest for school and terrorizing other children or animals. He is considered a potential danger by all three institutions, as it is stated in all psychological evaluations of school specialists.

Social inquiry reveals that the child is an only child from a concubinage relationship between his parents. Both mother and father have partial or total blindness, are unemployed and receive social support, which is very little income. The father abandoned the family when the boy was 5 months old and the boy lives with the mother and maternal grandmother, that takes care of both the daughter and grandchild. In the last year, the mother has a new romantic partner that has come to live with them but does not involve in supporting the boy. Since the last expulsion from school, the boy has not been reinserted in any educative institution because all are refusing to admit him giving his conduct and special needs.

In the boy's file, there is a statement from the judge of the case that reveals the mother's declaration that she wants his son to be extracted from the family as she is no longer able to take care of him and during her declaration, the boy threatens the mother to "*cut off her head*". During admission to the psychiatric children clinic for forensic evaluation, the boy often manifested violent outbursts towards peers and care-takers, adhesion and manipulative tendencies towards people who could provide benefits, demonstrative self-harm, defiance for rules, and lying to adults and peers that he is adopted and unwanted to gain favors and compassion. Also, he is constantly frustrated by his appearance (facial asymmetry, left-face hemangioma and nystagmus - picture 1). During interviews and sessions, he first denied the facts but then started to admit them and find excuses for each of them. The mother did come to visit and present to the board once during the evaluation and admitted that she is no longer disposed to take care of the child as she has her own special needs and the boy is too difficult. She is the one who asked for permanent admission into a Centre for minors.



Picture 1. Facial aspect of the boy.
(The mother agreed to the dissemination of the picture for scientific purpose)

Psychiatric assessment reveals impulsivity and weak control mechanisms, fluctuant disposition, emotional lability, accelerated verbal flow with disorganization of idea-verbal flow, voluntary amnesia of facts and selective memory, social-media, tv and gaming abusive usage; imaginative mechanisms have strong intrinsic motivation, especially for gaining personal advantages, egocentric tendencies with domination and manipulative elements, voluntary uneven effort of tasks, anxiety symptoms and qualitative sleep disruptions.

Psychological evaluation reveals an IQ score of 89, intellectual uneven acquisitions, poor psychological balance in sustained effort, explosive configuration with anxious elements, logical superego with social success motivation, impulsive disinhibition, altered affective behavior with superficial emotional disposition, tendencies to simulate and dissimulate, low self-esteem, disrupted reactivity to environmental stimuli, egocentric aspects. The evaluation concluded that the boy has disharmonic development disorder with psychopathic elements and the discernment was present at the time of the antisocial acts as he is able to understand and critically appreciate

the content of his actions. He has impulsivity with inadequate reactions to offensive and frustration, low tolerance and self-esteem, demonstrative conduct, egocentrism, manipulative tendencies and displays severe aggressive behavior towards others. There is a high risk of reiteration of the antisocial acts and he represents a danger to himself and others. Due to lack of family support and social educational support, the board recommended his admission to an Educational Centre for Special Needed Minors where he could receive the psychological, therapeutical, affective and educative assistance he needs.

One year after admission to the rehabilitation Centre, he is readmitted to the forensic psychiatric evaluation for re-evaluation. His evolution is stationary as the aggressive behavior, demonstrative, manipulative traits are still manifesting and he is still showing egocentric traits and blames everyone for his negative conduct. He developed more hatred for the mother as she is not willing to take him back home and for forensic psychiatric board members which he threatened multiple times during his stay in the Centre, as care-takers have stated. He refuses to respect rules and undergo therapy for his behavior and he does not show interest in school. The problem with these cases is how we can manage them better without keeping these children isolated from society, especially with adulthood approaching and social management lacking infrastructure to support them when they exit the institutions.

