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# Forensic Medical Evaluation of Female Cases Admitted Due to Intimate Partner Violence: A Sample From Artvin Province

Yakın Partner Şiddeti Nedeniyle Başvuran Kadın Olgularının Adli Tıbbi Değerlendirilmesi: Artvin İl Örneği

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## Öz

**Amaç:** Yakın partner şiddeti özellikle kadınları etkileyen ve ciddi fiziksel ve ruhsal etkilere yol açan önemli bir durumdur. Bu çalışmanın amacı, Artvin ilinde partner şiddeti mağdurlarını inceleyerek, demografik özelliklerini, şiddetin meydana geldiği dönemsel dağılımı, şiddet türlerini, yaralanma bölgelerini ve mağdurların sağlık hizmeti başvurularını analiz etmektir.

**Gereç ve Yöntem:** Çalışmaya, 2020-2024 yılları arasında Artvin Adli Tıp Şube Müdürlüğü tarafından adli rapor düzenlenen 801 olgu arasından, partner şiddeti nedeniyle adli değerlendirmeye tabi tutulan 18 yaş ve üzeri kadın olgular dahil edilmiştir. Olguların sosyodemografik özellikleri, şiddetin gerçekleştiği mevsim, olay yeri, yaralanma türü ve bölgesi, yaralanma ciddiyeti ve olay öncesi-partner şiddeti öyküsü gibi değişkenler değerlendirilmiştir.

**Bulgular:** Çalışmada, yakın partner şiddeti nedeniyle başvuran 43 olgunun yaş ortalaması 36,26 ± 13,18 yıl olarak saptanmıştır. En sık etkilenen yaş grubu 18-45 yaş aralığında olup, olguların %67,4'ünün evli, %74,4'ünün en az bir çocuğa sahipti. Partner şiddetinin çoğunlukla resmi eşleri tarafından gerçekleştiği ve mağdurların büyük kısmının lise ve altı eğitim düzeyine sahip olduğu belirlendi. Olayların büyük kısmının sonbahar ve kış aylarında ve ev içerisinde gerçekleşmiş olup, yaralanmaların %81,4'ü künt travma sonucu oluşmuştu. Olay öncesinde partner şiddeti öyküsü olan olguların oranı %56,1, olay sonrası psikiyatri poliklinik başvurusu oranının ise %70,7 olduğu belirlenmiştir.

**Sonuç:** Partner şiddeti, özellikle ekonomik bağımlılığı olan ve düşük eğitim düzeyine sahip kadınları etkileyen ciddi bir sorundur. Toplumsal farkındalığın artırılması, kadınların ekonomik bağımsızlığını destekleyen politikaların uygulanması ve mağdurlara yönelik koruyucu hizmetlerin güçlendirilmesi önemlidir. Etkili müdahale stratejileri geliştirmek için daha kapsamlı araştırmalara ihtiyaç vardır.

**Anahtar Kelimeler:** Yakın Partner Şiddeti, Aile İçi Şiddet, Kadın Sağlığı, Travma

## Abstract

**Introduction:** Intimate partner violence is a serious issue that especially affects women and causes serious physical and psychological effects. The aim of this study is to examine the victims of intimate partner violence in Artvin province.

**Method:** Among the 801 cases for which forensic reports were issued by the Artvin Forensic Medicine Branch Directorate from 2020 to 2024, female cases aged 18 years and older who were subjected to forensic evaluation due to partner violence were included in the study. Variables such as sociodemographic characteristics of the cases, season of the violence, place of the incident, type and site of injury, severity of injury, and pre-incident history of partner violence were evaluated.

**Results:** In the study, mean age among 43 patients who presented with intimate partner violence was 36.26 ± 13.18 years. The most frequently affected age group was 18-45 years, 67.4% of the cases were married and 74.4% had at least one child. It was determined that intimate partner violence was mostly perpetrated by official spouses and most of the victims had high school education level or less. Most of the incidents occurred in autumn and winter months and within the house, and 81.4% of the injuries were caused by blunt trauma. The rate of cases with a history of intimate partner violence before the incident was 56.1% and the rate of psychiatry outpatient clinic admission after the incident was 70.7%.

