



Socio-demographic, Clinical and Criminal Characteristics of the Cases Considered within the Scope of Law No. 6284

6284 Sayılı Kanun Kapsamında Değerlendirilen Olguların Sosyodemografik, Klinik ve Suç Özellikleri

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ABSTRACT

Aim: Domestic violence (DV) is all kinds of aggressive behaviors towards one's spouse, children, parents, siblings, or close relatives. The purpose of the present study was to determine the socio-demographic, personality, and crime characteristics of people who were sent to the psychiatry clinic for examination and treatment within the scope of Law No. 6284.

Materials and Methods: The data of the cases for which forensic reports were issued were scanned retrospectively in the electronic data system. The age, gender, education level, marital status, Minnesota Multidimensional Personality Inventory test profiles, criminal characteristics, and psychiatric diagnoses of the cases were analyzed.

Results: It was determined that 84.3% of the perpetrators were under the influence of alcohol/substance during the violence, 60% were diagnosed with Alcohol/Substance Use Disorder (ASUD), and 68% continued to live with their spouses after the violence. The rates of forensic and prison history, alcohol/substance use during committing the crime, and violence against parents were found to be higher in those with ASUD and the duration of suspension decided by the court was shorter. It was also determined that the majority of those who perpetrated violence against their close partners did not continue their treatment, and the majority of those who perpetrated violence against their parents continued their treatment.

Conclusion: The perpetrator has a high incidence of ASUD and a criminal history in DV incidents. Most of the perpetrators do not continue their treatment. The results of the present study can contribute to better recognition and understanding of perpetrators of violence and the development of effective treatment programs aiming to reduce recidivism.

Keywords: Domestic violence, intimate partner violence, partner violence offenders, alcohol abuse, substance abuse, intervention programs

ÖZ

Amaç: Aile içi şiddet (AİŞ) kişinin eşine, çocuklarına, ana-babasına, kardeşlerine ya da yakın akrabalarına yönelik her türlü saldırgan davranıştır. Bu çalışmanın amacı mahkemeler tarafından 6284 sayılı kanun kapsamında muayene ve tedavi amacıyla psikiyatri kliniğine gönderilen kişilerin sosyodemografik, kişilik ve suç özelliklerini belirlemektir.

Gereç ve Yöntem: Haklarında adli rapor düzenlenen olgulara ait veriler elektronik veri sistemi üzerinden geriye dönük olarak tarandı. Olguların yaş, cinsiyet, eğitim düzeyi, medeni durumu, Minnesota Çok Yönlü Kişilik Envanteri test profilleri, suç özellikleri ve psikiyatrik tanıları incelendi.

Bulgular: Şiddet uygulayanların şiddet olayı esnasında %84,3'ünün alkol/madde etkisi altında olduğu, %60'ının ise alkol/madde kullanım bozukluğu (AMKB) tanısı aldığı, %68'inin şiddet olayı sonrasında eşleriyle yaşamaya devam ettiği belirlendi. AMKB tanısı olanların adli öyküsü, cezaevi öyküsü, suç işleme esnasında alkol/madde kullanımı ve ebeveynlere karşı şiddet oranı daha yüksek iken, mahkemece verilen uzaklaştırma süresi ise anlamlı düzeyde daha kısaydı. Ayrıca yakın partnere karşı şiddet uygulayanların çoğunluğunun tedavilerine devam etmediği, ebeveyne karşı şiddet uygulayanların çoğunluğunun ise tedavilerine devam ettiği belirlendi.

Sonuç: AİŞ olaylarında failde AMKB ve suç öyküsü oldukça fazla görülmektedir. Şiddet uygulayanların çoğunluğu tedavilerine devam etmemektedir. Sonuçlarımız şiddet faillerinin daha iyi tanınip anlaşılmasına ve tekrar suç işlemlerinin azaltılmasını amaçlayan etkin tedavi programlarının geliştirilmesine katkıda bulunabilir.

Anahtar Kelimeler: Aile içi şiddet, yakın partner şiddeti, partner şiddeti suçluları, alkol kötüye kullanımı, madde kötüye kullanımı, önleme programları

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INTRODUCTION

Domestic violence (DV) is defined as any controlling, coercive or threatening behavior, violence or abuse among those aged 16 years or older, who are close partners or family members, regardless of gender¹. DV is mostly practiced against the spouse. The physical, sexual or psychological harm perpetrated by a current or former romantic partner is defined as Intimate Partner Violence (IPV) and is an important social, public health and economic problem². Approximately 22% of women face physical violence from a close partner in their lifetime³. In 2022, a total of 1021 people from 73 different provinces of Turkey and 6 different countries applied to the "We will Stop Femicide Platform". According to the "We will Stop Femicide Platform-2022-Application Admission Report", 32% of women face physical violence in Turkey. Most of these women stated that they were subjected to violence on the pretext that they were at the stage of divorce. It was also reported in the report that the rate of emotional violence was 28%, the rate of sexual violence was 12%, the rate of economic violence was 7%, the rate of digital violence was 6%, the rate of femicide was 7%, the suspicious death rate was 2%, and the rate of other violence was 6%. Women are generally exposed to violence by the man she is married to (32%), a man she knows (22%), a man she does not know (10%), a man she is divorced from (9%), a man she used to be with (8%), a relative (6%), a father (3%), or other people (2%)⁴.

