

# Examination of cases evaluated in Elazığ Mental Health and Diseases Hospital within the scope of article 32 of the Turkish Penal Code

Elazığ Ruh Sağlığı ve Hastalıkları Hastanesi'nde Türk Ceza Kanununun 32'nci Maddesi kapsamında değerlendirilen olguların incelenmesi

 Mehmet Hamdi Örum<sup>1\*</sup>,  
0000-0002-4154-0738

 Dilek Örum<sup>2</sup>,  
0000-0001-8369-1553

 Kamer Kaya<sup>3</sup>  
0000-0001-6984-9473

## ABSTRACT

**Objective:** This study aimed to examine the sociodemographic and clinical characteristics of cases evaluated within the scope of Article 32 of the Turkish Penal Code (TPC 32) in Elazığ Mental Health and Diseases Hospital (MHDH).

**Material and Methods:** In this cross-sectional study, cases evaluated within the scope of TPC 32 in Elazığ MHDH between 01/07/2023-31/12/2023 were examined. Sociodemographic and clinical data of the cases were recorded.

**Results:** Records of 406 (372 male, 34 female) cases were examined. Current psychiatric diagnosis status was as follows: 147 (36.20%) cases had no psychiatric diagnosis, 80 cases (19.70%) were diagnosed with schizophrenia, 72 cases (17.70%) bipolar disorder, 39 cases (9.60%) substance use disorder (SUD), and 37 cases (9.10%) intellectual disability. At the time of evaluation, 202 (49.80%) cases were using at least one psychotropic, and 52 (12.80%) cases were using at least one illicit substance. One hundred seventy (41.90%) cases had a history of using at least one illegal substance in the past, 88 (21.70%) cases had a history of psychotic disorder due to SUD, 244 (60.10%) cases had a history of at least one psychiatric hospitalization. Two hundred fifty-five (62.80%) cases were detained/convicted at the time of evaluation. One hundred sixty seven (41.10%) of the cases exhibited some of the characteristics of antisocial personality disorder (ASPD) as defined in the DSM-5-TR. The most frequently detected crimes in cases exhibiting ASPD characteristics were theft (n=40), illicit substance-related situations (n=31) and injury (n=29). Ninety-four cases (23.15%) were evaluated for crime of injury, 70 (17.20%) cases for theft, 37 (9.10%) cases for illicit substance-related crimes, 35 (8.60%) cases for threat/blackmail, 32 (7.90%) cases for insult, and 23 (5.70%) cases for sexual crimes. Two hundred eighty (69.00%) crimes were committed against individuals, 70 (17.20%) crimes were committed against the state, and 56 (13.80%) crimes were committed against society. After the medical board evaluation, a decision of "full criminal liability" was given to 231 (56.90%) cases, "TPC 32/1" for 69 (17.00%) cases, "TPC 32/2" for 16 (3.90%) cases, "criminal procedure law 74" for 86 (21.20%) cases, and "evaluation in a full-fledged hospital" for four (1.00%) cases. After the evaluation, TPC 57 decision was given in 43 (10.60%) cases.

**Conclusion:** In this study, TPC 32 cases evaluated in Elazığ MHDH were examined and it was shown that the majority of the cases evaluated in this context were diagnosed with schizophrenia, bipolar disorder and SUD. It was also determined that two-thirds of the cases were detained/convicted at the time of evaluation, and ASPD traits were more associated with theft and illicit substance crimes.

**Keywords:** Turkish Penal Code, Forensic Psychiatry, Forensic Report, Crime, Substance Use

## ÖZET

**Amaç:** Bu çalışmada Elazığ Ruh Sağlığı ve Hastalıkları Hastanesinde (RSHH) Türk Ceza Kanunu'nun 32'nci maddesi (TCK 32) kapsamında değerlendirilen olguların sosyodemografik ve klinik özelliklerinin incelenmesi amaçlanmıştır.

**Gereç ve Yöntemler:** Bu kesitsel çalışmada, 01/07/2023-31/12/2023 tarihleri arasında Elazığ RSHH'de TCK 32 kapsamında değerlendirilen olgular incelendi. Olgulara ait sosyodemografik ve klinik veriler kaydedildi.