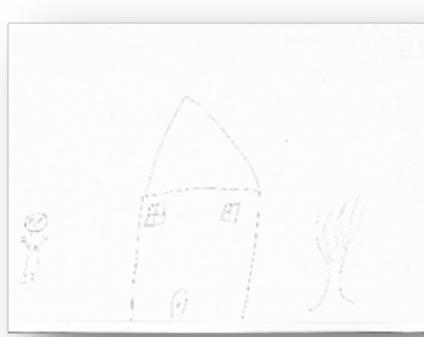
Case 2: Theft, Aggression and Defiance

The second case of this presentation refers to a 14 years old male, from urban area that is presented by the police to the forensic psychiatric board for automobile theft and driving without license. More specific, the boy has found a set of car keys in a park and he walked through the nearby parking lot trying the keys on every car until one opened. He drove the car through the town during the day and then he entered another parking lot where he tried to make drifts until the police arrived. In that moment, he tried to escape the police cars by sliding between them but he lost control of the car and hit the side of the road.

From the social inquiry, we learn that the boy lives with his father and brother, in a high delinquency rate area of the town. The mother has abandoned the family with a half-brother of the boy and has had no contact with the family since then. The father is unemployed and has little income by working minor temporary jobs. The boy has adhered to antisocial prone groups in the residential area and has been involved in violent altercations with peers before.

Educational background reveals that the boy is a 7th grade student with lots of school absences and he repeated 5th and 6th grade. He also has a history of verbal and physical conflicts at school and defiant or oppositional manifestations to rules and authorities.

Psychological evaluation and psychiatric interviews during admission for forensic expertise reveal an IQ of 85 psychological impulsive-explosive configuration and conduct disorders due to poor adaptative function and intrafamilial distorted relations. He reveals poor interest for rules and educational stimuli, he lacks empathy for his acts and manifests as defiant to authority and ignoring the negative characteristics of his actions. The power display he acts in front of the board is contrasting with aggressive outbursts in minimal affective stimuli which suggest disruptive emotional background.



Picture 2. Aspect of tree and house drawing during psychological evaluation

The board considered that the conduct disorders have multifactor causes as he lacks educational support, affective relationships with the mother and has low rule and responsibility at home and also, adhered to delinquent peer groups, often manifesting inside the group as the leader. He was recommended educative and social support initially without admission to corrective Centre. One month after the first expertise, the boy is again addressed to the board for two new acts of theft. The evolution was not showing positive development as he was running away from home with his peer group and he still lacked interest in school. As such, he is addressed to a Corrective Centre for young delinquents. Two months after, he is re-submitted to the board for two new aggressive acts and thefts, conducted in group with others. The corrective Centre psychologist describes him as an impulsive and extremely aggressive and defiant child with multiple escape attempts and low interest in any educative and positive activities inside the peer group. Due to the risk of reiteration of antisocial acts and the augmentation of the negative behavior, from theft to violence, he is recommended to a liberty privative facility for young delinquents. Again, the social rehabilitation has low prognosis as he has almost 17 years old at the last forensic board evaluation and he will soon be considered an adult. The risk for reiteration of antisocial activity will grow even more as the child approaches adulthood and we wonder if there is anything else the system can do for these children before it is too late.

Case 3: Lying and revenge

The third case in this presentation refers to a 13 years old girl, from rural area, that is addressed to the forensic psychiatric board as a victim of sexual abuse from a non-familiar adult. Social history reveals that the girl lives with his father and four other brothers and the father's concubine in three room houses in rural area. The father's girlfriend has just given birth to a child a few months ago. From the social inquiry results that both the father and the concubine are morally dough full persons and are often consuming alcohol. The home has low hygiene facilities and comfort elements (no water – they need water from the river, they need to make wood fire for warm). The father has a criminal record and he works temporary small jobs. The concubine is unemployed also. The mother of the child had abandoned the family a few months ago accusing the father of domestic violence. She has left with a friend of the father who has stayed in the one for months before the departure. The man the mother left with, is the accused person of sexual abuse on the girl. Social inquiry also stated that before the departure, the mother took the children for begging and they were found multiple times on streets, poorly dressed and hungry.