According to World Health Organization (WHO), gender inequality and norms regarding the acceptability of violence against women are the main causes of violence against women. Young age, low educational level, witnessing or being exposed to violence as a child, alcohol and drug abuse, Antisocial Personality Disorders (ASPD), thinking that it is acceptable for a man to beat his wife, ideologies related to male sexuality, extremely controlling male behavior towards their partners, weak legal sanctions against IPV and having a previous history of IPV are the reasons reported for IPV by the WHO⁵. The rate of men who think that the husband has the right to beat his wife when she does not obey him is 44.9% in Turkey⁶. This result shows that gender-unequal social norms are an important reason for IPV in Turkey.

A study that was conducted on 308 people who were sent to the treatment program because of IPV reported that as the frequency of mental health problems increased, the frequency of IPV also increased⁷.

Alcoholism is the most common mental disorder identified on Perpetrators of Intimate Partner Violence (PIPV). A meta-analysis of 22 experimental studies reported that the men PIPV under the influence of alcohol were more aggressive than the men PIPV when they were not under the influence of alcohol⁸. Also, the presence of alcohol problems in men who have

antisocial personality traits such as impulsivity, irritability, and aggression, and violating the rights of others are stated as the factors associated with IPV³.

Previous studies showed that most people of PIPV did not go to treatment voluntarily and most of those who went to treatment were taken under compulsory treatment but they quit treatment early⁹. Some of the studies reported that income, education, marital status, and substance use did not have any effects on completing the IPV treatment program. However, the others reported that low levels of education and income, being older and unemployment were effective factors for low treatment program completion rates¹⁰.

In our country, the way to be followed in the case of IPV/DV is included in the Implementation Regulation on the Law No. 6284 on the Protection of the Family and the Prevention of Violence Against Women, which entered into force on March 20, 2012. And this regulation includes the procedures and principles regarding the measures to be taken to protect women who have suffered violence or have had hazard of violence, children, family members and victims of one-sided persistent stalking and to prevent violence against them. In Law No. 6284, violence is defined as "Any kind of physical, sexual, psychological, verbal or economic attitude and behavior happening in the social, public or private sphere; including threats and pressures or arbitrary deprivation of freedom against such persons, and acts that result in or are likely to result with suffering or giving harm to the person from a physical, sexual, psychological or an economic point of view." (Law No. 6284, Article 3-(1)/m). Law No. 6284 does not only aim to protect the victims of violence but also includes regulations on the rehabilitation of these behaviors of the perpetrator of violence (PV). Article 5 (1)/h of the Law No. 6284 stated that "..... in case of addiction, measures will be taken including hospitalization, examination, and treatment", and Article 5(1)/i is regulated about "Admission to a healthcare institution for examination or treatment and providing treatment". According to these articles of law, it is ordered that the perpetrator of violence should be admitted to a healthcare institution to change his behaviors by participating in training and treatment programs. The Violence Prevention and Monitoring Center (VPMC) is responsible for ensuring that the person for whom a preventive cautionary decision is taken is examined or treated in a healthcare institution. VPMC is also responsible for carrying out activities aiming at "participating in training and rehabilitation programs for changing attitudes and behaviors by providing awareness for anger management, coping with stress and preventing violence" (Law No. 6284, article 15-(3)/c-1). VPMC is also tasked with monitoring the effects of the preventive measures and the results of the treatment on the person. If the person whom a cautionary decision is taken refuses the treatment offered in the healthcare institution, this

is reported to the Office of the Chief Public Prosecutor and VPMC (Law enforcement regulation No. 6284-27 (1)/3).

Previous studies conducted so far mostly focused on the victims of DV, but information about PV was obtained indirectly, especially from the victims of violence. As far as we know, there is no study examining the victims of PV who were sent to psychiatry clinics for examination and treatment by the forensic units within the scope of Law No. 6284 in Turkey. The aims of this study are as follows.

1. To determine the socio-demographic, personality, and criminal characteristics of the cases sent to psychiatry clinics for examination and treatment within the scope of the Law No. 6284 because of DM,
2. To determine whether there is a difference in socio-demographic, personality, and criminal characteristics between PV with and without Alcohol/Substance Use Disorder (ASUD).
3. To determine whether there is a difference between socio-demographic, personality, and criminal characteristics between the victims of PV with ASUD who continue and who do not continue treatment.

Based on the literature review, we assumed that the majority cases of PV had the diagnosis of ASUD and were under the influence of alcohol/substance during the violence, had a forensic and prison history and that most of the cases who were taken under treatment did not continue their treatment. Our findings might contribute to the determination of the target population, taking appropriate preventive measures, and developing treatment programs for PV.