**Bulgular:** Toplam 406 (372 erkek, 34 kadın) olgunun kayıtları incelendi. Mevcut psikiyatrik tanı durumu şu şekildeydi: 147 (%36,20) olguda psikiyatrik tanı yoktu, 80 (%19,70) olguya şizofreni, 72 (%17,70) olguya bipolar bozukluk, 39 (%9,60) olguya madde kullanım bozukluğu (MKB) ve 37 (%9,10) olguya zihinsel yetersizlik tanıları konuldu. Değerlendirme sırasında 202 (%49,80) olgu en az bir psikotrop, 52 (%12,80) olgu en az bir yasa dışı madde kullanıyordu. Yüz yetmiş (%41,90) olgunun geçmişte en az bir yasa dışı madde kullanma öyküsü, 88 (%21,70) olgunun MKB'ye bağlı psikotik bozukluk öyküsü, 244 (%60,10) olgunun en az bir kez psikiyatri hastanesine yatış öyküsü vardı. Değerlendirme sırasında 255 (%62,80) olgu tutuklu/hükümlüydü. Olguların 167'sinde (%41,10) DSM-5-TR'de tanımlanan antisosyal kişilik bozukluğunun (ASKB) bazı özellikleri görülüyordu. ASKB özelliği gösteren olgularda en sık tespit edilen suçlar hırsızlık (n=40), yasa dışı madde ile ilişkili durumlar (n=31) ve yaralama (n=29) idi. Olguların 94'ü (%23,15) yaralama, 70'i (%17,20) hırsızlık, 37'si (%9,10) uyuşturucu madde bağlantılı suçlar, 35'i (%8,60) tehdit/şantaj, 32 (%7,90)'si hakaret ve 23 (%5,70)'ü cinsel suçlar nedeniyle değerlendirilmişti. Suçların 280'i (%69,00) kişilere karşı, 70'i (%17,20) devlete karşı ve 56'sı (%13,80) topluma karşı işlenmişti. Sağlık kurulu değerlendirmesi sonrasında 231 (%56,90) olguya "cezai ehliyeti tam", 69 (%17,00) olguya "TCK 32/1", 16 (%3,90) olguya "TCK 32/2", 86 (%21,20) olguya "Ceza Muhakemeleri Kanunu madde 74" ve dört (%1,00) olguya "tam teşekküllü hastaneye değerlendirilme" kararı verildi. Değerlendirme sonrasında 43 (%10,60) olguya TCK 57 kararı verildi.

**Sonuç:** Bu çalışmada Elazığ RSHH'de değerlendirilen TCK 32 olguların incelenmiş ve bu kapsamda değerlendirilen olguların büyük çoğunluğunun şizofreni, bipolar bozukluk ve MKB tanılı olduğu gösterilmiştir. Ayrıca olguların üçte ikisinin değerlendirilme esnasında tutuklu/hükümlü olduğu ve ASKB özelliklerinin hırsızlık ve yasadışı madde suçlarıyla daha fazla ilişkili olduğu tespit edilmiştir.

**Anahtar Kelimeler:** Türk Ceza Kanunu, Adli Psikiyatri, Adli Rapor, Suç, Madde Kullanımı

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**Corresponding Author:** Mehmet Hamdi Örum, Psychiatry, Elazığ Mental Health and Diseases Hospital, Elazığ, Turkey

**E-mail:** mhorum@hotmail.com

<sup>1</sup>MD, Associate Professor, Psychiatry, Elazığ Mental Health and Diseases Hospital, Elazığ, Turkey

<sup>2</sup>MD, Specialist, Psychiatry, Elazığ Fethi Sekin City Hospital, Elazığ, Turkey

<sup>3</sup>MD, Specialist, Psychiatry, Elazığ Mental Health and Diseases Hospital, Elazığ, Turkey



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## INTRODUCTION

Behaviours contrary to the laws regulating social life are considered crimes and those responsible are punished. However, in order for a person to be punished for any crime, he must be in full mental health. The basis of the legal approach is the idea that individuals cannot be held responsible for their actions if they cannot control their behaviour (1). Forensic psychiatry is an interdisciplinary field that examines situations that affect the ability to evaluate reality (2). Forensic psychiatric evaluation forms a very important part of the examination in matters with traumatic characteristics such as sexual crimes, violation of individual rights, and domestic disputes (3). Systematic examination in forensic cases cannot be performed without addressing psychological and mental symptoms. General psychiatric examination procedures should be followed when evaluating forensic cases, whether performed by a psychiatrist or in areas such as primary care or emergency services (4).