**Conclusion:** Intimate partner violence is a serious problem, especially affecting women with economic dependence and low education levels. It is important to increase social awareness, implement policies that support for women's economic independence, and strengthen protective services for victims. More comprehensive research is needed to develop effective intervention strategies.

**Keywords:** Intimate Partner Violence, Domestic Violence, Women's Health, Trauma

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## INTRODUCTION

The World Health Organization (WHO) defines violence as the intentional use or threatened use of physical force or authority against an individual, another person, group, or society (1). One of the most common forms of violence is violence against women (2).

Women are exposed to various forms of violence all over the world, regardless of age, social class, ethnic origin, or nationality (3). The United Nations defines violence against women as any act of gender-based violence that may occur in the public or private sphere and that has the potential to cause or carries the risk of physical, sexual, or psychological harm; situations such as threats, forced coercion, or arbitrary restriction of freedom are also considered within this scope (4). One of the perpetrators of violence against women is their intimate partners.

Intimate partner violence (IPV) is the controlling behaviors that may include physical, sexual, psychological, or economic pressure by the current or former partner of an individual (1). IPV is considered to be a significant problem on a global scale, especially affecting women (5). IPV is common, and estimates show that approximately 30% of women aged 18 years and older have been exposed to intimate partner violence at least once in their lifetime (6). The lifetime prevalence of IPV shows regional differences and is estimated to be 20% in the Western Pacific, 22% in high-income countries and Europe, 25% in the USA, 33% in Africa and Southeast Asia regions, and 31% in the Eastern Mediterranean Region (1). Factors such as the position of women in social life, economic difficulties, behaviors contrary to gender roles, and low education levels show that IPV is not only a physical problem but also related to social structures (7). IPV, which constitutes a hidden and widespread threat in society, leads to serious health problems (1). In addition to soft tissue traumas, tooth and bone fractures, IPV is associated with various adverse physical and mental health effects, including chronic pain, cardiovascular problems, alcohol abuse, depression, suicidal thoughts, and attempts (8).

The aim of the study is to analyze the demographic characteristics of these violence cases, the periodic distribution of violence, types of violence, injury sites, and health service applications of the victims by examining the victims of intimate partner violence for whom forensic reports were issued from 2020 to 2024 in Artvin province. The study aims to comprehensively address the effects of intimate partner violence, including past history of violence and receiving psychiatric support after violence.

## METHODS

This study includes 43 female cases aged 18 years and older who were subjected to forensic evaluation due to partner violence among a total of 801 cases for whom forensic reports were issued by Artvin Forensic Medicine Branch Directorate from 2020 to 2024.

Statistical analysis of the data was performed using IBM SPSS Statistics 26 program. Frequency and percentage distributions were calculated and presented within the scope of descriptive statistics.

In the study, sociodemographic characteristics of the cases such as age, marital status, having children, educational level, occupational status, and place of residence were evaluated. In addition, variables such as the identity of the perpetrator, the season and location of the violence, the type and site of injury, the severity of injury, and the classification of injury severity based on the guideline for the evaluation of injury crimes defined in the Turkish Penal Code in terms of forensic medicine (9) were also evaluated. Furthermore, the Integrated Health Information System (E-Pulse) records and statement reports of the victims were analyzed to determine whether

they had a history of partner violence.

This study was discussed at the meeting of the Ministry of Justice, Forensic Medicine Institute Education and Scientific Research Commission dated 18.02.2025 and approved with the decision number 21589509/2025/104, and the study was carried out in accordance with the principles of the Declaration of Helsinki.

With the decision of Artvin Çoruh University Scientific Research and Publication Ethics Committee dated 09.01.2025 and numbered 'E-18457941-050.99-163176', it was determined that 'approval of compliance with scientific research and publication ethics is not required' for our study.

## RESULTS

The mean age of the 43 cases was determined as 36.26 ± 13.18 years. When the age distribution of women exposed to partner violence was analyzed, it was found that the highest rate was in the 26-35 age group with 30.2% (n=13). This was followed by the 18-25 age group with 25.6% (n=11) and the 36-45 age group with 18.6% (n=8).