MATERIALS AND METHODS

Study Design and Sampling

The data of the cases, which were referred to Bolu İzzet Baysal Mental Health and Diseases Hospital for examination and treatment within the scope of Law No. 6284 by the forensic units between January 1, 2020 and December 31, 2021 for which a report was issued, were scanned retrospectively in the electronic data system. The data of 78 cases that were evaluated within the scope of the Law No. 6284 were reached. Five cases that were diagnosed with psychosis and 3 cases that were diagnosed with bipolar affective disorder were excluded from the study and 70 cases were included.

Implementation

After the examination of mental health status made by specialist physician in the forensic polyclinic, appointments are taken for social examination and psychometric tests of the cases referred by the judicial authorities for examination and treatment within the scope of Law No. 6284. The case

is evaluated and given a decision by the forensic branch committee consisting of 3 psychiatrists after the social examination by the social worker and the reporting of the Minnesota Multidimensional Personality Inventory (MMPI) test by the psychologist. A forensic report is prepared and sent to judicial authorities, including information on whether the patient has ASUD or other psychiatric diagnoses, whether she/he has been treated or not, and the control intervals of those who were treated. The ASUD cases are treated in the AMATEM Clinics. The result of the treatment and whether they continue the treatment are reported to the requesting judicial authorities.

Data Collection Tools

The socio-demographic information form and MMPI were used to collect data. In our hospital, MMPI is routinely applied to the cases sent for examination and treatment within the scope of the law numbered 6284. In addition, a social examination report is prepared. Information about the cases was obtained through the KARMED reporting and statistics module of our hospital, and their electronic files were examined retrospectively.

Socio-demographic Data Form

It is the form prepared by the researcher, which includes the socio-demographic characteristics of the cases such as age, gender, education level, marital status, psychiatric diagnoses and criminal characteristics. It was formed from the information in the electronic files of the cases and the social examination reports.

Minnesota Multidimensional Personality Inventory

MMPI is a self-assessment scale which helps to measure characteristics of personality, consisting of totally 13 subscales (three validity and ten clinical) and 566 questions that are responded as "True-False" and "I do not know". High scores obtained on the scales indicate a pathological adaptation in the areas corresponding to the scales. MMPI was developed by Hathaway and McKinley and its Turkish validity and reliability were conducted by Savaşır and Çulha¹¹.

Statistical Analysis

This study was designed as a retrospective, descriptive, and cross-sectional study. The study data were uploaded to the computer and evaluated by using the Statistical Package for the Social Sciences 23.0 software. The socio-demographic data were shown with descriptive statistics. By evaluating whether continuous variables were normally distributed or not with the Kolmogorov-Smirnov test, the Student's t-test was used when comparing groups to see if they were normally distributed, and the Mann-Whitney U test was used if they were not normally distributed. The chi-square test was applied for categorical

variables. The confidence interval was taken as 95% and the statistical significance limit was considered as $p < 0.05$ for all analyses.

Ethical Approval

Approval was obtained from the Bolu Abant İzzet Baysal University Ethics Committee (decision no: 2022/73, date: 22.03.2022) before the research and institutional permission was obtained from the place where the research was conducted in order to examine the interview records. The ethical principles of the Declaration of Helsinki were taken into account in the examination of the records, the participants' data were analyzed over numbers, the interview records and information about the participants were not shared with third parties.

RESULTS

A total of 70 cases, all male, were included in the study. The majority of the cases were between the ages of 25 and 44 years (minimum-maximum: 19-65), lived with their spouses (45.7%), had education for 8 years or less (74.3%), and 67.1% were married. In addition, 47% of the cases were unemployed or were working irregularly, and the majority of them did their military service (88.6%). Half of the cases had a history of previous psychiatric treatment and approximately 1/5 of them had a history of inpatient psychiatric treatment. 60% of the cases were diagnosed with ASUD, and 6 of those diagnosed with ASUD also had an additional diagnosis of ASPD, and 18.6% did not have a diagnosis of psychiatric disease (Table 1).

When the criminal characteristics of the cases were evaluated, it was found that 98.1% of the criminal target was an adult, 92.9% was female, and 72% of the crime was directed to a partner and 25% to parents. 45.7% of the cases had a previous forensic history, 23.5% had a prison history, and 84.3% of them used alcohol/substance during the event that led to the implementation of the Law No. 6284. The majority of the cases were suspended for 2-3 months and the majority of them applied to the hospital within the first 15 days after the decision (Table 2).

When the socio-demographic and clinical characteristics of the cases with and without ASUD were compared, no statistically significant differences were detected between the groups (Table 3). Also, when the cases with and without ASUD were compared in terms of MMPI subgroups, no statistically significant differences were detected between the groups (Table 4).