Regulations regarding mental illness were made within the scope of Article 32 of the Turkish Penal Code (TPC 32). The relationship between mental state and the action committed is what is really important. The limits of the protection of the ability to evaluate are also included in the explanation of the article paragraphs. TPC 32 consists of two clauses: (I) a person who cannot perceive the legal meaning and consequences of the act it committed due to mental illness or whose ability to direct its behaviour in relation to this act is significantly reduced will not be punished. However, security measures are taken for these people; (II) a person whose ability to direct its behaviour has decreased in relation to the act it committed, is sentenced to twenty-five years imprisonment instead of aggravated life imprisonment, and twenty years imprisonment instead of life imprisonment. In other cases, the penalty may be reduced by not more than one sixth. Punishment can also be applied, in whole or in part, as a security measure specific to mentally ill patients, provided that the duration is the same.

Accordingly, a person evaluated within the scope of TPC 32 may be given three different decisions: full criminal liability, TPC 32/1 or TPC 32/2. Adult

psychiatry, neurology and clinical psychology play a joint role in the decision-making process of TPC 32 cases referred to psychiatric outpatient clinics for evaluation. Mini mental state test and intelligence quotient test are various psychometric evaluation tools used in the decision process. Despite all this, an observation order can be issued within the scope of Article 74 of the Criminal Procedure Law (CPL 74) for facts that cannot be decided in terms of TPC 32 in an outpatient application. In our country, hospitalizations for observation purposes within the scope of CPL 74 are carried out in high security forensic psychiatry services (5, 6).

This study aims to examine the cases evaluated within the scope of TPC 32 by the forensic psychiatry committee of a mental health and diseases hospital (MHDH).

## MATERIALS AND METHODS

In this cross-sectional study, cases admitted to Elazığ MHDH between 01/07/2023 and 31/12/2023 for evaluation within the scope of TPC 32 were examined in terms of sociodemographic and clinical variables. Ethics committee approval was received from Firat University (Date: 18/03/2021; No: 2021/04-35).

Elazığ MHDH is one of the largest psychiatric branch hospitals in Turkey, providing mental health services to 18 different provinces in the Eastern Anatolia, Black Sea and South-Eastern Anatolia regions. Due to this feature, the Elazığ MHDH case profile provides insight into a very large region. There are no medical specialties other than psychiatry and neurology in the Elazığ MHDH forensic psychiatry committee. At Elazığ MHDH, forensic cases are primarily evaluated by any adult psychiatrist in the general psychiatry outpatient clinic. At this stage, support is received from clinical psychology or neurology if needed. After the initial evaluation, all cases are referred to a committee consisting of three psychiatrists. Here, either a decision is made about the cases in terms of TPC 32, or they are referred to a high security forensic psychiatric hospital for observation within the scope of CPL 74. The provision of TPC 32/1 is given for people who cannot perceive the meaning and consequences of the act they committed. According

to TPC 57/1, a security precaution is ordered for protection and treatment purposes for a person who is mentally ill at the time of committing the act. Mentally ill patients, for whom security precautions have been taken, are taken under protection and treatment in high-security forensic psychiatric hospitals.

The psychiatric diagnoses included in the study were written according to the Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> edition, text revision (DSM-5-TR) (7). During the psychiatric diagnosis process, the history of case, information obtained from the patient's relatives, and e-nabiz (medical records of patients in the Turkish healthcare system) records were used. Each TPC 32 file, regardless of whether it belonged to the same person, was included in the study as a separate record.

The classification of crimes taken into consideration in this study was as follows (8): (I) International crimes, (II) Crimes against individuals, (III) Crimes against society, (IV) Crimes against the nation and the state. Similar crimes, crimes usually committed together (such as threats and insults), were collected under the same heading.

The diagnoses included in this study are as follows: Bipolar disorder (BD), schizophrenia (SCZ), schizoaffective disorder (SAD), substance use disorder (SUD), anxiety disorder, intellectual disability (ID), attention-deficit/hyperactivity disorder (ADHD), dementia (cognitive disorder), kleptomania, organic mental disorder, major depressive disorder (MDD), and adjustment disorder.

SPSS 26 version was used in statistical analysis. Descriptive statistics and continuous variables are presented as mean  $\pm$  standard deviation, and categorical variables are presented as frequency and percentage. Chi-Square test was used to compare categorical data, and independent samples T-test was used to compare numerical data. The statistical significance level was determined as 0.05 and below.

