

# The Evaluation of Health Measures Decisions within the Scope of Law No. 6284 on the Protection of Family and the Prevention of Violence Against Women: A District Health Directorate Sample in Türkiye

6284 sayılı Ailenin Korunması ve Kadına Yönelik Şiddetin Önlenmesine Dair Kanun Kapsamında Sağlık Tedbir Kararlarının Değerlendirilmesi: Türkiye'de Bir İlçe Sağlık Müdürlüğü Örneği

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## Abstract

This retrospective archival study aimed to identify the socio-demographic characteristics, health measure details, diagnosed conditions relevant to the health measure decisions, and the adherence to examinations/treatments among individuals referred to the District Health Directorate following a health measure decision. Data were obtained from the records of 320 individuals who underwent health measures at District Health Directorate in Türkiye between January 2020 and December 2023. The mean age of the participants subjected to health measures was  $37.85 \pm 11.17$  years, with 93.8% being male. Among the participants, 81.9% had committed acts of violence against women, and 22.5% against their partners. Regarding the types of violence, 75.9% exhibited psychological violence, 52.8% physical violence, and 47.5% had issues related to alcohol or substance addiction/abuse. Attendance at scheduled appointments was higher among those with health measure durations of 1-60 days, and attendance decreased as the duration of health measure increased. These findings underscore the need for effective monitoring systems and intervention programs within the scope of health measures implemented under Law No. 6284 in Turkey. Although the use of such health measures is widespread, empirical research on their outcomes remains limited. Expanding research and developing targeted intervention strategies—particularly addressing addiction-related violence—may contribute to more effective prevention and follow-up practices.

**Keywords:** Woman, Health Measure, Violence, Family.

## Öz

Bu retrospektif arşiv çalışmasının amacı, sağlık tedbiri kararı sonrasında İlçe Sağlık Müdürlüğü'ne yönlendirilen bireylerin sosyodemografik özelliklerini, sağlık tedbirine ilişkin detayları, bu kararlara konu olan tanı durumlarını ve muayene/tedaviye uyum düzeylerini belirlemektir. Veriler, Türkiye'de Ocak 2020 ile Aralık 2023 tarihleri arasında İlçe Sağlık Müdürlüğü'nde sağlık tedbiri uygulanan 320 bireyin kayıtlarından elde edilmiştir. Sağlık tedbiri uygulanan katılımcıların yaş ortalaması  $37,85 \pm 11,17$  olup, %93,8'i erkektir. Katılımcıların %81,9'u kadınlara yönelik, %22,5'i ise eşlerine yönelik şiddet eylemine bulunmuştur. Şiddet türleri açısından bakıldığında, %75,9'unun psikolojik, %52,8'inin fiziksel şiddet gösterdiği, %47,5'inin ise alkol veya madde bağımlılığı/kötüye kullanımı sorununa sahip olduğu belirlenmiştir. Planlanan randevulara katılım, sağlık tedbiri süresi 1-60 gün arasında olanlarda daha yüksek bulunmuş; sağlık tedbiri süresi uzadıkça katılım oranlarının azaldığı gözlemlenmiştir. Bu bulgular, Türkiye'de 6284 sayılı Kanun kapsamında uygulanan sağlık tedbirleri sürecinde etkili izleme sistemleri ve müdahale programlarının gerekliliğini vurgulamaktadır. Bu tür sağlık tedbirlerinin kullanımı yaygınmasına rağmen, sonuçlarına ilişkin empirik araştırmalar sınırlıdır. Özellikle bağımlılıkla ilişkili şiddet ele alan hedefe yönelik müdahale stratejilerinin geliştirilmesi, daha etkili önleme ve takip uygulamalarına katkı sağlayabilir.

**Anahtar Kelimeler:** Kadın, Sağlık Tedbiri, Şiddet, Aile.

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**The Evaluation of Health Measures Decisions within the Scope of Law No. 6284  
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The occurrence of violence has been a part of human existence throughout history, manifesting in various forms depending on societal structures. While the expression of violence adapts to the culture, values, and norms of a society, its definition has also evolved over time. In this context, The World Health Organization (WHO) defines violence in its 2002 report on Reducing Risks Promoting Healthy Life as “the situation where physical force or authority is applied to another person in the form of a deliberate threat or reality, resulting in or likely to result in injury, death, or psychological harm” (WHO 2002). Violence manifests in various forms and includes different acts of violence against children, women, the elderly, and other vulnerable groups (Casique 2006). One notable form is violence against women, which is a global issue that arises from the restriction of women's fundamental rights and freedoms due to unequal power dynamics between women and men worldwide (Akkaş, 2016). According to the WHO, 27% of women aged 15-49 in relationships have experienced physical and/or sexual violence from their intimate partners (WHO, 2018).

Research on the origins of violent behavior indicates that violence is not merely a physical act but rather emerges at the intersection of psychological, biological, and sociocultural dynamics. Psychological theories offer various perspectives on explaining violent behavior. The psychoanalytic theory views aggression as an inherent component of human nature, while Adlerian approaches emphasize individuals' attempts to compensate for feelings of inferiority (Karr, 1971; Adler, 2000). Behavioral theory suggests that violence is a learned behavior, whereas cognitive theory posits that hostile thoughts and beliefs can transform into aggression through anger (Başeğmez, 2021; Deffenbacher, 2011). These theoretical approaches collectively highlight that both internal (psychological) and external (environmental) factors play a role in shaping violent behavior.