In terms of marital status, 67.4% (n=29) of the cases were married, 18.6% (n=8) were divorced or widowed, and 14% (n=6) were single. Additionally, 74.4% (n=32) of the cases had at least one child.

When the educational level was analyzed, it was found that intimate partner violence was most common among high school graduates with 39.6% (n=17), followed by primary school graduates with 37.2% (n=16). It was found that 90.7% of the victims resided in the urban center, and 69.8% (n=30) were not employed.

When the perpetrators of violence were analyzed, it was found that the perpetrator was the official spouse in 67.5% (n=29) of the cases, and the perpetrator was the partner or lover in 27.9% (n=12) of the cases. Additionally, in one case each, the perpetrator's ex-spouse and religiously-married spouse were identified. When the age distribution of the perpetrators was analyzed, it was observed that 32.6% (n=13) of the perpetrators were in the 26-35 and 36-45 age groups (Table 1).

**Table 1.** Sociodemographic and Perpetrator Characteristics of Partner Violence

| Variables | | n | % |
|---|---|---|---|
| Age group | 18-25 age | 11 | 25.6 |
| | 26-35 age | 13 | 30.2 |
| | 36-45 age | 8 | 18.6 |
| | 46-55 age | 7 | 16.3 |
| | 56-65 age | 3 | 7 |
| | >65 age | 1 | 2.3 |
| Marital status | Married | 29 | 67.4 |
| | Single | 6 | 14 |
| | Divorced / Widowed | 8 | 18.6 |
| Child presence | Yes | 32 | 74.4 |
| | No | 11 | 25.6 |
| Level of education | Literate | 4 | 9.3 |
| | Primary and Middle school | 16 | 37.2 |
| | High school | 17 | 39.6 |
| | University | 6 | 13.9 |
| Employment | Unemployed | 30 | 69.8 |
| | Employed | 13 | 30.2 |
| Place of residence | Urban center | 39 | 90.7 |
| | Countryside | 4 | 9.3 |
| Perpetrators | Official spouse | 29 | 67.5 |
| | Partner/lover | 12 | 27.9 |
| | Religious wife | 1 | 2.3 |
| | Former mate | 1 | 2.3 |
| Perpetrators age | 18-25 age | 2 | 4.6 |
| | 26-35 age | 14 | 32.6 |
| | 36-45 age | 14 | 32.6 |
| | 46-55 age | 5 | 11.6 |
| | 56-65 age | 7 | 16.3 |
| | >65 age | 1 | 2.3 |

It was found that intimate partner violence occurred most frequently in autumn (30.2%, n=13), and winter months (30.2%, n=13) and the majority of the incidents occurred in the home (81.4%, n=35). While 81.4% (n=35) of the injuries were blunt trauma, 14% (n=6) of the cases had blunt trauma and sexual assault.

In terms of injury sites, 53.5% (n=23) of the cases had

traumatic lesions in multiple body parts. The head/neck region was the most commonly affected region (25.6%) in single injuries. 72.1% of the injuries were soft tissue trauma.Statement records, anamnesis records, and health data of the cases were analysed, and their past violence history and post-incident psychiatry outpatient clinic applications were evaluated.

The health records of a total of 41 cases were accessed through the National Judiciary Informatics System (UYAP) and Integrated Health Information System (E-Pulse); however, health data of two cases could not be accessed because they were foreign nationals. It was determined that 56.1% (n=23) of the cases whose health records were analysed had a history of exposure to partner violence before the incident. Additionally, it was found that 70.7% (n=29) of the cases applied to psychiatry outpatient clinic after the incident and used psychiatric medication (Table 2).