## RESULTS

The number of cases evaluated within the scope of TPC 32 in the specified date ranges was 406. Three

hundred seventy-two (91.60%) of these cases were male and 34 (8.40%) was female. The mean age of all cases (n=406) was  $36.38 \pm 11.96$  years (minimum 18 years, maximum 95 years). While the mean age in female cases was  $38.64 \pm 14.15$  years, the mean age in male cases was  $36.18 \pm 11.74$  years (p=0.250). Two hundred ninety-one (71.70%) (268 male, 23 female) of the cases were single, 86 (21.20%) (78 male, 8 female) was married and 29 (7.10%) (26 male, 3 female) was divorced/widowed.

The current psychiatric diagnoses of the cases at the time they were evaluated at the medical board were examined (Table 1). There was no diagnosis of any psychiatric disorder in 147 (36.20%) of the cases. The current diagnosis of 80 (19.70%) of the cases was SCZ, 72 (17.70%) was BD, 39 (9.60%) was SUD and 37 (9.10%) was ID. Past psychiatric diagnoses of the cases were examined (Table 1). Ninety (22.20%) cases had no previous diagnosis of psychiatric disorder. The previous psychiatric disorder diagnosis was SCZ in 80 (19.70%) cases, BD in 75 (18.50%) cases, and SUD in 69 (17.00%) cases. Two hundred two (49.80%) cases were using at least one psychotropic at the time of evaluation. Three hundred two (74.40%) cases had a history of using at least one psychotropic in the past. Fifty-two (12.80%) cases were using at least one illicit substance at the time of evaluation. One hundred seventy (41.90%) cases had a history of using at least one illicit substance in the past. Eighty-eight (21.70%) cases had a history of psychotic disorder due to SUD. Two hundred forty-four (60.10%) cases had a history of at least one psychiatric hospitalization. Two hundred fifty-five (62.80%) cases were detained/convicted at the time of evaluation. One hundred sixty seven (41.10%) of the cases exhibited some of the characteristics of antisocial personality disorder (ASPD) as defined in the DSM-5-TR (Table 2).

The cases' current crimes related to TPC 32 were examined. Ninety-four cases (23.15%) were evaluated for crime of injury, 70 (17.20%) cases for theft, 37 (9.10%) cases for illicit substance-related crimes, 35 (8.60%) cases for threat/blackmail, 32 (7.90%) cases for insult, 23 (5.7%) cases for sexual crimes, 21 (5.20%) cases for damaging public property, and 13 (3.20%) cases for crimes related to private life (Table 3).

**Table 1.** Current and past psychiatric diagnoses of the cases

Parameters		Total Cases (n=406)	Male (n=372)	Female (n=34)	p
Current Psychiatric Diagnosis	General psychiatric examination/No diagnosis	147 (36.20%)	133 (90.50%)	14 (9.50%)	0.010*
	SCZ	80 (19.70%)	75 (93.80%)	5 (6.30%)	
	BD	72 (17.73%)	65 (90.30%)	7 (9.70%)	
	SUD	39 (9.60%)	39 (100.00%)	0 (0.00%)	
	ID	37 (9.11%)	31 (83.80%)	6 (16.20%)	
	SAD	19 (4.67%)	19 (100.00%)	0 (0.00%)	
	ADHD	4 (0.99%)	4 (100.00%)	0 (0.00%)	
	Anxiety disorder	3 (0.74%)	3 (100.00%)	0 (0.00%)	
	Cognitive disorder	3 (0.74%)	2 (66.70%)	1 (33.30%)	
	Kleptomania	1 (0.26%)	0 (0.00%)	1 (100.00%)	
Organic mental disorder	1 (0.26%)	1 (100.00%)	0 (0.00%)		
		Total n=406 (100.00%)			
Past Psychiatric Diagnosis	General psychiatric examination/No diagnosis	90 (22.16%)	79 (87.80%)	11 (12.20%)	0.002*
	SCZ	80 (19.89%)	75 (93.80%)	5 (6.30%)	
	BD	75 (18.47%)	68 (90.70%)	7 (9.30%)	
	SUD	69 (16.99%)	69 (100.00%)	0 (0.00%)	
	ID	38 (9.35%)	31 (81.60%)	7 (18.40%)	
	SAD	19 (4.67%)	19 (100.00%)	0 (0.00%)	
	Anxiety disorder	14 (3.44%)	13 (92.90%)	1 (7.10%)	
	ADHD	9 (2.21%)	9 (100.00%)	0 (0.00%)	
	Cognitive disorder	3 (0.74%)	2 (66.70%)	1 (33.30%)	
	MDD	5 (1.04%)	4 (80.00%)	1 (20.00%)	
	Adjustment disorder	2 (0.52%)	2 (100.00%)	0 (0.00%)	
	Kleptomania	1 (0.26%)	0 (0.00%)	1 (100.00%)	
Organic mental disorder	1 (0.26%)	1 (100.00%)	0 (0.00%)		
		Total n=406 (100.00%)			