The educational history states that the girl is a 4th grade student with low school results that has lately abandoned the classes. Also, the teacher's description state that the child is poorly communicative, isolated and they have poor communication with the parents. The history of the case state that the girl has admitted the abuse to the father, immediately after the departure of the mother with the man. The father tried to contact the mother by phone and tell her what had happened but she did not manifest any interest in the subject and declared that she will come at the police to see if the girl tells the truth. Since then, the mother could no longer be contacted. The girl described normal and oral sexual intercourse with the man, detailing the act with extremely specific details (sperm that looked like liquid soap, and the anatomical description of sexual organs and acts).

Immediately after the official accusation, the girl was taken by the police to be gynecologically examined. The first examination revealed a hymeneal slight discontinuity that could date longer than 10 days. Due to these findings, the girl is admitted to the university institute for forensic psychiatric expertise. She is submitted to multiple interviews and psychological evaluations that do not reveal post-traumatic stress symptoms. Also, there are evident disagreements between same details of every day interviews and when the girl is asked about those details, she shows psychological distress with mimic repetitive gestures and facial erythema. She is resubmitted to a gynecological evaluation in the university forensic

medicine institute that reveals that the discontinuity on the hymen is actually a tissue fold that could not be intact if a complete sexual intercourse should happen and the girl is in fact, a virgin. The psychological evaluation revealed an IQ score of 80 due to intellectual sub-stimulation. The girl's attitude is often ambivalent and she manifest blockage behavior as a defensive mechanism in relation with lying. The psychological battery tests revealed simulative signs.



Picture 3. House and tree drawing during psychological evaluation

The intrinsic motivation for lying over a sexual abuse is the feeling of fury over the mother's leave and need for revenge. After almost five weeks of admission and multiple evaluations, the girl recognized that she was lying because she thought that her mother will come back to her and leave the man. But this was not the only motivation she had. She admitted that she was taking care of all her brothers and had to wash clothes, cook and carry heavy cans of water from the river for the household which she didn't want to do anymore. She admitted that an aunt of hers talked to her about sex and showed her porn videos. She also admitted that she does not go to school because her father needs her to work in the house and if she goes to classes she is bullied by peers because she is dirty and poor. She also feels neglected emotionally by the father as he is more aware of the boys than of her. She stated that she needed to escape from home and be placed in social care because she heard that in this way, someone will take care of her and keep her clean and she could then go to school and become something.

The girl has intellectual potential but was under-stimulated and emotionally neglected and abused which made her transform fantasy into reality as a protective mechanism. The board recommended an extensive social inquiry in order to analyze her situation and the case of the siblings. The conduct disorder manifested by lying is a result of family neglect and emotional depravation with low positive intellectual and social stimuli which led to a fault in a distorted perception of moral values. She has also low understanding of erotic content and information and a low capacity of understanding the implication of these acts. The recommendations were formulated in order to secure the girl's welfare, development and rehabilitation in the social protective system. The follow-up after three months revealed an improvement in verbal communication skills, an increased social adaptability and school reintegration under social protection. The girl's development will be regularly observed.

Conclusions

Most of the children that are admitted for forensic psychiatric expertise in Romania come from disrupted social and familial backgrounds, with urban and rural provenience becoming more and more equal. Violent relationships between parents, abandonment by one or both parents, lack of rules and educational stimulation, alcohol abuse, social discrimination and lack of responsibility or exaggerated responsibility of the child in the family are most common negative environmental influences identified in this area's forensic psychiatric expertise.

Lying in children as revenge and punishment for inadequate parenting are often seen in under 14 years old children, whereas aggressive behavior and antisocial conduct are often seen in children with risk factors in early childhood that develop control issues, impulsivity and delinquent group adherence in order to find their true identity and regain control over their lives.