**Table 2.** Environmental and Injury Characteristics of Partner Violence

| | | | n | % |
|---|---|---|---|---|
| Season* | Spring | | 9 | 21 |
| | Summer | | 8 | 18.6 |
| | Autumn | | 13 | 30.2 |
| | Winter | | 13 | 30.2 |
| Place of the incident | In-home | | 35 | 81.4 |
| | Open area | | 4 | 9.3 |
| | In-car | | 1 | 2.3 |
| | Workplace | | 2 | 4.7 |
| | Hotel | | 1 | 2.3 |
| Type of injury | Blunt trauma | | 35 | 81.4 |
| | Blunt trauma + Sexual assault | | 6 | 14 |
| | Sharps injury | | 2 | 4.6 |
| Site of injury | Single (%46.5) | Head and neck | 11 | 25.6 |
| | | Chest-bottom | 2 | 4.6 |
| | | Limbs | 7 | 16.3 |
| | Multiple body parts | | 23 | 53.5 |
| Severity of injury | Soft tissue trauma ** | | 31 | 72.1 |
| | Laceration | | 5 | 11.6 |
| | Bone fracture | | 5 | 11.6 |
| | Internal organ injury | | 1 | 2.3 |
| | Myocardial infarction | | 1 | 2.3 |
| Presence of violence before the incident (n=41) *** | Yes | | 23 | 56.1 |
| | No | | 18 | 43.9 |
| Psychiatric examination after the incident (n=41) *** | Yes | | 29 | 70.7 |
| | No | | 12 | 29.3 |

* Spring: March, April, May; Summer: June, July, August; Autumn: September, October November; Winter: December, January, February.
** Superficial injuries, including abrasion, ecchymosis, and hyperemia, are categorized as soft tissue trauma.
*** E-Pulse data could not be accessed for two cases involving a foreign national, while data for 41 other cases was successfully evaluated.

The severity of injuries sustained by the victims was evaluated according to the guideline for the evaluation of injury crimes defined in the Turkish Penal Code in terms of forensic medicine. It was determined that 4.7% of the injuries posed a life-threatening risk, while 86% were considered treatable with simple medical intervention. Bone fractures were identified in only 11.6% of the cases (n=5), of which three were assigned a score of 1 and two a score of 2. Additionally, none of the injuries resulted in permanent facial scarring, and no cases involved sensory or organ loss (Table 3).

**Table 3.**Injury severities of victims of intimate partner violence according to the guideline for the evaluation of injury crimes defined in the Turkish Penal Code in terms of forensic medicine

| | | n | % |
|---|---|---|---|
| The Presence of Life-Threatening | Yes | 2 | 4,7 |
| | No | 41 | 95,3 |
| Simple Medical İnterventions (SMİ) | Injuries treatable with SMİ | 37 | 86 |
| | Injuries not treatable with SMİ | 6 | 14 |
| Presence of bone fracture | Yes | 5 | 11,6 |
| | No | 38 | 88,4 |
| Bone Fracture Score (n=5) | 1 point | 3 | 60 |
| | 2 point | 2 | 40 |
| Percent Fixed Track | Yes | 0 | 0 |
| | No | 43 | 100 |
| Sensory and Organ Loss | Attenuation-Loss | 0 | 0 |
| | No | 43 | 100 |

## DISCUSSION

Intimate partner violence is a social problem that occurs in the form of physical, emotional, sexual, and economic pressure in relationships between individuals and seriously threatens the social structure and individual health. The data obtained from our study show that the majority (74.4%) of women victims of intimate partner violence are concentrated in the 18-45 age range. This finding reveals that young adult and middle-aged women are at a significantly higher risk of being exposed to intimate partner violence. A study conducted in Germany reported that the average age of individuals exposed to intimate partner violence was 40 years (10). In addition, it was reported that the most vulnerable age group of victims of intimate partner violence was between 40-49 years (11). Similarly, in a study conducted in our country, it was found that intimate partner violence was most frequently observed in women aged 18-40 years (12). The high rate of victimization in young adults and middle-aged individuals may be due to the fact that individuals become more sensitive to stress and pressures in relationships during this period, and gender norms and role expectations may prevent young adults from developing healthy communication methods and pave the way for increased incidents of violence.

The findings of our study show that intimate partner violence is mostly concentrated in married individuals (67.4%) and individuals with children (74.4%). In a study conducted in the Far East, it was reported that partner violence occurred most frequently in married individuals, and factors such as long-term marriages, marital conflicts, and unsatisfactory marital quality may be effective in women's exposure to partner violence (13). While studies conducted in Western Europe and North America (14) reported that intimate partner violence was more frequently observed in single women, a study conducted in our country (15) reported that married women were more frequently exposed to intimate partner violence. The basis of this difference may be cultural norms, economic dependency, and social perceptions about divorce. Studies indicate that women with children are exposed to partner violence more frequently (14,15). The pressure of women on maintain their marriages within traditional structures may increase exposure to partner violence. In addition, having children may be a factor that increases women's obligation to stay in marriage and perpetuates their exposure to violence.