While theoretical frameworks help explain the origins of violence, empirical evidence shows that individual violent behavior is also shaped by psychological, biological, and sociocultural factors. Psychological factors include deficiency in anger management, substance abuse, exposure to or witnessing violence, low self-esteem, and psychiatric disorders. Substance abuse is a significant risk factor for violence against women as it impairs judgment and lowers inhibitions (Babu, 2010). Psychiatric conditions such as bipolar disorder, paranoid schizophrenia, and antisocial personality disorder can increase men's likelihood of committing sexual offenses (Sharma, 2015; Jeyaseelan, 2007). Research indicates that men who resort to violence often have low self-esteem and may use violence against their partners to bolster their own sense of worth (Papadakaki, 2009; Tracy, 2003).

Biological factors include head trauma and neurotransmitter levels. Family members of individuals who have experienced head trauma often report issues such as personality changes, irritability, aggressive outbursts, and reduced impulse control (Wood, 2005). While head trauma alone may not directly cause violent behavior, it is believed to contribute to impaired impulse control, which can lead to aggression (Ali, 2013). Testosterone, a key neurotransmitter, plays a vital role in the development and maintenance of masculine traits (Ali, 2013). Studies have shown that men with elevated testosterone levels tend to experience more marital or partner relationship issues, engage in criminal violent behavior, and exhibit aggressive tendencies (Dabbs, 1990; Carré, 2008). Conversely, low serotonin levels adversely affect mood and behavior, while higher serotonin levels have been linked to better social interactions and reduced aggression (Young, 2002).

Sociocultural factors encompass the cultural norms and values acquired and learned within the family context, as well as the widespread acceptance of the notion that men are inherently stronger than

women, a belief rooted in patriarchal structures. Additionally, traditional gender roles often dictate that women take on caregiver roles, embody submissiveness, self-sacrifice, and obedience, while men are seen as the heads of households who must be obeyed and may, if necessary, resort to the legitimization of physical force (Sarıtaş, 2023).

Violence against women is a significant social issue both worldwide and in Türkiye. Research has identified various sociodemographic characteristics of men who perpetrate violence against women, including age, education level, occupation, socioeconomic status, family structure, and a history of childhood violence (Baysan Arabacı & Uygun, 2022; Page & İnce, 2008; Altınay & Arat, 2007). Furthermore, Avcı (2020) highlighted that alcohol and substance addiction are prevalent traits among men who engage in violence against women. Numerous studies have corroborated the link between high alcohol consumption and violent behavior (Açıkgöz, 2015; Öztürk, 2011; Cengiz, 2023). This situation highlights the necessity of assessing not only the victims but also the perpetrators in terms of their psychosocial and health conditions. In this context, the health measure (HM) decisions implemented under Law No. 6284 on the Protection of the Family and Prevention of Violence Against Women play a critical role in evaluating the mental status of perpetrators and directing them toward appropriate treatment.

Law No. 6284 on the Protection of the Family and Prevention of Violence against Women stipulates the protection of women, children, family members, and victims of unilateral stalking who are subjected to or at risk of violence, as well as the prevention of violence against these individuals and measures to deter potential perpetrators, outlining the procedures and principles for implementing such measures (Law No. 6284). In light of this information, the present study aims to examine the sociodemographic characteristics of individuals subjected to health measures under Law No. 6284, their health conditions associated with types of violence, and their level of adherence to examinations and treatments. Given the limited data on the implementation of health measures in Türkiye, this study is expected to contribute to the literature by systematically presenting data related to violent behavior. It is anticipated that identifying the prevalence of these variables will contribute to protective and preventive initiatives aimed at combating violence against women. Accordingly, the research question of this study was formulated as follows: What is the relationship between the sociodemographic characteristics, types of violence, history of addiction, and level of compliance with healthcare services among individuals subjected to health measures?

## Method

### Design

This study is a descriptive, cross-sectional, and retrospective investigation, which aims to describe existing conditions as they are, based on data collected from past records without manipulating variables. The data were collected from individuals who were granted HM decisions under Law No. 6284 over a four-year period, from January 2020 to December 2023, at a District Health Directorate in Türkiye. A total of 327 files were reviewed, and 7 files were excluded from the study due to missing information, resulting in a final sample size of 320. The researchers retrospectively examined the records in compliance with an Information Form developed specifically for this study, which consisted of 13 questions designed to ascertain the sociodemographic characteristics of individuals who received HM decisions under Law No. 6284, the medical diagnoses related to the HM decisions, and their adherence to examination and treatment protocols. This form was developed by the research team through a review of the relevant literature and examination of existing HM decision files (Karabağ Bulut, 2020; Arabacı Baysan, 2022; Cengiz, 2023). A pilot test was conducted with 10 randomly selected files to ensure the clarity and applicability of the form, and no major changes were required thereafter.

The literature indicates that various factors contribute to violent behavior, with substance addiction and psychiatric disorders recognized as significant contributors (Karabağ Bulut, 2020; Arabacı Baysan, 2022; Cengiz, 2023). Given the lack of disease diagnoses for individuals under Law No. 6284 in the electronic data system, relevant hospitals were requested to anonymously provide their retrospective diagnoses (from January 2020 to December 2023) through official correspondence. In this context, hospitals anonymously provided us with the diagnostic information of patients examined in accordance with the HM decision between 2020 and 2023.