When the cases with and without ASUD were compared in terms of criminal characteristics, more people with ASUD than those without ASUD had a forensic history at a statistically significant level ($p=0.019$) and it was determined that statistically significantly more people with ASUD than those

without ASUD had a prison history ($p=0.011$). Using alcohol/substance during committing the crime was found to be statistically significantly higher ($p=0.016$) in those with ASUD when compared to those without ASUD. When both groups were compared in terms of the direction of the crime, the rate of IPV was found to be higher in those who did not have

Table 1. Socio-demographic and clinical characteristics of cases

	n	%
Age (min-max: 19-65)		
18-24 years	11	15.7
25-44 years	33	47.1
45+ years	26	37.1
Lifestyle		
Alone	17	24.3
With spouse	32	45.7
With parent	21	30.0
Education		
8 years and below	52	74.3
9 years and above	18	25.7
Marital status		
Married	47	67.1
Single	23	32.9
Working condition		
Not working	19	27.1
Working irregularly	14	20.0
Working regularly	28	40.0
Retired	9	12.9
Military service status		
Having done	62	88.6
Not having done	8	11.4
Psychiatric treatment history		
Yes	35	50.0
None	35	50.0
History of inpatient psychiatric treatment		
Yes	13	18.6
None	57	81.4
Diagnosis		
ASUD (8 MSUD, 1 IUD)	36	51.4
ASUD+ personality disorder	6	8.6
Personality disorder (9 APD, 2 BPD)	11	15.7
Conduct disorder	2	2.9
Agitated depression	2	2.9
No mental illness	11	18.6
Total	70	100.0

ASUD: Alcohol/substance use disorder, MSUD: Multiple substance use disorder, IUD: Inhalant use disorder, APD: Antisocial personality disorder, BPD: Borderline personality disorder, min-max: Minimum-maximum

ASUD, and the rate of violence against parents was higher in those with ASUD ($p=0.025$). A statistically significant result was detected between the groups with and without ASUD in terms of suspension times ($p=0.013$). The majority of the group without ASUD had taken longer suspension than the group with ASUD. No statistically significant differences were detected between the cases with and without ASUD in terms of the target of the crime, the gender of the criminal target, and the duration of admission to the hospital after the court decision (Table 5).

It was found that 62% of the cases who were diagnosed with ASUD and taken to treatment did not continue their treatment. With regard to the clinical and socio-demographic characteristics, no statistically significant difference was found

Table 2. Comparison of criminal characteristics of cases

	n	%
Target of crime		
Adolescent	1	1.4
Adult	69	98.6
Gender of crime target		
Male	65	92.9
Female	5	7.1
Direction of crime		
Partner	51	72.9
Parent (mother 14, father 4)	18	25.7
Brother	1	1.4
Forensic history		
Yes	32	45.7
None	38	54.3
Prison history		
Yes	12	23.5
None	39	76.5
Alcohol or substance use while committing a crime		
Yes	59	84.3
None	11	15.7
Suspension time		
1-30 days	27	39.1
31-90 days	33	47.8
91 days+	10	13.0
Time to apply to the hospital after the court decision		
1-15 days	47	67.1
16-30 days	10	14.3
31 days+	13	18.6
Total	70	100.0

between the groups of ASUD with and without treatment (Table 6). In the comparison of the cases of ASUD with and without treatment in terms of criminal characteristics,

Table 3. Comparison of socio-demographic and clinical characteristics of cases with and without ASUD

	With ASUD		Without ASUD		Total		Chi-square test	p
	n	%	n	%	N	%		
Age							2.008	0.366
18-24 years	8	19.0	3	10.7	11	15.7		
25-44 years	21	50.0	12	42.9	33	47.1		
45+ years	13	31.0	13	16.4	26	37.1		
Marital status							0.389	0.533
Married	27	64.3	20	71.4	47	67.1		
Single	15	35.7	8	28.6	23	32.9		
Education							0.199	0.655
8 years and below	32	76.2	20	71.4	52	74.3		
9 years and above	10	23.8	8	28.6	18	25.7		
Working condition							3.905	0.272
Not working	14	33.3	5	17.9	19	27.1		
Working irregularly	9	21.4	5	17.9	14	20.0		
Working regularly	13	31.0	15	53.6	28	40.0		
Retired	6	14.3	3	10.7	9	12.9		
Military service status							1.884	0.390
Having done	37	88.1	25	89.3	62	88.6		
Not having done	5	11.9	3	10.7	8	11.4		
Lifestyle							0.233	0.890
Alone	11	26.2	6	21.4	17	24.3		
With spouse	19	45.2	13	46.4	32	45.7		
With parent	12	28.6	9	32.1	21	30.0		
Psychiatric treatment history							3.810	0.051
Yes	25	59.5	10	35.7	35	50.0		
None	17	40.5	18	64.3	35	50.0		
History of inpatient psychiatric treatment							1.905	0.68
Yes	10	23.8	3	10.7	13	18.6		
None	32	76.2	25	89.3	57	81.4		
Total	42	60.0	28	40.0	70	100		

p<0.005.
ASUD: Alcohol/substance use disorder

Table 4. Comparison of MMPI subgroups of cases with and without ASUD

	With ASUD		Without ASUD		t	p
	Mean	SD	Mean	SD		
L	56.133	13.534	59.476	9.047	-0.941*	0.362
F	60.833	13.657	55.881	11.691	1.262*	0.214
K	48.638	9.703	53.333	9.046	-1.622*	0.113
HSS	59.781	11.451	57.761	11.899	0.560*	0.578
D	57.114	8.569	55.714	8.106	0.544*	0.590
Hy	54.533	10.190	55.452	13.130	-0.253*	0.801
Pd	59.166	9.938	57.285	9.402	0.630*	0.532
Mf	48.700	9.370	46.000	5.380	180.50**	0.313
Pa	63.833	11.053	58.333	11.376	1.599*	0.120
Pt	55.714	9.440	52.214	10.812	1.117*	0.270
Sc	57.561	11.011	53.571	11.960	1.125*	0.267
Ma	54.652	12.796	50.214	10.966	1.207*	0.235
Si	60.300	6.450	56.476	6.727	1.880*	0.067