In our study, the majority (86.1%) of the victims of intimate partner violence were individuals with high school education or less. In addition, most of the cases were not employed. This may be related to women's economic independence and social position. The limited participation of women in the labour force and the resulting economic dependency contribute to the deepening of the spiral of violence (16). In a study conducted in our country, it was reported that two thirds of the women who were victims of intimate partner violence did not work in any job and were housewives (12). A meta-analysis study shows that women with a high level of education are less exposed to partner violence (8). There are two main views that may be effective in this situation. The first view suggests that the increase in women's education levels and their gaining economic independence may make it easier for them to terminate their relationships and protect themselves when violence occurs. However, an alternative view suggests that traditional gender roles of men may conflict with the increase in socioeconomic status of women and this may increase intimate partner violence (17). These findings obtained in our study and existing findings in the literature show that intimate partner violence may be shaped not only by individual factors but also by social dynamics.

In our study, it was found that most of the victims of partner violence (90.7%) lived in urban centres. In a study, it was shown that women living in urban centres had a higher

risk of being exposed to physical violence by their partners compared to those living in rural areas (18). This situation is also supported in a study conducted in our country (12). In a study conducted in East Asia, it was reported that approximately half of the cases of women living in urban areas were victims of partner violence at least once in the last 1 year (19). Intimate partner violence is a significant problem which includes many socioeconomic, cultural and legal factors. The findings obtained in our study are consistent with the literature. The fact that women living in urban areas are exposed to partner violence more may be related to the fact that violence is reported more in urban areas, women living in urban areas are more aware of their social and legal rights and have relatively better economic freedom compared to rural areas. Similarly, in rural areas, women who are victims of violence may report this situation less due to traditional family structure, neighbourhood pressure and social norms.

When the perpetrators were analysed, it was found that the majority of the victims (67.5%) were subjected to violence by their official spouses and almost all of the injuries (81.4%) were blunt trauma. The most common type of injury in women victims of intimate partner violence in Turkey is blunt trauma, and it is reported that this rate varies between 59.7% and 74.7% in different studies (20–22). Again, a study conducted in our country revealed that women were mostly exposed to violence by their official spouses and were frequently injured due to blunt trauma (12). In the same study, it was reported that it was thought that the bodily injuries mostly occurred unplanned in the form of an outburst of anger, and it was also evaluated that this violence was frequently committed with bare hands or feet, which are common causes of blunt trauma (12). The high rate of violence perpetrated by official spouses may be related with the fact that these relationships are generally based on longer and deeper ties. The prevalence of blunt trauma suggests that the perpetrators usually attack by using direct physical force with instant anger and violence continues as a systematic oppressive factor.

In our study, it was determined that partner violence occurred most frequently in autumn and winter seasons and these incidents were mostly (81.4%) experienced at home. In a study conducted in our country, hospital admissions due to intimate partner violence were analysed and it was found that the victims frequently applied in the winter season. In the same study, it was reported that this may be due to spending more time in the home environment in the winter season (23). Harsh winter conditions in which life is restricted can significantly affect family dynamics. Because the difficulties brought by the winter season increase the time individuals spend at home and intensify intra-family interactions, and this situation can sometimes have various negative social and psychological consequences. In addition to the season, the place where the violence is experienced may also differ in intimate partner violence. A study conducted in our country reported that the act of violence is frequently experienced at home and this situation has become more evident with the Covid-19 pandemic (24). In cases of domestic violence, the fact that the individual has to spend longer time with the perpetrator, being away from the supportive social environment, and economic difficulties reduce the opportunity to get away from violence can be considered as possible factors that increase violence against women.

