

6284 SAYILI KANUNA GÖRE SAĞLIK TEDBİR KARARI VERİLEN BİREYLERİN PSİKİYATRİK TANILARI VE LABORATUVAR BULGULARININ DEĞERLENDİRİLMESİ

EVALUATION OF PSYCHIATRIC DIAGNOSES AND LABORATORY FINDINGS OF INDIVIDUALS GIVEN A HEALTH CARE DECISION ACCORDING TO LAW NO. 6284

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ÖZET

AMAÇ: Aile içi şiddet birçok psikolojik ve fiziksel soruna yol açabilir. Şiddetin önlenmesi için yol açan ve ilişkili olan bütün durumların ve risk faktörlerinin tespiti önem taşımaktadır. Aile içi şiddet nedenleri tespit edilip gerekli önlemler alındığında şiddet mağduru birey sayısı azalacaktır. Bu çalışmada Karaman ilinde 6284 no'lu yasa ile sağlık tedbiri kararı verilen ve psikiyatri kliniğine gönderilen kişilerin psikiyatrik tanı geçmişleri ve laboratuvar uyuşturucu/uyarıcı madde varlığının değerlendirilmesi ile şiddet uygulayan riskli grupların tespitinin yapılması amaçlanmıştır.

GEREÇ VE YÖNTEM: Çalışma grubu Eylül 2019 – Eylül 2023 tarihleri arasında 6284 no'lu yasa gereği sağlık tedbiri kararı verilen ve Karaman Eğitim Araştırma Hastanesi Psikiyatri Kliniği'ne tanı ve tedavi için gönderilen kişilerden oluşturuldu. Kişilerin psikiyatrik tanıları ve idrar analizleri araştırıldı.

BULGULAR: Çalışmaya toplam 99 kişi alındı. Kişilerin %98,0'i erkek, %2,0'si kadındı. Bireylerin yaş ortalamaları $35,3 \pm 11,5$ idi. Kişilerin %64,6'sının geçmişinde psikiyatrik tanı mevcuttu. En sık tanı %42,2 ile depresyondur. Bireylerin %57,6'sında alkol kullanımı bozukluğu ve %42,5'inde madde kullanımı bozukluğu vardı. İdrarda en çok tespit edilen maddenin kannabinoid (%41,9) ve ikinci sırada amfetamin (%37,2) olduğu görüldü.

SONUÇ: Bu çalışma şiddet uygulayan kişilerde şiddet davranışı ile depresyon, anksiyete bozukluğu gibi bazı psikiyatrik rahatsızlıklar, kişilik bozukluğu, alkol ve madde kullanımı bozukluğunun ilişkili olduğunu göstermektedir. Bu çalışmamız, şiddetin önlenmesi ve gerekli tedavilerin yapılması için şiddet uygulama riski olan bireylerin taranması ve gerekli tedbirlerin alınmasına yardımcı olabilir ve yeni çalışmalara örnek teşkil edebilir.

ANAHTAR KELİMELEER: Aile içi şiddet, Madde kullanıcıları, Alkol kötü kullanımı.

ABSTRACT

OBJECTIVE: Domestic violence can lead to many psychological and physical problems. To prevent violence, it is important to identify all situations and risk factors that lead to and are related to it. When the causes of domestic violence are identified and necessary measures are taken, the number of individuals who are victims of violence will decrease. In this study, it was aimed to determine the risk groups that perpetrate violence by evaluating the psychiatric diagnostic histories and the presence of drugs/stimulants in the laboratory of the people who were sent to the psychiatry clinic in Karaman province and who were given a health caution decision with the law no. 6284.

MATERIAL AND METHODS: The study group consisted of people who were given a health caution decision by Law No. 6284 between September 2019 and September 2023 and sent to Karaman Training and Research Hospital Psychiatry Clinic for diagnosis and treatment. Psychiatric diagnoses and urine analyses were investigated.

RESULTS: A total of 99 individuals were included in the study. 98.0% of the individuals were male and 2.0% were female. The mean age of the individuals was 35.3 ± 11.5 . 64.6% of the individuals had a history of psychiatric diagnosis. The most common diagnosis was depression (42.2%). 57.6% of the individuals had alcohol use disorder and 42.5% had substance use disorder. The most common substance detected in urine was cannabinoid (41.9%), followed by amphetamine (37.2%).