*Independent test. **Mann-Whitney U test.

ASUD: Alcohol/substance use disorder, L: Lying, F: Frequency or rarity, C: Correction, Hs: Hypochondria, D: Depression, Hy: Hysteria, Pd: Psychopathic deviation, Mf: Masculinity/femininity, Pa: Paranoia, Pt: Psychasthenia, Sc: Schizophrenia, Ma: Hypomania, Si: Social introversion, SD: Standard deviation, MMPI: Minnesota Multidimensional Personality Inventory

Table 5. Comparison of criminal characteristics of cases with and without ASUD

	With ASUD		Without ASUD		Total		Chi-square test	p
	n	%	n	%	n	%		
Forensic history								
Yes	24	57.1	8	28.6	32	45.7	5.526	0.019
None	18	42.9	20	71.4	39	54.3		
Prison history								
Yes	14	33.3	2	7.1	16	22.9	6.535	0.011
None	28	66.7	26	92.9	54	77.1		
Gender of crime target								
Male	38	90.5	27	96.4	65	92.9	0.897	0.641
Female	4	79.5	1	3.6	5	7.1		
Direction of crime								
Partner	26	61.9	25	89.3	51	72.9	6.479	0.025
Parent	15	35.7	3	10.7	18	25.7		
Brother	1	2.4	-	-	1	1.4		
Alcohol or substance use while committing a crime								
Yes	39	92.9	20	71.4	59	84.3	5.824	0.016
None	3	7.1	8	28.6	11	15.7		
Suspension time								
1-30 days	21	50.0	6	21.4	27	39.1	6.199	0.013
31 days+	21	50.0	22	78.6	42	60.9		
Time to apply to the hospital after the court decision								
1-15 days	29	69.0	18	64.3	47	67.1	0.173	0.678
16 days+	13	31	10	35.7	23	32.9		
Total	42	60.0	28	40.0	70	100		

p<0.005.

ASUD: Alcohol/substance use disorder

statistically significant difference was found for the direction of crime. It was also found that the majority of the cases with the direction of the crime to spouses did not continue their treatment, and the majority of those with the direction of the crime to parents continued their treatment (p=0.035). No statistically significant differences were detected between the two groups in terms of other criminal characteristics (Table 7).

DISCUSSION

This is the first study conducted in Turkey to evaluate the socio-demographic, clinical, and criminal characteristics of cases who committed DV and were sent to Bolu İzzet Baysal Mental Health and Diseases Hospital for examination and treatment within the scope of Law No. 6284.

The most important finding of this study is that 18.6% of the cases did not have a mental illness, and 21.4% did not have a mental illness that required compulsory treatment. In addition, there was no difference in terms of socio-demographic and personality traits between the cases with and without ASUD. Our data included only cases that were considered to have mental illness, especially ASUD, as the cause of IPV, and referred for examination and treatment by the relevant court. This should not be forgotten when interpreting our research results. This 40% high rate may be due to the perception that the current implementation of Law No. 6284 creates the perception that the most important cause of violence is mental illnesses and especially ASUD. Studies examining the behaviors of PVs reveal that violence is caused by the adoption of gender

Table 6. Comparison of socio-demographic and clinical characteristics of cases who continued and who did not continue their treatment

	Come for the treatment		Did not come for the treatment		Total		Chi-square test	p
	n	%	n	%	n	%		
Age								
18-24 years	5	31.3	3	11.5	8	19.0	2.826	0.243
25-44 years	6	37.5	15	57.7	21	50.0		
45+ years	5	31.3	8	30.8	13	31.0		
Marital status								
Married	8	50.0	19	73.1	27	64.3	2.297	0.130
Single	8	50.0	7	26.9	15	35.7		
Education								
8 years and below	11	68.8	21	80.8	32	76.2	0.789	0.374
9 years and above	5	31.3	5	19.2	10	23.8		
Working condition								
Does not work	9	56.3	14	53.8	23	54.8	0.23	0.879
Working irregularly								
Working regularly/retired	7	43.8	12	46.2	19	45.2		
Military service status								
Having done	16	100	21	80.8	37	88.1	3.493	0.138
Not having done	-	-	5	11.9	5	11.9		
Lifestyle								
Alone	4	25.0	7	26.9	11	26.2	3.216	0.200
With spouse	5	31.3	14	53.8	19	45.2		
With parent	7	43.8	5	19.2	12	28.6		
Psychiatric treatment history								
Yes	9	56.3	15	57.7	24	57.1	0.008	0.927
None	7	43.8	11	42.3	18	42.9		
History of inpatient psychiatric treatment								
Yes	3	18.8	7	26.9	10	23.8	0.365	0.346
None	13	81.3	19	3.1	32	76.1		
Total								

p<0.005.