### **Application**

Individuals who have undergone HM decisions as stipulated by Law No. 6284, as determined by judicial authorities, are referred to the Mental Health Unit of the District Health Directorate by law enforcement officials. An appointment is arranged for the individual, who has arrived with a court decision, based on an evaluation of the combination of clauses h, 1, or both, according to the first paragraph of Article 5 of Law No. 6284. The appointment details are communicated to the individual, and this information, along with the court decision, is entered into the electronic data system. The attendance of the individual at the appointment is monitored through this electronic system, and the relevant hospital maintains a record of this attendance. The person refuse the treatment provided by the health institution, this refusal is reported to the Office of the Chief Public Prosecutor and the Violence Prevention and Monitoring Center (Law Execution Regulation No. 6284-27 (1)/3). In this study, “appointment attendance” refers to the individual’s participation in the appointment arranged by the District Health Directorate.

### **Statistical Analysis**

The data collected were analyzed using the Statistical Package for the Social Sciences (SPSS) version 22.00 software package. Descriptive statistics were employed in the evaluation of the obtained data, utilizing frequency, percentage, mean, and standard deviation for the variables (sociodemographic and clinical characteristics, details regarding HM decisions) included in the study. The Chi-square test was applied to examine the association between appointment attendance and treatment adherence in relation to health measure duration and appointment unit. Effect sizes were calculated using Cramer’s V, defined as  $\sqrt{(\chi^2 / [N \times (k - 1)])}$ , with interpretation based on Cohen’s (1988) thresholds: 0.10 = small, 0.30 = moderate, and 0.50 = large. In the analyses, a p-value of less than 0.05 was considered statistically significant.

### **Ethics Approval**

Ethics committee approval was obtained from İzmir Katip Çelebi University Non-Interventional Clinical Studies Institutional Review Board (No. 26.12.2023-0614). Institutional permission was also secured from the site where the research was conducted for the retrospective examination of the records.

### **Results**

The retrospective evaluation of data from a total of 320 individuals who underwent HM decisions from 2020 to 2023 was conducted in this study. It was found that 31.6% of these individuals received HM decisions in 2021, while 33.1% did so in 2022. The average age of the participants was  $37.85 \pm 11.17$  years, with the majority (47.5%) falling within the 31-45 age range, and a significant majority (93.8%) were male. According to court decision data, it was noted that 81.9% of the individuals subjected to HM decisions had committed acts of violence against women. When examining the nature of their relationship to the victims, it was found that 58.4% had unspecified relationships in the court documents, while among those that were specified, the most common type of violence was against partners (22.5%) (see Table 1).

**Table 1**

*Distribution of Individuals Subjected to Health Measures by Year, Sociodemographic and Clinical Characteristics, and The Characteristics of The Victims*

		<b>n</b>	<b>%</b>
<b>Year</b>	2020	65	20,3
	2021	101	31,6
	2022	106	33,1
	2023	48	15,0
Mean age: 37,85±11,17			
<b>Age Range (min-max:16-73)</b>	16-30	92	28,7
	31-45	152	47,5
	46-60	62	19,4
	61 and above	14	4,4
<b>Gender (With HM)</b>	Male	300	93,8
	Female	20	6,2
<b>Victim's Gender</b>	Female	262	81,9
	Male	52	16,2
	Unknown (SONIM)	6	1,9
<b>Victim's Relationship to Perpetrator</b>	Partner (wife:53, ex-wife:11, lover:8)	72	22,5
	Parent (Mother: 31, Father: 19)	50	15,7
	Other (Sibling:8, Child:3)	11	3,4
	Unknown	187	58,4
<b>Total</b>		320	100

Note: HM (Health measure), SONIM (Violence Prevention and Monitoring Centers)

Beyond these demographic and relationship characteristics, the legal and clinical aspects of the HM decisions were also examined to provide a more comprehensive understanding of the implementation process. It was noted that 42.5% of the individuals subjected to HM decisions were decided upon under Article 5, paragraph 1, subparagraphs h-1 of Law No. 6284. The average duration of HM decisions were  $70.31\pm46.56$  days, with the majority (35.9%) having durations between 1-30 days. Regarding the reasons for HM decisions, it was observed that 75.9% of individuals employed psychological violence, 52.8% engaged in physical violence, and 47.5% had issues related to alcohol or substance addiction/abuse. It was reported that appointments were made for 80% of individuals subjected to HM decisions at the Adult Detoxification Center, with 79.1% attending their scheduled appointments, and 56.9% regularly attending subsequent appointments after the initial visit (indicating acceptance of treatment) (see Table 2).

**Table 2***Characteristics of Health Measure Implementation*

		<b>n</b>	<b>%</b>
<b>Article 5, Paragraph 1 of Law No. 6284</b>	Subparagraph h-1	135	42,2
	Subparagraph h	120	37,5
	Subparagraph i	65	20,3
<b>Average Duration of HM (days): 70,31-46,56</b>			
<b>Duration of HM (min-max:15-180)</b>	1-30 days	115	35,9
	31-60 days	90	28,1
	61-90 days	77	24,1
	90-180 days	38	11,9
<b>Reason for HM Implementation</b>			
Psychological violence*	Yes	243	75,9
	No	77	24,1
Physical violence*	Yes	169	52,8
	No	151	47,2
Sexual violence*	Yes	7	2,2
	No	313	97,8
Alcohol/Substance abuse or dependence*	Yes	152	47,5
	No	168	52,5
Psychiatric disorder*	Yes	26	8,1
	No	294	91,9
<b>Unit Providing Appointment Under HM</b>	ADC (Adult Detoxification Center)	256	80
	Psychiatry	64	20
<b>Appointment Attendance</b>	Yes	253	79,1
	No	67	20,9
<b>Treatment Adherence (Regular Follow-up)</b>	Yes	182	56,9
	No	138	43,1
<b>Total</b>		<b>320</b>	<b>100</b>

Note: HM (Health Measure), \*: Data with multiple responses; percentages are calculated based on the total.