The most important issue remains the psychological, social and familial factors that need to be corrected in the environment of the child, as simple isolation and rehabilitation institution are not enough in this stage for a strong and healthy social realignment. More specific measures should be taken for each case, given every particularity it has and general social assistance and legal management should sustain psychological and educative specific addressing. Isolating and extracting the “problem” from society will further disrupt the child's affective and defensive mechanisms. Therefore, rather than relying just on theoretical approaches, it is crucial to prioritize practical true inclusion for these cases. Risk of reiteration and adult antisocial conduct are still important aspects of juvenile delinquent, with statistics still showing high rates of recidivism and we still need to figure out new ways for correcting and providing these children's need for affective, social and educational support.

References

- Bonea, G.V. 2017. *Succintă analiză a legislației românești cu privire la prevenirea și combaterea abuzului asupra minorului* (Brief analysis of Romanian legislation regarding the prevention and combating of abuse of minors). Sigma Publishing House.
- Butoi, I.T. and Butoi, T. 2004. *Psihologie judiciară* (Forensic Psychology.). Bucharest: Fundației România de Mâine Publishing House, pp. 385-389.
- Chabrol H, Van Leeuwen N, Rodgers R, Séjourné N. 2009. “Contributions of psychopathic, narcissistic, Machiavellian, and sadistic personality traits to juvenile delinquency.” *Personality and Individual Differences* 47(7):734-9.
- Delcea, C., Fabian, A.M., Radu, C.C. and Dumbravă, D.P. 2019. “Juvenile delinquency within the forensic context.” *Romanian Journal of Legal Medicine* 27(4): 366-372.
- Lundman, R.J. 2001. *Prevention and control of juvenile delinquency*. Oxford University Press.
- Mates, D.S. 2007. “The Role of the Medico-Psychiatric Investigation in the Cases with Minors Delinquents.” *Pro Lege Rev.*, p. 165.
- Müller-Fabian, A., Siserman, C., Anițan, Ş.M. and Delcea, C. 2018. “Juvenile delinquency in light of data recorded at the Institute of Forensic Medicine.” *Romanian Journal of Legal Medicine* 26(1): 70-75.
- Nicolaescu, E. and Racu, I. 2021. “Evaluarea delinvenței la adolescenți” (“Assessment of adolescent delinquency”). *Psihologie. Pedagogie Specială. Asistență Socială* 62(1): 3-14.
- Nicolaescu, E.P. 2017. “Factori de risc în comportamentul delincvent juvenil” (“Risk factors in juvenile delinquent behavior”). *Psihologie. Pedagogie Specială. Asistență Socială* 49(4): 35-44.
- Park, R.E. 2019. “Community Organization and Juvenile Delinquency.” *The City*. University of Chicago Press.
- Russu, V. 2021. “Vârstă și responsabilitatea-semne ale subiectului minor al răspunderii penale” (“Age and responsibility – signs of the minor subject of criminal responsibility”). *Legea și Viața* 355(7-8): 43-48.
- Sertdemir, M., Kut, B., Demirci, S., Akca, O.F., Erden, S., Uguz, F., Ak, M., Aydin, A. and Bilgic, A. 2020. “Retrospective Analysis of Sociodemographic and Clinical Characteristics of Forensic Cases Evaluated in a Child and Adolescent Psychiatry Clinic in Konya.” *Turkish Journal of Child and Adolescent Mental Health* 27(1): 27-33.
- Shoemaker, D.J. 2017. *Juvenile delinquency*. Rowman & Littlefield.
- Van der Stouwe, T., Gubbels, J., Castenmiller, Y.L., Van der Zouwen, M., Asscher, J.J., Hoeve, M., Van Der Laan, P.H. and Stams, G.J.J. 2021. “The effectiveness of social skills training (SST) for juvenile delinquents: a meta-analytical review.” *Journal of Experimental Criminology* 17: 369-396.