CONCLUSIONS: This study shows that some psychiatric disorders such as depression, anxiety disorder, personality disorder, alcohol, and substance use disorder are associated with violent behavior in perpetrators of violence. This study may help to screen individuals who are at risk of violence and take essential precautions for the prevention of violence and necessary treatments and may serve as an example for new studies.

KEYWORDS: Domestic violence, Drug users, Alcohol abuse.

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INTRODUCTION

Domestic violence is recognized as a global public health problem due to the psychological and physical negative consequences it causes (1, 2). Studies have reported that almost one in three women have been exposed to male violence (3). In the literature, most of the studies related to violence are related to the victims. There are not many studies on the perpetrators of violence. In studies related to perpetrators of violence, various reasons have been counted. Personality disorders, alcohol, and substance addiction, and exacerbation periods of some psychiatric disorders are some of them. Although studies have found a relationship between psychiatric disorders and violence, it has been reported that the majority of these patients do not resort to violence (4). Considering psychiatric disorders as the only cause of violence is not a correct approach and may lead to stigmatization (5). However, knowing the relationship between some psychiatric disorders and violence is important in terms of measures that can be taken to prevent violence. It may victimize many people and have negative effects (6 - 8). Violence is a phenomenon that affects not only the victims but also the family and the whole society. To prevent violence, various laws have been enacted in our country, as it is all over the world. With the Law No. 6284, individuals who commit domestic violence can be temporarily removed from the victim by subparagraph (b) of the first paragraph of Article 5; "To move from the shared dwelling or the vicinity immediately and to allocate the shared dwelling to the protected person." (9 - 10). Individuals who have been ordered to be suspended may share the same house with the victim again after the suspension period ends. If the perpetrators of violence have alcohol and substance addiction, personality disorder, or any chronic psychiatric disease, the victim may be exposed to violence again (11, 12). Since the violent behavior of the person may be due to a disease that can be eliminated with treatment as a result of psychiatric examination, under subparagraph (i) of the first paragraph of Article 5 of Law No. 6284; a health cautionary decision can be applied for "To apply to the health center for examination or treatment and to ensure having a treatment".

Therefore, in case of suspicion, the perpetrators of violence are sent to psychiatry clinics by the relevant court to assess the appropriateness of the health cautionary decision in terms of diagnosis and treatment (10, 13). Despite current practices, violence has been on the rise recently (14). For this reason, it is important to identify the risky groups perpetrating violence to take preventive measures with legal regulations. In the literature, most of the studies on the Law No. 6284 are related to the victims of violence and there are very few studies on the perpetrators of violence (15). When the causes of domestic violence are identified and necessary measures are taken, the number of victims of violence will decrease. In this study, it was aimed to determine the risk groups of perpetrators of violence by evaluating the psychiatric diagnostic histories and the presence of drugs/stimulants in the laboratory of the persons who were sent to the psychiatry clinic and given a restraining order under the Law No. 6284.

MATERIALS AND METHODS

The study group consisted of people who were given a health caution decision in Karaman province between September 2019 and September 2023 by the Law No. 6284 and sent to Karaman Training and Research Hospital Psychiatry Clinic for diagnosis and treatment. The data for the study were obtained from the archive of our hospital after obtaining the necessary permissions. Those with missing data were excluded from the study.

Ethical Committee

Ethics committee approval was obtained with the approval of Karamanoğlu Mehmetbey University Faculty of Medicine Ethics Committee dated 05.10.2023 and numbered 09-2023/09.

Statistical Analysis

All data were analyzed in a computer environment using the SPSS 25.0 package program. Variables were summarised as frequency "n", percentage "%", arithmetic mean, standard deviation "SD", median (min-max), first quarter "Q1" and third-quarter "Q3". The chi square test was used to compare categorical data. The significance level of $p < 0.05$ was accepted for all analysis results.

RESULTS

When the hospital records were retrospectively examined, 106 people were given a restraining order within the scope of Law No. 6284 between September 2019 and September 2023 and sent to the psychiatry clinic for a health measure decision. Seven people were excluded from the study due to missing data. A total of 99 people were included in the study (97 males and 2 females). In terms of age groups, the majority of those sent were between the ages of 19-25 and 26-30, with 18.2% each (**Figure 1**).