In addition, diagnostic data obtained from hospitals provided further insight into the mental health profiles of the individuals. According to anonymous disease diagnoses obtained from hospitals, 253 individuals who underwent HM decisions were analyzed, revealing that 75.5% had no disease diagnosis but had undergone a general psychiatric evaluation, while 12.6% were diagnosed with alcohol or substance addiction, and 11.9% received a diagnosis of psychiatric disorders (including adjustment disorders, psychosis, depression, bipolar disorder, and anxiety) (see Table 3).

**Table 3***Clinical Characteristics of Individuals Subject to Health Measures*

		<b>n</b>	<b>%</b>
<b>Disease Diagnosis</b>	Yes	62	14,5
	No	191	75,5
<b>Diagnosis</b>	General psychiatric evaluation	191	75,5
	Alcohol/Substance Dependence	32	12,6
<b>Psychiatric disorder</b>	Psychiatric disorder	30	11,9
	(Adjustment disorder: 7, Psychosis: 6, Depression: 10, Bipolar disorder: 5, Anxiety: 2)		

Furthermore, the relationship between HM-related factors and appointment attendance was statistically examined. Chi-square ( $\chi^2$ ) analysis was conducted to determine whether the duration of HM and the appointment unit affected appointment attendance. The results indicated that appointment attendance rates were higher for individuals with HM durations of 1-30 and 31-60 days, and attendance decreased as the duration of HM increased ( $\chi^2: 18.271$ ,  $p<0.05$ , Cramer's  $V = 0.24$ ). Additionally, individuals who made appointments through the Adult Detoxification Center had higher attendance rates compared to those who made appointments through the psychiatry unit ( $\chi^2: 5.140$ ,  $p<0.05$ , Cramer's  $V = 0.13$ ). (see Table 4). These findings indicate a small-to-moderate association between HM duration and appointment attendance, suggesting that shorter HM durations and direct referral to ADC are associated with better engagement in follow-up processes.

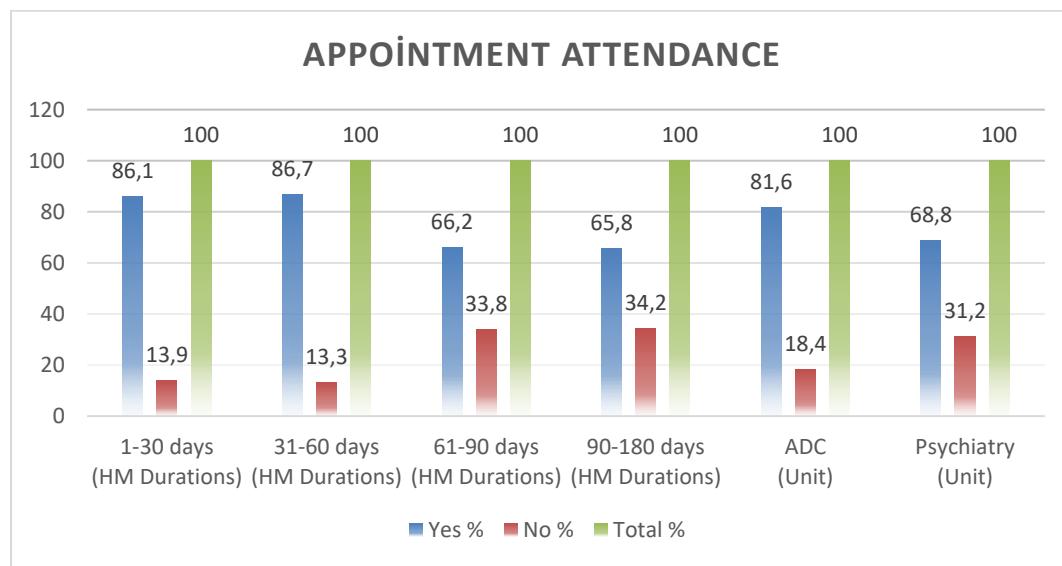
**Table 4***Comparison of Appointment Attendance Based on Health Measure Duration and Appointment Unit*

		Appointment attendance						$\chi^2: 18.271$ $p: 0.001$ df: 3 Cramer's $V: 0.24$	
		Yes		No		Total			
		<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>		
<b>HM durations</b>	1-30 days	99	86,1	16	13,9	<b>115</b>	<b>100</b>	$\chi^2: 5.140$ $p: 0.023$ df: 1 Cramer's $V: 0.13$	
	31-60 days	78	86,7	12	13,3	<b>90</b>	<b>100</b>		
	61-90 days	51	66,2	26	33,8	<b>77</b>	<b>100</b>		
	90-180 days	25	65,8	13	34,2	<b>38</b>	<b>100</b>		
<b>Appointment Unit</b>	ADC	209	81,6	47	18,4	<b>256</b>	<b>100</b>	$\chi^2: 5.140$ $p: 0.023$ df: 1 Cramer's $V: 0.13$	
	Psychiatry	44	68,8	20	31,2	<b>64</b>	<b>100</b>		

Note: ADC (Adult Detoxification Center), HM (Health Measure)

**Figure 1**

*Comparison of Appointment Attendance Based on Health Measure Duration and Appointment Unit*



## Discussion

This study presents significant findings regarding the sociodemographic characteristics, violent behaviors, the impact of HM duration, and treatment participation rates of individuals residing in a district and subjected to HM decision under Law No. 6284.