\*p<0.05; Chi-Square test was used. Abbreviations: SCZ=Schizophrenia, BD=Bipolar disorder, SUD: Substance use disorder, ID=Intellectual disability, SAD=Schizoaffective disorder, ADHD=Attention-deficit/hyperactivity disorder, MDD=Major depressive disorder

**Table 2.** Psychiatric characteristics of the cases

Parameters		Total Cases (n=406)	Male (n=372)	Female (n=34)	p
Current psychotropic medication use	No	204 (50.24%)	186 (50.00%)	18 (52.94%)	0.743
	Yes	202 (49.76%)	186 (50.00%)	16 (47.60%)	
Past psychotropic medication use history	No	104 (25.61%)	91 (24.46%)	13 (38.23%)	0.078
	Yes	302 (74.39%)	281 (75.54%)	21 (61.77%)	
Current illicit substance use	No	354 (87.19%)	320 (86.02%)	34 (100.00%)	0.020*
	Yes	52 (12.81%)	52 (13.98%)	0 (0.00%)	
Past illicit substance use history	No	236 (58.12%)	204 (54.83%)	32 (94.11%)	<0.001*
	Yes	170 (41.88%)	168 (45.17%)	2 (5.89%)	
Psychotic disorder due to illicit substance use	No	318 (78.32%)	284 (76.34%)	34 (100.00%)	0.001*
	Yes	88 (21.68%)	88 (23.66%)	0 (0.00%)	
Psychiatric hospitalization history	No	162 (39.90%)	144 (38.70%)	18 (52.94%)	0.105
	Yes	244 (60.10%)	228 (61.30%)	16 (47.60%)	
Current detention/conviction status	No	255 (62.80%)	222 (59.67%)	33 (97.05%)	<0.001*
	Yes, detained/convicted	151 (37.20%)	150 (40.33%)	1 (2.95%)	
ASPD traits	No	239 (58.86%)	205 (55.10%)	34 (100.00%)	<0.001*
	Yes	167 (41.14%)	167 (44.90%)	0 (0.00%)	

\*p<0.05; Chi-Square test was used. Abbreviations: ASPD=Antisocial personality disorder