ASUD: Alcohol/substance use disorder

Table 7. Comparison of criminal characteristics of the cases who continued and who did not continue their treatment								
	Come for the treatment		Did not come for the treatment		Total		Chi-square test	p
	n	%	n	%	n	%		
Forensic history								
Yes	10	62.5	14	53.8	24	57.1	0.303	0.582
None	6	37.5	12	46.2	18	42.9		
Prison history								
Yes	5	31.3	9	34.6	14	33.3	0.050	0.822
None	11	68.8	17	65.4	28	66.7		
Gender of crime target								
Male	15	93.8	23	88.5	38	90.5	0.321	0.505
Female	1	6.3	3	11.5	4	9.5		
Direction of crime								
Partner	7	43.8	19	73.1	26	61.9	6.679	0.047
Parent	9	56.3	6	23.1	15	35.7		
Brother	-	-	1	3.8	1	2.4		
Alcohol or substance use while committing a crime								
Yes	16	100.0	23	88.5	39	92.9	1.988	0.275
None	-	-	3	11.5	3	7.1		
Suspension time								
1-30 days	8	50.0	13	50.0	21	53.8	0.000	0.688
31 days+	8	50.0	13	50.0	21	47.2		
Time to apply to the hospital after the court decision								
1-15 days	10	62.5	19	73.1	29	69.0	0.518	0.471
16 days+	6	37.5	7	26.9	13	31.0		
Total	16	38.1	26	61.9	42	100.0		
p<0.005								

roles rather than addiction or biological or psychological factors. According to the society, the concept of masculinity is interpreted as a person who makes his family live in prosperity, meets all their needs and has the right to have a say over them because he supports his family, and has the power to make them listen. PVs may have used violence to maintain and even strengthen this superior position¹².

The results of the study showed that the direction of the crime was the spouse in 70% of the study group and 68% of those who were married continued to live with their spouses after the violence. This is because the victim of violence is worried about their children, has no family or economic support, hopes that PV will change one day, thinks about the positive aspects of PV, blames herself, normalizes the situation, and has religious beliefs, fear of loneliness or social exclusion, and fear of the court¹³. Another reason might be that cultural values encouraged enduring rather than rejecting violence as a way of preserving family and honor¹⁴.

The study showed that 60% of PV were diagnosed with ASUD, and 84.3% of them were under the influence of alcohol/substances during the violence. Previous studies have reported

that IPV is very common when men are under the influence of alcohol or substance, which constitutes approximately 45 percent of all IPV incidents¹⁵. Another study reported that 50-60% of PVs experienced alcohol-related problems and approximately 20% of them abused other substances¹⁶. Another study reported that the prevalence of problematic alcohol use among IPV men ranged from 17% to 57%, and approximately 40% of men receiving alcohol dependence treatment had IPV issues¹⁷. Alcohol intoxication might cause neuropsychological changes by disrupting the balance in executive functions and resulting in an aggressive response. Also, excessive alcohol use might affect cognitive and physical functions, reduce self-control and make the person less capable of finding non-violent solutions to conflicts in a relationship. Additionally, excessive alcohol use of one partner can cause financial difficulties, problems in child care, stress in relationship, and this results in problems of communication among family members, misinterpretation of conflicts, and as a result, violent incidents can occur^{14,18}.

The results showed that ASPD was diagnosed in 9 cases and borderline personality disorder (BPD) in 2 cases, and in addition,

ASPD was found in 6 of those with ASUD. Previous studies have showed that ASPD and BPD characteristics are associated with IPV⁷. A study examining ASPD and BPD characteristics, problematic substance use, and IPV has showed a positive correlation with both ASPD and BPD personality traits and IPV higher problematic alcohol use than low problematic alcohol use¹⁹. Previous studies have also showed that individuals prone to aggressive behaviors are more likely to commit impulsive violent crimes, especially under the influence of alcohol. Natural dopaminergic and serotonergic anomalies in aggressive individuals might have increased their susceptibility to commit violent crimes under the influence of alcohol²⁰. Alcohol might have caused IPV by increasing the risk of violence in men with aggressive tendencies, antisocial features, and lack of empathy²¹.

Aside from ASUD, ASPD, and BPD, 2 individuals were diagnosed with agitated depression in the present study. Studies also show that increased depressive symptoms are associated with increased rates of IPV in men, and men with PIPV have a higher rate of depressive symptoms than those who have not committed IPV, which might be because irritability associated with depression may increase the risk of IPV⁷.