Law No. 6284 aims to protect women, children, and family members who are victims of or at risk of violence by applying protective and preventive measures. This study focuses on subparagraphs h and 1 of the relevant law, which are known as health measures. According to subparagraph h, the perpetrator is prohibited from consuming alcohol or substances in the vicinity of the victim, and if consumption has occurred, they must refrain from approaching the victim. Additionally, if the perpetrator has an addiction, they are required to undergo treatment. Subparagraph 1, on the other hand, stipulates that the perpetrator must receive treatment at a healthcare institution (Law No. 6284, Article 5, Paragraph 1, Subparagraphs h and 1).

In our study, the distribution of individuals subjected to HM decisions were as follows: 20.3% in 2020, 31.6% in 2021, 33.1% in 2022, and 15% in 2023. The increase in health measures during the period from 2020 to 2022 is thought to stem from the rise in domestic violence against women worldwide and in Türkiye during the pandemic. Isolation and restrictions during the pandemic, along with economic insecurity and poverty, led to increased stress among individuals (Abay, 2021). This situation resulted in communication problems, heightened tension at home, and increased violence. Due to pandemic-related restrictions, women subjected to violence were unable to leave abusive households, worsening their victimization (Roesch, 2020). In contrast, the decrease in health measures in 2023, while it might be interpreted as increased awareness and the effectiveness of preventive measures, could also indicate a decline in reporting behavior due to hopelessness or normalization of violence; therefore, it would be premature to draw a definitive conclusion at this stage. As emphasized in previous studies, changes in help-seeking or reporting behaviors should be interpreted with caution, as determining whether such changes reflect a persistent trend or a temporary variation requires longitudinal data (Campbell, 2002; García-Moreno et al., 2015). Therefore, it is essential that future studies include data from subsequent years (e.g., 2024 and 2025) to determine whether the 2023 decline represents a continuing downward trend or an exceptional fluctuation specific to that year. Understanding whether this decrease is

structural or situational will enable a more accurate assessment of the long-term impact of awareness and intervention programs on violence reporting and the use of health measures.

The average age of individuals subjected to HM in our study was  $37.85 \pm 11.17$ , and 93.8% were male. This is consistent with the retrospective analysis by Cengisiz et al. (2023), where the average age was similar, and 73.3% of those subjected to HM were male. In contrast, Koç (2023) reported this rate as 100% male. This discrepancy is likely attributable to differences in sample sizes and the fact that the aforementioned studies were based on individuals presenting to a single provincial hospital.

Although Law No. 6284 aims to protect the family and prevent violence against women without discrimination based on gender, it is evident, as supported by the literature, that it is predominantly applied to men. This reflects the gender dynamics underlying the phenomenon of violence, where men are more frequently identified as perpetrators. However, it also highlights the importance of considering all genders when addressing violence prevention and family protection measures.

Our study revealed that 81.9% of individuals subjected to health measures under Law No. 6284 were found to have committed violence against women, according to court decisions available in the electronic system. Court decisions mostly do not include the reasons for applying the protective measures or the details of the incidents. Consequently, the relationship between the perpetrator and the victim was unspecified in 58.4% of cases. Among the specified relationships, 22.5% of perpetrators had committed violence against their partner (spouse, ex-spouse, or significant other), followed by acts of violence toward parents, siblings, and children. When recalculated as a percentage of specified cases, this figure rises to 54.1%. In comparison, Koç (2023) reported that 92.9% of individuals subjected to health measures had committed crimes against women, with 72% targeting their partners. Similarly, a study conducted in Canada highlighted that women are more likely to experience violence than men, often at the hands of intimate partners (Burczycka, 2018). WHO data supports these findings, indicating that 1 in 3 women globally experience intimate partner violence during their lifetime and that 38% of femicides are committed by intimate partners (WHO, 2018). When considering our study alongside the literature, it underscores the critical need for addressing the root causes of violence and the importance of targeted interventions to prevent violence against women. These efforts are vital for fostering a safer and more equitable society.

Decisions regarding HM under Article 5, Paragraph 1, Subparagraphs h or 1 of Law No. 6284 are applied as follows: Subparagraph h encompasses addiction treatment, while Subparagraph 1 pertains to examinations at any healthcare facility. In practice, individuals subjected to measures under h or h-1 are referred to Adult Detoxification Center (ADC), whereas those under 1 are directed to psychiatric services. In our study, measures under h and h-1 accounted for a combined 79.7%, with 80% of individuals referred to ADC. However, the finding that 47.5% of health measures were issued due to alcohol/substance dependency or abuse can be interpreted as follows: The phrase "in case of dependency, ensure treatment," as stated in Subparagraph h, suggests that these decisions may be precautionary and based on a suspicion of alcohol or substance addiction (Arikan, 2022). A study by the Ankara Bar Association examining the cases of 2527 women who approached the "Gelincik Center" between 2017 and 2022 found that 24.4% of perpetrators received measures under Subparagraph h, while 17.2% were issued measures under Subparagraph 1 (ESNES, 2022).