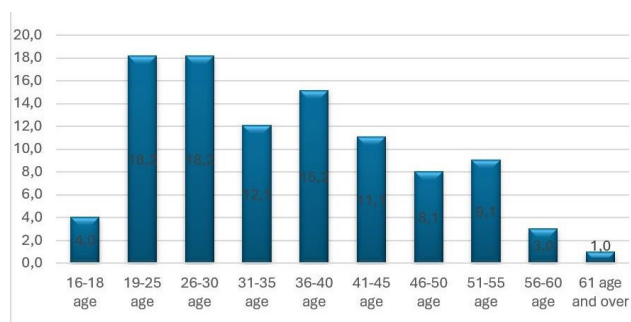


Figure 1: Distribution of individuals according to age group

The mean age of the individuals was 35.3 ± 11.5 years. 98.0% of the individuals were male and 2.0% were female. Of these, 64.6% had a psychiatric diagnosis in the past. The most common diagnosis other than substance use disorder was depression with 42.2%. Alcohol use disorder was present in 57.6% and substance use disorder in 42.5%. The rate of drug abuse (Gabapentin, Pregabalin) was around 14.1% (**Table 1**).

Table 1: Sociodemographic data and psychiatric diagnoses

| | | n | % |
|----------------------|-------------------------------|-----------|---------|
| Gender | Male | 97 | 98,0 |
| | Female | 2 | 2,0 |
| Psychiatric Disease | No | 35 | 35,4 |
| | Yes | 64 | 64,6 |
| Diagnoses | Depression | 27 | 42,2 |
| | Anxiety Disorders | 15 | 23,4 |
| | Personality Disorder | 13 | 20,4 |
| | Psychosis | 6 | 9,4 |
| | ADHD | 2 | 3,1 |
| Alcohol Use Disorder | Obsessive-compulsive disorder | 1 | 1,6 |
| | No | 42 | 42,4 |
| | Yes | 57 | 57,6 |
| Drug Use Disorder | No | 56 | 57,5 |
| | Yes | 43 | 42,5 |
| Drug Misuse | No | 85 | 85,9 |
| | Yes | 14 | 14,1 |
| | Mean±Sd | [Min-Max] | Q1-Q3 |
| Age | 35,3±11,5 | 16 - 63 | 26 - 44 |

In laboratory findings, multiple substances were detected in urine in 28% (12/43). The most common substance detected in urine was cannabinoid (41.9%) and the second most common substance was amphetamine (37.2%) (**Table 2**).

Table 2: Laboratory results.

| Drug Type | n | % |
|----------------|----|----|
| Cannabinoid | 18 | 42 |
| Amphetamine | 16 | 37 |
| Opiate | 6 | 14 |
| Benzodiazepine | 2 | 4 |
| Cocaine | 1 | 2 |

When the presence of alcohol and substance use disorder was compared between those with and without another psychiatric disorder, no significant difference was observed ($p=0.183$; $p=0.158$, respectively) (**Table 3**).

Table 3: Alcohol and substance use disorder compared to other psychiatric disorders.

| | | Other Psychiatric Disorders | | | | χ^2 | p^* |
|----------------------|-----|-----------------------------|-------|-----|-------|----------|-------|
| | | No | | Yes | | | |
| Drug Use Disorder | No | n | % | n | % | 1.994 | 0.158 |
| | Yes | 11 | 57.9% | 22 | 39.3% | | |
| Alcohol Use Disorder | No | 8 | 42.1% | 34 | 60.7% | 1.772 | 0.183 |
| | Yes | 9 | 45.0% | 17 | 28.8% | | |
| | No | 11 | 55.0% | 42 | 71.2% | | |

* Chi-square test

DISCUSSION

The findings of the study show that some psychiatric disorders and substance use disorders are the underlying causes of violence in persons referred to psychiatric clinics for health measures under the Law No. 6284. In this study, the most common psychiatric disorders were found to be depression, anxiety disorders, personality disorders, and psychotic disorders. In terms of substance use disorders, cannabinoids and amphetamines were in the first rank. When the presence of alcohol and substance use disorder was compared between those with and without another psychiatric disorder, no significant difference was observed. The majority of the studies in the literature related to Law No. 6284 are related to the victims of violence, and there are few studies on the perpetrators of violence (13).