Another important result of the present study was that 18.6% of the cases sent for evaluation within the scope of Law No. 6284 did not have any psychiatric pathology. Studies show that 64% of men think that when a woman disagrees with her husband, she should silently accept the situation and not argue with her husband in Turkey, and 44.9% of men think that the husband has the right to beat the woman when she does not obey her husband⁶. The PIPV cases who did not have any psychiatric diagnosis might have unequal gender attitudes, such as "thinking they have the right to beat a woman".

Consistent with previous studies, no differences were detected in the present study in terms of socio-demographic and clinical characteristics between PV with a diagnosis ASUD and those without a diagnosis of ASUD. Also, there were no differences between the groups in terms of MMPI subscale scores. A study that was conducted in Turkey, examining the "Characteristics and Gender Perceptions of Convicted Men Who Committed Violence to Spouse" reported that convicted men WHO committed violence to spouse could not be classified within the framework of certain characteristics, and the patriarchy shaping the perception of gender and its institutional reflections were the main underlying cause of IPV²². A newly published study showed that PIPV with ASUD had higher levels of perceived social rejection, lower community support and close support than PIPV without ASUD. However, it was also reported that there were no significant differences with moderate or large effects for socio-demographic variables²³. Another study comparing PIPVs with and without problematic alcohol use

reported that there were no significant differences between the groups in terms of socio-demographic variables, those with problematic alcohol use had a statistically significantly higher prevalence of unemployment rates and previous psychiatric history rates with small effect sizes when compared to those without problematic alcohol use¹⁶. Although it was not at a statistically significant level, it was shown in the present study that those with ASUD did not work/worked irregularly at a higher rate than those without ASUD, and also had a higher history of psychiatric treatment. However, DV might have been used to control the behaviors of one partner in the relationship, independently of socio-demographic variables¹³.

It was found in the present study that more of the people with ASUD had a criminal and prison history than those without diagnosis of ASUD. Previous studies have showed that DV is a part of general criminal behavior and the vast majority of perpetrators involved in DV and then passed through the justice system are repeat offenders. Six studies that used court data on proven incidents reported that 53-82% of IPV perpetrators had a criminal history²⁴. Another study showed that IPV was common after the male partner was released from prison, and the post-release IPV levels were much higher²⁵. The cognitive skills like empathic skills, emotion-resolving skills and executive functions of people with ASUD might have been affected by alcohol or substance abuse, and this might be playing a role in the modulation of re-offend in PV²⁶.

The results of the study also showed that the rate of violence against parents was higher in those with ASUD than in those without and that PVs perpetrated violence against their mothers more than their fathers. Studies show that psychological, economic and physical aggression towards the mother is more common than that against the father. The purpose of violence against parents might be to gain power and control by creating fear in parents²⁷. Substance use may have caused conflicts between parents and their children, and an increased risk of verbal violence that might escalate to physical aggression. Financial violence, which includes behaviors such as stealing money, damaging the house or causing debts that parents have to pay, might be among the behaviors used to get the money from parents needed to buy substances²⁸.

Another finding of the present study was that alcohol/substance use during committing a crime was higher in PVs with ASUD than PVs without ASUD. Another study that compared 150 IPV perpetrators with and without SUD in terms of demographic and crime-related variables reported that those PIPV with SUD were under the influence of substances at a higher rate while committing the crime, when compared to those PIPVs without SUD²⁹. In another study, 46.7% of those accused of abuse against their parents admitted that aggression occurred under the influence of drugs²⁸.

The results also showed that PVs with ASUD were suspended for a shorter period than those without ASUD. In the literature review, no study comparing those PIPV with and without ASUD in terms of the duration of suspension given by the court was found. However, individual and social beliefs about alcohol to cause aggression might have caused alcohol to be rationalized as a reason for violent behaviors and PVs without ASUD to be perceived as more dangerous¹⁴.

The results of our study showed that 62% of the patients diagnosed with ASUD and given treatment did not continue the treatment and there were no clinical or socio-demographic differences between the patients with ASUD who continued their treatment and those who did not. Previous studies showed that the rates of treatment compliance were low, and the rates of abandonment and re-offend were high in PIPV with ASUD²³. A previous study, in which 120 British male DV perpetrators recruited into a court-mandated rehabilitation program, reported that 32.5% of PVs did not complete the program and those who quit treatment had a significantly greater history of imprisonment than those who completed the treatment³⁰. The studies examining socio-demographic variables in terms of the completion of IPV treatment programs found confusing results. Although some studies did not find any effects of income, education, marital status, and substance use on the completion of the IPV intervention programs, others reported that low level of education and income, being older, and unemployment were the effective factors on low rate of completing treatment program¹⁰. Another study conducted with 56 people who were referred to the 16-week program because of DV crimes and who completed the treatment and 58 people who dropped out of the treatment reported that those who stopped treatment used sexual coercion tactics at a higher rate in the 12 months before entry into the treatment program, and other demographic and psychological variables were not different between the groups³. The majority of the studies reported heavy and sustained alcohol consumption as the most relevant factor associated with discontinuation of treatment, particularly in the early stages. Those with ASUD who did not continue treatment might have been severe users. As a result, they might have had more deficits in cognitive processes such as empathy and executive functions. For this reason, they might have made an impulsive decision to leave treatment without considering the consequences of the decision to discontinue treatment²⁶.