In our study, the reasons for protection orders were identified as 75.9% psychological violence and 52.8% physical violence. The Eşit Nesiller Derneği (2022) study reported that 94.9% of women who were victims of violence applied under Law No. 6284 due to experiencing psychological violence, and 92.4% due to physical violence.

In our study, the diagnoses of individuals subjected to HM decisions were requested anonymously. According to hospital data, the diagnoses of a total of 253 individuals were obtained. It was found that 75.5% of examinations under HM were general psychiatric evaluations, 12.6% involved alcohol/substance dependency, and 11.9% were diagnosed with a psychiatric disorder. Similarly, Cengiz (2023) reported that 37.6% of individuals under HM orders were diagnosed with alcohol/substance dependency, while Koç (2023) noted this rate as 60%. Another study revealed that 50-60% of individuals who commit violence have alcohol-related problems, and 20% face substance abuse issues (Arteaga, 2015). Alcohol/substance abuse and psychiatric disorders, which are among the causes of violence, impair an individual's reasoning ability and lower their threshold for frustration. Consequently, assessing whether the individual can comprehend the legal consequences of their actions and whether they have a psychiatric condition that fosters violent behavior is of significant importance (Babu, 2010). Protection orders issued under Law No. 6284 aim to eliminate the factors causing violence by addressing the treatment of alcohol/substance dependency or psychiatric disorders that lead to such behaviors.

In our study, it was found that the duration of the HM had a significant impact on appointment attendance, with individuals subjected to HM for 1–60 days being more likely to attend their appointments. This suggests that shorter HM durations may enhance treatment motivation, whereas longer durations might have a diminishing effect. This relationship can be understood through the lens of Self-Determination Theory (Ryan & Deci, 2000), which emphasizes that motivation increases when individuals perceive autonomy and attainable goals. Although no studies in the literature directly parallel this finding, related research indicates that the duration and intensity of intervention programs can influence treatment motivation (Pinto, 2023).

The attendance rate for appointments scheduled at ADC was found to be higher compared to those scheduled with psychiatry services. Barry (2014), in a public opinion study conducted in the United States on psychiatric illnesses and addiction, reported that society tends to stigmatize individuals with substance dependence more harshly. Similarly, Sabancıoğlu (2002) highlighted that individuals with psychiatric disorders perceive psychiatric clinics as places associated with societal stigma, housing challenging patients, and enforcing strict rules and regulations. In our study, the higher attendance rate of offenders at ADC appointments compared to psychiatric appointments is thought to stem from the fact that individuals with substance dependence tend to have better reasoning abilities when not under the influence of alcohol or drugs compared to those with psychiatric disorders. This might lead them to comply with court orders to avoid further penalties.

### **Implications for Practice**

Our study involves a retrospective analysis of electronic data pertaining to individuals subjected to Health Measures (HM) due to domestic violence and violence against women. Based on this data, the application results are as follows:

The electronic data environment contains court decisions and examination records of individuals subjected to HM. Ensuring the accurate and complete entry of this data into the system is crucial for maintaining the reliability of the registration system. Additionally, in our study, disease diagnoses were obtained from hospitals through official correspondence, and these diagnoses should be integrated into the electronic data system. However, such medical information must be recorded in a manner that preserves confidentiality and protects the privacy of individuals.

In Türkiye, individuals subject to HM decisions are evaluated solely by psychiatrists. If a psychiatric disorder is diagnosed following the examination, a psychopharmacological treatment plan is initiated; otherwise, the process is discontinued. However, problems such as anger management difficulties or

inadequate coping skills also contribute to violent behavior. Therefore, a holistic approach involving psychosocial professionals—such as social workers, psychologists, and psychiatric nurses—should be integrated into the process. Indeed, multidisciplinary models used internationally, where psychiatrists work together with psychosocial teams to conduct combined risk assessments and develop individualized intervention plans, may serve as an example for enhancing the HM evaluation system.

In our study, it was observed that as the duration of HM increased, the rates of attendance to appointments decreased. It is therefore recommended to investigate the underlying reasons for this trend and to design policies that support sustained treatment engagement and motivation among individuals.

Although HM is extensively applied under Law No. 6284 in Türkiye, research on this topic remains limited in the literature. It is recommended to expand studies in this area and conduct intervention-focused research for individuals who exhibit violent behavior.

### **Conclusion**

The HM implemented under Law No. 6284 are crucial for protecting victims and rehabilitating perpetrators. In this regard, it is believed that the development of HM registration and follow-up systems will positively influence perpetrators' attendance at health measure appointments and ensure effective treatment. The predominance of HM being issued for cases of psychological violence may indicate that psychological abuse is frequently encountered within families and that society recognizes psychological violence as a form of abuse. However, this pattern may also obscure other forms of violence; future analyses should examine whether psychological violence is genuinely the most prevalent type within families or whether other forms of violence are underreported or not fully reflected in court decisions. Furthermore, it is essential to adopt a multidisciplinary approach when identifying the factors related to the circumstances experienced by both perpetrators and victims. Future research should employ more comprehensive methodologies, such as longitudinal designs, mixed-method approaches, or regionally stratified samples, to explore the long-term effectiveness of HM, the reporting dynamics of different violence types, and the factors influencing treatment adherence among perpetrators.