In the literature, many studies are showing that there is a relationship between depression and violence by this study. In many studies, it has been reported that depression increases violent behavior (16, 17). In some cases, depression may manifest itself as violent behavior. It has been reported that depression increases aggression and may be associated with increased inflammation in the brain (18). The findings of studies on the relationship between anxiety, anger, and violence are contradictory in the literature (19). Anxiety is a person-specific intellectual and be-

havioral fear response to internal and external threatening stimuli. Studies have indicated that both suppression of violence and expression of violence in anxiety disorder may be a symptoms of anxiety disorder (20). This contradiction may be due to the difference in the subtypes of anxiety disorder. In this study, the high percentage of depression and anxiety disorder in people who committed violent behavior may be the result of violence rather than the cause of violence because many judicial processes and losses await the person who commits violent behavior. It would be appropriate to conduct prospective studies to understand this situation.

In studies investigating the relationship between violence and psychiatric disorders in the literature, it has been reported that violence is mostly associated with some severe psychiatric disorders such as chronic psychotic disorder, personality disorder, and substance use disorder. In one study, it was reported that patients with psychosis committed violent crimes two to six times more than the normal population (21). The reason for violence in patients with psychosis may arise as a defense mechanism against imaginary enemies by confusing reality and imagination, especially during periods of exacerbation. There is evidence that treatment with antipsychotic drugs significantly reduces violence (22). Therefore, it is important to identify and treat this group of patients to prevent violence.

In the literature, many studies show a positive relationship between personality disorder and domestic violence (23, 24). In the presence of personality disorder, preventive judicial measures should be taken together with treatment. The presence of alcohol use disorder in the majority of the persons referred under the relevant law shows that alcohol increases domestic violence.

There are many studies in the literature showing a strong link between alcohol and violence (25). In our study, cannabinoid and methamphetamine substances were detected most frequently in perpetrators of violence, which is consistent with the literature. It has been shown in many studies that cannabinoid and methamphetamine use increases violent behavior both directly by causing behavioral problems and indirectly by causing psychosis (26 - 28).

This study has some limitations. Since the study was retrospective, the study was conducted with the available data. Since not all cases of domestic violence may not be reflected in judicial systems and due to data loss, the number of patients was low. Secondly, since substance detection is performed only by urine analysis in our hospital, there may be people who use substances but whose urine results are negative.

REFERENCES

1. García-Moreno C, Pallitto C, Devries K, Stöckl H, Watts C, Abrahams N. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. World Health Organization; 2013.
2. Yilgör A, Kurhan F. Is childhood trauma a risk factor for resistant epilepsy? *Journal of interpersonal violence*. 2024;39(5-6):1228-44.
3. Devries KM, Mak JY, Bacchus LJ, et al. Intimate partner violence and incident depressive symptoms and suicide attempts: a systematic review of longitudinal studies. *PLoS medicine*. 2013;10(5):e1001439.
4. Fazel S, Grann M. The population impact of severe mental illness on violent crime. *American Journal of Psychiatry*. 2006;163(8):1397-403.
5. Ahonen L, Loeber R, Brent DA. The association between serious mental health problems and violence: Some common assumptions and misconceptions. *Trauma, Violence & Abuse*. 2019;20(5):613-25.
6. Kurt E, Yorguner Küpeli N, Sönmez E, Bulut NS, Akvardar Y. Psikiyatri polikliniğine başvuran kadınlarda aile içi şiddet yaşantısı. *Arch Neuropsychiatr*. 2018;55:22-8.
7. Doğan N. Göz ardı edilen bir durum: Yaşlı istismarı ve etkileyen faktörler. *Arşiv Kaynak Tarama Dergisi*. 2019;28(4):306-13.
8. Lök N, Başoğlu C, Öncel S. Aile içi şiddetin çocuk üzerindeki etkileri ve psikososyal desteğin önemi. *Psikiyatri Güncel Yaklaşımlar*. 2016;8(2):155-61.
9. Moroğlu N. Kadına yönelik şiddetin önlenmesi 6284 sayılı yasa ve İstanbul Sözleşmesi. *Türkiye Barolar Birliği Dergisi*. 2012;99:357-80.
10. TBMM. Ailenin Korunması Ve Kadına Karşı Şiddetin Önlenmesine Dair KANUN Accessed 27.03.2024, <https://www.mevzuat.gov.tr/mevzuatmetin/1.5.6284.pdf>
11. Geniş B, Sahin F, Gürhan N. Alkol/Madde Kullanım Bozukluklarında Şiddet ve İntiharın Nörobiyolojik Temelleri. *Psikiyatri Güncel Yaklaşımlar*. 2022;14(2):264-75.
12. Yöyen EG. Şiddet türleri ve kişilik özellikleri. *Yaşam Becerileri Psikoloji Dergisi*. 2017;1(1):35-50.