In our study, it was found that approximately half (53.5%) of the injuries related to the act of violence occurred in multiple body parts and most of these injuries (72.1%) were in the form of soft tissue trauma. Previous studies have shown that intimate partner violence frequently causes soft tissue trauma such as ecchymosis and abrasion (25,26). In addition, it has been reported that injuries may occur in many parts of the body because this violence is frequently inflicted with bare hands or feet (12). In addition, the head and neck region (25.6%) and limbs

(16.3%) were the most frequently affected regions in single injuries. When the literature is analyzed in terms of single injuries, it is seen that injuries to the head/face and limbs are most frequently related to IPV and attributed to these causes (12). This situation reveals that the trauma pattern in victims of intimate partner violence may show a wide body distribution and especially soft tissue traumas may be a distinctive symptom. Therefore, careful consideration of such injuries in forensic and clinical evaluations will contribute to the detection and documentation of intimate partner violence.

In our study, it was found that more than half of the cases (56.1%) had been victims of intimate partner violence at least once in the past. The act of violence may tend to recur. In a study, it was reported that 62.8% of the victims of intimate partner violence had been subjected to violence by their partner at least once before (27). In a meta-analysis study, it was reported that this rate could vary between 22.9% and 56% (28). Studies show that a significant proportion of victims of domestic violence are exposed to violence again within 1 year (29) nd half of the perpetrators of violence commit a new act of violence within 3 months (30). These data reveal that women who have been subjected to partner violence significantly increase the risk of being subjected to partner violence again. The continuity of the cycle of violence leaves permanent effects on the mental and physical health of the victims and paves the way for similar problems in new relationships. Such systematically repeated physical attacks may cause victims to develop a fear-based addiction and normalise violence over time. This creates a psychological barrier that makes it difficult for victims to break out of the cycle of violence. Therefore, developing strategies for coping with intimate partner violence and strengthening support mechanisms for victims are important to break this cycle.

In our study, it was determined that most of the cases (70.7%) had a psychiatric examination after the incident. Intimate partner violence is a problem that has a profound impact on the victims and the consequences of this situation are quite serious. Women victims of violence often experience chronic health problems, including mental illnesses, and may need various health services. The most common mental health problems in women victims of intimate partner violence are depression, anxiety and post-traumatic stress disorder (PTSD) (31). In a study, it was reported that partner violence and psychiatric disorders may be directly related. In the same study, the rate of partner violence in the past medical history of women with psychiatric disorders was 64%, whereas this rate was only 26.7% in healthy women (32). Similarly, it was reported that women who were exposed to partner violence were twice as likely to have depression compared to women who were not exposed to partner violence (33). In a study conducted in England, it was found that there was a significant increase in self-harm and suicidal thoughts in individuals experiencing partner violence (34). In studies, it was reported that 73% of victims of intimate partner violence had symptoms of depression and 77% had trait anxiety disorder and posttraumatic stress disorder (35–37). These findings show that the psychiatric effects of intimate partner violence on victims are too serious to be ignored. Therefore, it is a critical necessity to develop comprehensive health services and multidisciplinary approaches in this field.

### Limitations

This study has several limitations due to its retrospective design and single-center nature. The small sample size restricts the generalizability of the findings. Additionally, cultural and regional factors specific to the study location may influence the prevalence and reporting of IPV, which may not be representative of other settings.

## CONCLUSION

Although the number of cases in this study is limited, the findings suggest that being young or middle-aged,

married, having children, and having low socioeconomic and educational levels may be moderate risk factors for exposure to intimate partner violence. Most incidents of violence occurred in the home and resulted in soft tissue injuries that were treatable with simple medical intervention. Furthermore, a substantial proportion of the violence was recurrent and caused significant psychological consequences, necessitating psychiatric evaluation. The findings demonstrate that intimate partner violence is not only influenced by individual characteristics but also shaped by broader societal, cultural, and economic dynamics.

Although the limited number of cases in our study is a restriction, it also highlights the need for broader-scale, multicenter studies in Türkiye. Expanding forensic and epidemiological data will not only strengthen the national surveillance system but also contribute to the development of preventive public health policies and protective legal regulations. Therefore, future research with larger and more diverse samples is needed to further understand the scope and dynamics of IPV in different sociocultural contexts.

### *Declarations*

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### *Conflict of Interest*

The authors declare that they have no conflict of interest related to this article.

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