**Table 3.** Examination of crime and related parameters

Parameters		Total Cases (n=406)	Male (n=372)	Female (n=34)	p
Crime	Injury	94 (23.15%)	84 (89.40%)	10 (10.60%)	0.012*
	Theft	70 (17.24%)	64 (91.40%)	6 (8.60%)	
	Illicit substance-related	37 (9.11%)	37 (100.00%)	0 (0.00%)	
	Threat/blackmail	35 (8.62%)	31 (88.60%)	4 (11.40%)	
	Insult	32 (7.88%)	27 (84.40%)	5 (15.60%)	
	Sexual crimes	23 (5.66%)	23 (100.00%)	0 (0.00%)	
	Damaging public property	21 (5.17%)	20 (95.20%)	1 (4.80%)	
	Resisting the officer on duty	17 (4.18%)	16 (94.10%)	1 (5.90%)	
	Violation of private life	13 (3.20%)	13 (100.00%)	0 (0.00%)	
	Endangering general security	10 (2.46%)	9 (90.00%)	1 (10.00%)	
	Terrorism related	8 (1.97%)	7 (87.50%)	1 (12.50%)	
	Humiliation of the state	8 (1.97%)	6 (75.00%)	2 (25.00%)	
	The official document forgery	6 (1.47%)	6 (100.00%)	0 (0.00%)	
	Indecency, obscenity, etc.	6 (1.47%)	6 (100.00%)	0 (0.00%)	
	Killing	5 (1.23%)	5 (100.00%)	0 (0.00%)	
	Plunder	5 (1.23%)	5 (100.00%)	0 (0.00%)	
	Smuggling	4 (0.98%)	4 (100.00%)	0 (0.00%)	
	Fabricate a crime/take blame/make a false statement	3 (0.74%)	3 (100.00%)	0 (0.00%)	
	Free benefit	3 (0.74%)	2 (66.70%)	1 (33.70%)	
	Resistance to military criminal law	2 (0.49%)	2 (100.00%)	0 (0.00%)	
Kidnapping children	1 (0.26%)	1 (100.00%)	0 (0.00%)		
Resistance to criminal and execution law	1 (0.26%)	1 (100.00%)	0 (0.00%)		
Resistance to animal protection law	1 (0.26%)	0 (0.00%)	1 (100.00%)		
Torture	1 (0.26%)	0 (0.00%)	1 (100.00%)		
		Total n=406 (100.00%)			
Crime classification	Crimes against individuals	280 (68.96%)	254 (90.70%)	26 (9.30%)	0.156
	Crimes against the state	70 (11.66%)	63 (90.00%)	7 (10.00%)	
	Crimes against society	56 (19.38%)	55 (98.20%)	1 (1.80%)	
		Total n=406 (100.00%)			
Referring authority for TPC 32 decision	Criminal court of first instance	320 (78.81%)	295 (92.20%)	25 (7.80%)	0.481
	Preparation office of the chief public prosecutor's office	57 (14.03%)	49 (86.00%)	8 (14.00%)	
	High criminal court	26 (6.41%)	25 (96.20%)	1 (3.80%)	
	Regional court of justice	2 (0.50%)	2 (100.00%)	0 (0.00%)	
	Child court	1 (0.25%)	1 (100.00%)	0 (0.00%)	
		Total n=406 (100.00%)			
TPC 32 decision	Full criminal liability	231 (56.89%)	217 (93.90%)	14 (6.10%)	0.300
	CPL 74	86 (21.18%)	76 (88.40%)	10 (11.60%)	
	TPC 32/1	69 (16.99%)	62 (89.90%)	7 (10.10%)	
	TPC 32/2	16 (3.96%)	14 (87.50%)	2 (12.50%)	
	Evaluation in a full-fledged hospital	4 (0.98%)	3 (75.00%)	1 (25.00%)	
		Total n=406 (100.00%)			
Has TPC 57 decision been made?	Yes	43 (10.60%)	42 (97.70%)	1 (2.30%)	0.130
	No	363 (89.40%)	330 (90.90%)	33 (9.10%)	

\*p&lt;0.05; Chi-Square test was used. Abbreviations: TPC=Turkish penal code, CPL=Criminal procedure law



In terms of crime classification, 280 (69.00%) crimes were committed against individuals, 70 (17.20%) crimes were committed against the nation and the state, and 56 (13.80%) crimes were committed against society (Table 3).

The sending authority was the criminal court of first instance in 320 (78.80%) cases, the preparation office of the chief public prosecutor's office in 57 (14.00%) cases, the high criminal court in 26 (6.40%) cases, the regional court of justice in two (0.50%) cases, and the child court in one (0.20%) case (Table 3). The crimes were committed an average of  $2.97 \pm 2.91$  years before the current application (minimum one year, maximum 19 years).

After the forensic psychiatry medical board evaluation, a decision of "full criminal liability" was given to 231 (56.90%) cases, "CPL 74" for 86 (21.20%) cases, "TPC 32/1" for 69 (17.00%) cases, "TPC 32/2" for 16 (3.90%) cases, and "evaluation in a full-fledged hospital" for four (1.00%) cases. After the forensic psychiatry medical board evaluation, TPC 57 decision was given in 43 (10.60%) cases (Table 3). TPC 57 decision was given to 26 (32.50%) of the cases diagnosed with SCZ, seven (36.80%) of the cases diagnosed with SAD and eight (11.10%) of the cases diagnosed with BD. TPC 32/1 decision was given to 35 (43.80%) of the cases diagnosed with SCZ, 12 (63.20%) of the cases diagnosed with SAD, and 14 (19.40%) of the cases diagnosed with BD. TPC 32/2 decision was given to four (5.00%) of the cases diagnosed with SCZ, two (10.50%) of the cases diagnosed with SAD, two (2.80%) of the cases diagnosed with BD, and seven (18.90%) of the cases diagnosed with ID.