- 13.** Cengisiz C, Nehir S. 6284 Sayılı Ailenin Korunması ve Kadına Karşı Şiddetin Önlenmesine İlişkin Yasanın Sağlık Tedbiri Uygulamaları: Psikiyatri Hastanesi Örneği. *Gevher Nesibe Journal Of Medical Health Sciences*. 2023;8(4):905-8.
- 14.** Cinsiyet Eşitliği İzleme Derneği EN. Şiddeti Önlemede 6284 Sayılı Kanun Uygulamalarına İlişkin Veri Değerlendirme Raporu 2017-2021. 2022.
- 15.** Bulut NK. 6284 Sayılı Kanun'a Göre Şiddet Uygulayana Yönelik Muayene ve Tedavi Tedbirinin Şartları ve Hukuki Sonuçları. *Public Private International Law Bulletin*. 2020;40(2):965-1022.
- 16.** Fazel S, Wolf A, Chang Z, Larsson H, Goodwin GM, Lichtenstein P. Depression and violence: a Swedish population study. *The Lancet Psychiatry*. 2015;2(3):224-32.
- 17.** Ruchkin V, Stickley A, Koposov R, Sukhodolsky DG, Isaksson J. Depressive symptoms and anger and aggression in Russian adolescents. *Child adolescent Psychiatry Mental Health*. 2023;17(1):130.
- 18.** Gorlova A, Svirin E, Pavlov D, et al. Understanding the role of oxidative stress, neuroinflammation and abnormal myelination in excessive aggression associated with depression: recent input from mechanistic studies. *International Journal of Molecular Sciences*. 2023;24(2):915.
- 19.** Neumann ID, Veenema AH, Beiderbeck DI. Aggression and anxiety: social context and neurobiological links. *Frontiers in Behavioral Neuroscience*. 2010;4:928.
- 20.** Segel-Karpas D. Anger and anxiety in older adults: a cross-lagged examination. *Aging Mental Health*. 2024;1-7.
- 21.** Steadman HJ, Mulvey EP, Monahan J, et al. Violence by people discharged from acute psychiatric inpatient facilities and by others in the same neighborhoods. *Archives of General Psychiatry*. 1998;55(5):393-401.
- 22.** Andreea T, Petru I, Miron AA, Paula-Simina P, Lorena D. Clozapine for treatment-refractory aggressive behavior. *Psychiatric Quarterly*. 2021;92(2):721-33.
- 23.** Popa-Nedelcu R, Delcea C, Siserman C, Carmen Domnariu D. The relationship between personality disorders and domestic violence in forensic context. *Rom J Leg Med*. 2020;28(2):166-71.
- 24.** Delcea C, Enache A. Individual differences in personality and reasoning traits between individuals accused of murder and those who have not committed murder. *Int J Ment Health Psychiatry*. 2017;3(2):1-4.
- 25.** Kajeepeta S, Theall KP, Kondo MC, et al. The association between blighted property remediation and domestic crime by alcohol availability. *Health place*. 2020;64:102364.
- 26.** Mensen VT, Vreeker A, Nordgren J, et al. Psychopathological symptoms associated with synthetic cannabinoid use: a comparison with natural cannabis. *Psychopharmacology*. 2019;236:2677-85.
- 27.** Miller NS, Ipeku R, Oberbarnscheidt T. A review of cases of marijuana and violence. *International Journal of Environmental Research Public Health*. 2020;17(5):1578.
- 28.** Foulds JA, Boden JM, McKetin R, Newton-Howes G. Methamphetamine use and violence: findings from a longitudinal birth cohort. *Drug Alcohol Dependence*. 2020;207:107826.