### **Limitations of the Research**

As our research sample is confined to a single district, the findings cannot be generalized. Additionally, the lack of specification regarding the reasons for the HM and the type of relationship of the perpetrator in most court decisions presents another limitation of our study. Beyond these issues, the study is also limited by its exclusive reliance on registry-based data. The absence of observational findings or clinical assessments restricts the depth of information that could have been obtained regarding perpetrators' psychological profiles, contextual factors, and treatment needs. Methodologically, the cross-sectional design prevents causal inferences, and the accuracy of our analyses depends on the completeness and consistency of the recorded data.

## Compliance with Ethical Standards

### Ethical Approval

The study was approved by the İzmir Katip Çelebi University Non-Interventional Clinical Studies Institutional Review Board (İzmir, Türkiye) (No. 26.12.2023-0614)

### Author Contributions

Concept – Y.A., S.Y., S.Y.; Design – Y.A., S.Y., S.Y., H, Ö, İ.Ö, S.A. ; Supervision – Y.A., İ.Ö.; Resources – Y.A., S.Y., S.Y., H.Ö., Analysis and/or Interpretation – Y.A., S.Y., S.Y., İ.Ö.; Literature Search – Y.A., H, Ö, S.A., Writing – Y.A., S.Y., S.Y.; Critical Review – Y.A., H, Ö, İ.Ö., S.A.

### Declaration of Conflicting Interests

The authors declared that they have no conflict of interest.

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## References

Abay, E., & Akin, A. (2021). During the Covid-19 outbreak; violence against women and gender in the world and Turkey. *Health and Public*, 31(3), 11-16. doi:10.26650/JPLC2022-1196120

Açıkgoz, H. O. (2015). *Zonguldak il Merkezinde kadına yönelik aile içi şiddetin yaygınlığı, şiddet türleri, şiddet algısı ve kadınların şiddete yönelik tutumları* [Medical Specialization Thesis]. Bülent Ecevit University.

Adler, A. (2000). *Yaşama sanatı*. Say Yayımları.

Ailenin Korunması ve Kadına Karşı Şiddetin Önlenmesine Dair Kanun, Kanun No.6284, 08.03.2012, RG Tarih/Sayı: 20.03.2012/28239. Retrieved 21.11. 2023 from <https://www.mevzuat.gov.tr/mevzuatmetin/1.5.6284.pdf>

Akkaş, İ., & Uyanık, Z. (2016). Violence against women, *Nevşehir Hacı Bektaş Veli University Journal of ISS*, 6(1), 32-42.

Ali, P. A., & Naylor, P. B. (2013). Intimate partner violence: A narrative review of the biological and psychological explanations for its causation. *Aggression and Violent Behavior*, 18(3), 373-382. <https://doi.org/10.1016/j.avb.2013.01.003>

Altınay, G. A. & Arat, Y. (2007). *Türkiye'de kadına yönelik şiddet*. Punto Baskı Çözümleri.

Baysan Arabaci, L., & Uygur, T. (2022). Characteristics of perpetrators and victims of violence. *Journal of Nursing Science*, 5(1), 38-46. <https://doi.org/10.54189/hbd.948973>

Arikan, Ş. (2022). Protective, preventive measures and persons who will benefit from the law numbered 6284. *Dicle Üniversitesi Adalet Meslek Yüksekokulu Dicle Adalet Dergisi*, 6(2), 103-155

Arteaga, A., López-Goñi, J. J., & Fernandez-Montalvo, J. (2015). Differential profiles of drug-addicted patients according to gender and the perpetration of intimate partner violence. *Drug and alcohol dependence*, 155, 183-189. DOI: [10.1016/j.drugalcdep.2015.07.018](https://doi.org/10.1016/j.drugalcdep.2015.07.018)

Avcı, S. (2020). *Kadına yönelik aile içi şiddetin genel bakış*. Hiper Yayın

Babu, B.V., & Kar, S.K. (2010) Domestic violence in Eastern India: Factors associated with victimization and perpetration *Public Health*, 124, 136-48

Barry, C. L., McGinty, E. E., Pescosolido, B. A., & Goldman, H. H. (2014). Stigma, discrimination, treatment effectiveness, and policy: public views about drug addiction and mental illness. *Psychiatric Services*, 65(10), 1269-1272. <https://doi.org/10.1176/appi.ps.201400140>

Başeğmez, A. C., & Özerk, H. (2021). The evaluation of the approaches of psychotherapy theories to human aggressive and violent behaviors. *OPUS International Journal of Society Researches*, 18(44), 8475-8499. <https://doi.org/10.26466/opus.942149>

Burczycka, M. (2018). Violent victimization of Canadians with mental health-related disabilities, 2014. *Juristat: Canadian Centre for Justice Statistics*, 1-21.

Campbell, J. C. (2002). Health consequences of intimate partner violence. *The Lancet*, 359(9314), 1331–1336.