Of the cases diagnosed with BD, 17 was crime of injury, 14 was of threat/blackmail, 13 was of insult, and nine was of theft. The crimes of 26 of the cases diagnosed with SCZ were injury, eight was resisting the officer on duty, seven was theft, seven was threats/blackmail, and seven was damaging public property. Of the cases diagnosed with SUD, the crime of 13 cases was illicit substance related, nine was injury, five was theft, and four was threat/blackmail. Of the cases diagnosed with ID, the crime of 13 cases were injury, four cases theft, four cases insults, four cases threats/blackmail, and four cases sexual.

ASPD traits were detected in 40 (57.10%) of the theft cases, in 31 (83.8%) of the cases with illicit substance-related crimes, in 29 (30.90%) of the injury cases, in 11 (52.40%) of the damaging public property, in 11 (31.40%) of the threat/blackmail cases, in eight (61.50%) of the cases of violation of private life, in seven (41.20%) of the resisting the officer on duty, in six (60.00%) of the cases of endangering general security, and in six (26.10%) of the cases with sexual crimes.

Fifty-six cases (mean age  $35.87 \pm 10.59$  years; 52 males, 4 females) had TPC 32 applications for more than one crime (11 threat/blackmail, nine injury, six theft, one indecency, five illicit substance-related, two violation of private life, six insult, two sexual crimes, six resisting the officer on duty, one plunder, one terrorism-related, five damaging public property, and one forgery of official documents). There was a third crime in 18 cases (four injury, three threat/blackmail, two illicit substance-related, two insult, two damaging public property, one violation of private life, one fabricating a crime, one endangering general security, one sexual, one resisting the officer on duty). There was a fourth crime in 7 cases (three injuries, one theft, one illicit substance-related, one sexual, one damaging to public property). One case had a fifth (violation of private life) and sixth (theft) crime. In other words, 139 crimes belong to 56 cases.

## DISCUSSION

This study examines the cases evaluated within the scope of TPC 32 in an MHDH health board. The gender-related data of the study were examined in the light of the literature. In the study conducted by Çöpoğlu et al. (9), the cases evaluated by the forensic psychiatry board of a university hospital were examined and it was determined that 87.70% of the cases were male. Bolu et al. (10) examined the data of a forensic psychiatry committee of a military medical faculty hospital stated that 99.80% of TPC 32 cases were male. In the study conducted by Örüm (11), the cases evaluated in the psychiatric outpatient clinic of a district state hospital were examined and it was reported that 82.46% of the cases were male. In this study, the male rate was found to be 91.60% and the finding was found to be compatible

with the literature. It is known that male gender is more associated with crime in the world. A study examining 97,429 crimes committed by 56,368 offenders in Manchester, England in 2006 reported that five-sixths of the crimes were committed by males (12).

When the findings of this study were examined in terms of age, it was seen that the average age was 36.38 years and the average age of men and women was similar. The mean age of TPC 32 cases was reported by Çöpoğlu et al. (9) as 30.3 years, Kalenderoğlu et al. (13) as 33.3 years, Koç and Parlak (6) as 36.9 years for males and 43.3 years for females. When the literature is examined, it is seen that there may be many factors such as crime type, past crime history, habitat, local life circumstances, and family structure that affect the relationship between age and crime distribution (14, 15).

In this study, it was determined that the majority of the cases (71.7%) were single and much less (7.10%) were divorced/widowed. In the study of Çöpoğlu et al. (9), the married rate was 41.50%, and the single rate was 51.50%. Kalenderoğlu et al. (13) reported the married rate as 63.40% and the single rate as 32.30%. In the study of Koç and Parlak (6), the married rate was reported as 33.20% and the single rate as 53.40%. It is thought that the differences found between studies in terms of marital status may be related to various sociodemographic and clinical variables. However, the findings of this study may support the literature showing that marriage is associated with less crime over the life course than singleness (16).