PV cannot be compelled to undergo treatment within the scope of the law numbered 6284. From three days to ten days in case of violating the health measure decision by not participating in the treatment program; Each time the injunction is violated again, he/she is subject to forced imprisonment from 15 days to 30 days. The total duration of the forced confinement may be applied for a maximum of six months (Law No. 628, article

13/1-2). There are no provisions regarding forced treatment of persons with psychiatric disorders in Turkey in law No. 6284. Everyone has the right to liberty and security of person (ECHR-5). Everyone has personal liberty and security (CRT-19). Any intervention in the field of health can be made after the person concerned has given free and informed consent to the intervention (CHRB-5). However, there are provisions related to forced treatment (TF) in the Convention on Human Rights and Biomedicine (CHRB), the European Convention on Human Rights (ECHR), the Constitution of the Republic of Turkey (CRT), the Turkish Civil Law (TCL) and the Patient Rights Regulation (PRR). A person may be forced for treatment "in cases where it is probable that a serious harm will come to the health of the person if treatment is not done" (CHRB-7, Law Number: 5013, Date of Acceptance: 03.12.2003) and "provided that it is in accordance with the laws, mental patients, those with a diagnosis of ASUD, under certain conditions" (ECHR-5/e) and "in accordance with the principles specified in the law for the treatment, education or rehabilitation of a person who is addicted to drugs or alcohol, a vagrant or a person who may spread disease" (CRT-19, Law Number: 2709, Date of Adoption: 18 /10/1982). TCL-432 contains the provision of "any adult person who poses a danger to society due to mental illness, mental weakness, alcohol or drug addiction, serious contagious disease or vagrancy may be placed or detained in an institution suitable for treatment, education or rehabilitation, unless personal protection can be provided otherwise" (TCL-432, Law Number: 4721, Date of Adoption: 22/11/2001). Person, except for the cases required by law, and the responsibility of the negative consequences that may arise belongs to the patient; the patient has the right to refuse the treatment that is planned or to be applied to him or to request that it be stopped (PRR-25, Law Number: 3359, Date of Acceptance: 7/5/1987). If the situations listed in TCC-32 occur, the 'compulsory conditions' specified in PRR-25 take place and the person may be forcibly placed in the institution for treatment. However, while the aim of the Law No. 6284 is the treatment of that person and the protection of victims of violence from violence, the purpose of article TMK-432 is the protection of the person whose freedom is restricted¹².

Our results showed that the majority of the people with the direction of the crime to spouses did not continue their treatment, but the majority of the people with the direction of the crime to parents, continued their treatment. In the literature review, no study was detected in which PIPVs and those who perpetrated violence against their parents and those who received treatment were compared in terms of whether they continued their treatment or not. However, the facts that the relationship with the mother will continue forever and that it is not compulsory to be in a relationship with a close partner might also have affected the continuation of

treatment³². Also, IPV might be a reflection of the patriarchal order, which supposes that men have a natural superiority over women and use violence to control and make women obey²².

Study Limitations

There are some limitations in the present study. Firstly, this study has a cross-sectional design. A cross-sectional study design does not allow researchers to precisely define causal relations. Secondly, this study is a retrospective study and does not include structured questionnaires. Thirdly, the cases resided in the city of Bolu. For this reason, it is difficult to generalize the results to the general population. However, the results are important because they represent the first mental health study investigating the socio-demographic, clinical, and criminal characteristics of the cases evaluated within the scope of Law No. 6284.

CONCLUSION

The most important finding of this study is that 18.6% of the cases did not have a mental illness, and 21.4% did not have a mental illness that required compulsory treatment. In addition, there was no difference in terms of socio-demographic and personality traits between the cases with and without ASUD. This high rate of 40% may be due to the view that the current implementation of Law No. 6284 creates the perception that the most important cause of violence is mental illnesses and especially ASUD. In addition, the fact that 62% of the cases do not continue the treatment makes the effectiveness of the law questionable. In Turkey, there is a need to carry out studies that will represent the whole country to evaluate the characteristics of the cases sent for examination and treatment within the scope of the law numbered 6284 and whether the law has achieved its purpose. ASUD is only one of the causes of violence. Gender inequality continues to be the most important cause of violence. Gender equality is related to more than one area, especially education, rather than treatment. For this reason, the training and rehabilitation programs that VPMC must establish as per the law are very important. The aim of these programs is to change attitudes and behaviors by raising awareness about anger control, coping with stress, and preventing violence. In addition, legislators should ensure that compulsory education programs that will prioritize 'gender equality' are implemented in a way that includes the whole society. Future research should focus on the development of effective treatment and education programs aiming at reducing recidivism and investigating their effectiveness.

Ethics

Ethics Committee Approval: The study was approved by the Bolu Abant İzzet Baysal University of Ethics Committee (decision no: 2022/73, date: 22.03.2022).

Informed Consent: Retrospective study.

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