Carré, J. M., & McCormick, C. M. (2008). Aggressive behavior and change in salivary testosterone concentrations predict willingness to engage in a competitive task. *Hormones and Behavior*, 54(3), 403-409. <https://doi.org/10.1016/j.yhbeh.2008.04.008>

Casique Casique, L., & Furegato, A. R. F. (2006). Violence against women: Theoretical reflections. *Revista latino-americana de enfermagem*, 14, 950-956. <https://doi.org/10.1590/S0104-11692006000600018>

Cengisiz, C., & Nehir, S. (2023). Protection of the Family No. 6284 and health measure applications of the law on the prevention of violence against women: Example of psychiatry hospital. *Geyher Nesibe Journal Of Medical And Health Sciences*, 8(4), 905-908. <https://doi.org/10.5281/zenodo.10045600>

Cohen, J. (1988). Statistical power analysis for the behavioral sciences (2nd ed.). Erlbaum.

Dabbs Jr, J. M., & Morris, R. (1990). Testosterone, social class, and antisocial behavior in a sample of 4,462 men. *Psychological Science*, 1(3), 209-211. <https://doi.org/10.1111/j.1467-9280.1990.tb00200.x>

Deffenbacher, J. L. (2011). Cognitive-behavioral conceptualization and treatment of anger. *Cognitive and Behavioral Practice*, 18(2), 212–221. <https://doi.org/10.1016/j.cbpra.2009.12.004>

ESNES, (2022). Eşit Nesiller Derneği. *Kadına yönelik ve toplumsal cinsiyet temelli şiddette mücadelede idari verilerin toplanması uluslararası iyi uygulamalar raporu*. <https://dspace.ceid.org.tr/handle/1/2021>

García-Moreno, C., Zimmerman, C., Morris-Gehring, A., Heise, L., Amin, A., Abrahams, N., ... & Watts, C. (2015). Addressing violence against women: A call to action. *The Lancet*, 385(9978), 1685–1695.

Tracy, J. L., & Robins, R.W. (2003). “Death of a (narcissistic) salesman:” An integrative model of fragile self-esteem. *Psychological Inquiry*, 14(1), 57-62.

Jeyaseelan, L., Kumar, S., Neelakantan, N., Peedicayil, A., Pillai, R., & Duvvury, N. (2007). Physical spousal violence against women in India: Some risk factors. *J Biosoc Sci*, 39, 657–670. <https://doi.org/10.1017/S0021932007001836>

Karabağ Bulut, N. (2020). LegalConsequences of intervention and treatment measures for the perpetrators of domestic violence according to law No. 6284. *Public and Private International Law Bulletin*, 40(2), 965-1022. doi: 10.26650/ppil.2020.40.2.0077

Karr, B. (1971). Freudian aggression theory: Two hypotheses. *Psychotherapy: Theory, Research & Practice*, 8(4), 259–263.

Koç, A. (2023). Socio-demographic, clinical and criminal characteristics of the cases considered within the scope of law no. 6284. *Namık Kemal Medical Journal*, 11(2), 163-174. doi:10.4274/nkmj.galenos.2023.49368.

Öztürk Ö. (2011). *Türkiye’de kadına yönelik şiddet* [Unpublished master’s thesis]. Marmara University.

Papadakaki, M., Tzamalouka, S., Chatzifotiou, S., & Chliaoutakis, J. (2009) Seeking for risk factors of intimate partner violence (IPV) in a Greek national sample. *Journal of Interpersonal Violence*, 24(5), 732-750. <https://doi.org/10.1177/0886260508317181>

Page, A. Z., & İnce, M. (2008). Aile içi şiddet konusunda bir derleme. *Türk Psikoloji Yazılıları*, 11(22), 81-94.

Pinto e Silva, T., Cunha, O., & Caridade, S. (2023). Motivational interview techniques and the effectiveness of intervention programs with perpetrators of intimate partner violence: A systematic review. *Trauma, Violence, & Abuse*, 24(4), 2691-2710. <https://doi.org/10.1177/15248380221111472>

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55(1), 68–78. <https://doi.org/10.1037/0003-066X.55.1.68>

Roesch, E., Amin, A., Gupta, J., & García-Moreno, C. (2020). Violence against women during covid-19 pandemic restrictions. *Bmj*, 369:m1712.

Sabancıoğlu, S., & Doğan, S. (2010). Psikiyatri hastalarının psikiyatrik hastalık ve hastaneye yarış ile ilgili duygularının düşünelerinin incelenmesi. *Journal of Anatolia Nursing and Health Sciences*, 5(1). 28-37.

Sarıtaş, S. (2023). Social and cultural dynamics of domestic violence against women. *Motif Academy Journal of Folklore*, 16(44), 1688-1700. <https://doi.org/10.12981/mahder.1379787>

Sharma, I. (2015) Violence against women: Where are the solutions?. *Indian Journal of Psychiatry*, 57(2),131-139. doi: 10.4103/0019-5545.158133

WHO (2018) Violence against women prevalence estimates, 2018. *Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women*. Geneva, World Health Organization.

Wood, R. L., Liossi, C., & Wood, L. (2005). The impact of head injury neurobehavioural sequelae on personal relationships: Preliminary findings. *Brain Injury*, 19(10), 845-851. <https://doi.org/10.1080/026990500058778>

World Health Organization. (2002). *The world health report 2002: Reducing risks, promoting healthy life*. World Health Organization.

Young, S. N., & Leyton, M. (2002). The role of serotonin in human mood and social interaction: insight from altered tryptophan levels. *Pharmacology Biochemistry and Behavior*, 71(4), 857-865. [https://doi.org/10.1016/S0091-3057\(01\)00670-0](https://doi.org/10.1016/S0091-3057(01)00670-0)