In the study of Çöpoğlu et al. (9), no psychiatric diagnosis was found in 23.80% of TPC 32 cases, mental retardation was found in 16.20%, SCZ in 14.60%, BD in 13.80%, SUD in 7.70% and MDD in 7.70%. In the study of Bolu et al. (10), psychotic disorders were found in 61.90% of TPC 32 cases and mental retardation was found in 13.00%. In the study of Kalenderoğlu et al. (13), no psychiatric diagnosis was found in 20.00% of TPC 32 cases, SCZ was found in 31.10%, substance abuse was 15.60%, mental retardation was 11.10%, and BD was 8.90%. In the study of Koç and Parlak (6), psychosis was found in 26.50% of TPC 32 cases, mental retardation was found in 16.20%, and BD was found in 11.10%. Since DSM-

IV-TR diagnosis criteria were mostly used in past studies, diagnosis names may differ from the present study (such as ID instead of mental retardation, SUD instead of substance abuse). However, it is generally seen that psychotic situations, substance use-related situations and mental problems are more related to TPC 32 processes. ASPD traits are more prominent in substance users. Problems related to illicit substance use are also more common in cases with ASPD traits (17). Studies conducted in criminal populations have reported that substance use and ASPD traits are frequently detected together. The use of substances such as methamphetamine and marijuana use may cause the emergence of new psychotic symptoms or exacerbation of existing psychotic symptoms in users. Although long-term use of substances is an independent risk factor for the development of psychosis, even a single use of substances can lead to psychotic symptoms (18). The incidence of homicidal behaviours is increasing in various substance uses, especially hallucinogen and methamphetamine, and in personality disorders (19). McKetin et al. (20) reported that hostility is detected more frequently in methamphetamine-associated psychotic disorder. It has been stated that hostility increases as the severity and duration of psychotic symptoms increases (20). In this study, it can be seen that, disorders with psychotic features and those with ASPD traits are more closely related to TPC 32 processes than other psychiatric conditions.

In the study of Çöpoğlu et al. (9), the crime was determined to be injury in 37.70% of TPC 32 cases and theft in 20.80%. Polat and Hocaoglu (5) reported the physical damage rate as 9.42%. In this study, unlike other studies in the literature, the crime types of the cases were examined in more detail. Additionally, in this study, the relationship between crimes and various clinical variables was examined in detail. It seems that the most frequently detected crime in cases diagnosed with both BD, SCZ and ID is injury. It was observed that cases with ASPD traits were evaluated most frequently for theft and second most frequently for injury. It has been previously reported that theft crime is common in illicit substance users with ASPD traits (21).

In the study of Çöpoğlu et al. (9), it was decided that 33.10% of the TPC 32 cases had full criminal

liability, 53.80% were within the scope of TPC 32/1, and 13.00% were within the scope of TPC 32/2. In the study of Polat and Hocaoglu (5), it was decided that 39.47% of the TPC 32 cases had full criminal liability, 18.42% were within the scope of TPC 32/1, and 42.10% were within the scope of TPC 32/2. In the study of Koç and Parlak (6), it was decided that 54.80% of the TPC 32 cases had full criminal liability, 34.40% were within the scope of TPC 32/1, and 10.80% were within the scope of TPC 32/2. In this present study, a decision of full criminal liability was given to 56.90% of the cases, TPC 32/1 for 17.00% of cases, TPC 32/2 for 3.90% of cases, and CPL 74 for 21.20% of cases. It was thought that the differences between studies may be related to the crime type and psychiatric disorder distribution.

Despite its important findings, this study has several limitations. The most important limitation is the cross-sectional design of the study. Longitudinal studies are needed to clarify the issue. In addition, since e-nabiz does not display data before 2015, other possible medical records of the patients could not be accessed. The most frequently repeated diagnosis among past psychiatric diagnoses was taken into account. Other less common diagnoses were not included in the study to avoid confusion.

## CONCLUSION

This study is important in that it demonstrates the sociodemographic and clinical characteristics of TPC 32 cases admitted to an MHDH. According to the findings of this study, the most frequently detected psychiatric disorders among TPC 32 cases are SCZ, BD and SUD. The most frequently detected crimes were injury, theft, crimes related to illegal substances, threats, insults, and sexual crimes. In fifty-six individuals, TPC 32 decisions were made in relation to more than one crime. It was determined that in two fifths of TPC 32 applications, the cases had ASPD traits. A significant portion of the applications belonged to detainees/convicts. Two-thirds of the crimes were committed against individuals. While a "full criminal liability" decision was given in three-fifths of the admissions, TPC 32/1 decision was given for one-fifth. The decision for TPC 57 was made most frequently in patients diagnosed with SCZ and SAD.

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