

Area of Specialty Preferences of Forensic Authorities in Forensic Psychiatric Evaluation Requests: A University Hospital Experience

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ABSTRACT

Area of specialty preferences of forensic authorities in forensic psychiatric evaluation requests: a university hospital experience

Objective: In this study, we aimed to find the relevant factors of forensic medicine, child and adolescent psychiatry, and psychiatry fields' preferences in the forensic psychiatric assessment requests of forensic authorities.

Method: Case records which are consulted to Erzurum Atatürk University Faculty of Medicine, Forensic Medicine, Child and Adolescent Psychiatry, and Psychiatry Departments between 01.01.2010 and 31.12.2010 were assessed retrospectively.

Results: Of the 330 cases who were assessed, 54.2% (n=179) were male, 45.8% (n=151) were female, 54.8% were (n=181) child and adolescent, and 45.2% (n=149) were adult. In the light of our results, forensic authorities noticed the difference of choice between forensic medicine and child and adolescent psychiatry when consulting child and adolescent cases. Besides there was no difference for the choice between forensic medicine and psychiatry in the forensic psychiatric evaluation of adult cases.

Discussion: It is thought that interdisciplinary approach which was formed by developing law practices of specialty area choice in the forensic psychiatric evaluation requests of forensic authorities is an important step for achieving accurate results.

Conclusion: Evaluations in the area of forensic psychiatry should be made with cooperation of related disciplines.

Key words: Consultation, forensic medicine, forensic psychiatry



ÖZET

Adli psikiyatri değerlendirme istemlerinde adli mercilerin branş tercihleri: Bir üniversite hastanesi deneyimi

Amaç: Bu çalışmada adli makamların adli psikiyatrik değerlendirme istemlerinde adli tıp, çocuk ve ergen psikiyatrisi veya psikiyatri alan uzmanı tercihleri ile ilişkili faktörlerin saptanması amaçlanmıştır.

Yöntem: Çalışmamızda 01.01.2010-31.12.2010 tarihleri arasında Erzurum Atatürk Üniversitesi Tıp Fakültesi Adli Tıp, Psikiyatri ve Çocuk ve Ergen Psikiyatrisi Anabilim Dallarına adli psikiyatrik değerlendirme talep edilen olguların dosya kayıtları retrospektif olarak incelenmiştir.

Bulgular: Değerlendirilen 330 olgunun %54.2'si (n=179) erkek, %45.8'i (n=151) kadın, %54.8'i (n=181) çocuk ve ergen, %45.2'i (n=149) erişkindir. Bulgularımıza göre adli makamlar çocuk ve ergen olgular yönlendirirken adli tıp veya çocuk ve ergen psikiyatrisi uzmanlık alanı seçiminde fark gözlemiştir. Ancak erişkin olguların adli psikiyatrik değerlendirilmesinde adli tıp uzmanları ve psikiyatri uzmanlarından birinin tercihi konusunda fark gözlemlenmemiştir.

Tartışma: Adli makamların adli psikiyatrik değerlendirme istemlerinin yapılmasında uzmanlık alanı seçiminin gelişen hukuk uygulamaları ile şekillendiği disiplinler arası yaklaşımın doğru sonuçlara ulaşılmasında önemli bir adım olduğu düşünülmüştür.

Sonuç: Adli psikiyatri alanında değerlendirmeler, ilgili tüm disiplinlerin işbirliği ile yapılmalıdır.

Anahtar kelimeler: Konsültasyon, adli tıp, adli psikiyatri

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INTRODUCTION

Forensic psychiatry is a branch that contains vintage point and scientific objectivity of several sciences such as child and adolescent psychiatry, forensic medicine, law, criminology, psychology and sociology and that searches for answers to questions regarding penal codes and civil law during process of judgment (1).

Major requests of judicial offices concerning psychiatry include; to evaluate punishment liability according to penal law, to detect if the victims are able to defend themselves in regard to physical and psychological status, whether mental health of the sex crime victims was deteriorated following the crime (2), according to the Turkish Civil Code, assessment of eligibility for marriage, divorce, adoption, buying and selling acts and will writing constitute such issues (3). These evaluation issues are subject to both psychiatry and forensic medicine specialties. In our country, however, forensic psychiatry has not become a subspecialty yet. Regarding to forensic psychiatric assessments, no distinct definitions have been done according to specialty (4,5). Determination of expert witness by the judges and the prosecutors is defined by codes and regulations, and law leaves this issue in judicial authorities' discretion.

In this study, it was aimed to establish the factors related to preferences of forensic medicine, child and adolescent psychiatry or psychiatry experts when requirements of psychiatric assessments are made by judicial authorities.

METHOD

In this study, reports and file records of the cases for determination of criminal liability, evaluation of mental health, ability to defend oneself mentally and physically and appointment of custodian requiring psychiatric assessment were analyzed retrospectively in Erzurum Ataturk University, Departments of Medical Faculty, Forensic Medicine, Psychiatry and Child-Adolescent Psychiatry between 01.01.2010 and 31.12.2010. All judicial assessments required from our hospital are

forwarded to relevant units and these evaluations are carried out with collaboration of departments within the frame of consultations. In this study, our aim was to determine how judicial authorities choose the departments for requiring forensic reports. In this context, 143 report requirements that were sent to the Department of Forensic Medicine, 89 to Psychiatry Department, 98 to Child and Adolescent Psychiatry were included in the study. Age, gender, type of the event, report requiring institutions, locations of these institutions, and the relation between the reason for requirement and relevant specialty were analyzed using SPSS statistics program (Version 20.0, SPSS; Inc., Chicago, IL, USA). Standard deviations and maximum-minimum values of the data were calculated; difference among the groups was analyzed using χ^2 test and threshold for statistically significance was considered as $p < 0.05$.

RESULTS

Total 330 cases were evaluated in this research. Of these, 54.2% (n=179) were male and 45.8% (n=151) were female. 54.8% (n=181) of the cases were children and adolescents while 45.2% (n=149) were adults. Average age of the cases was 21.53 (± 11.86), and age distribution was 5 to 88. 43.3% (n=143) of the cases were transferred to forensic medicine while 56.7% (n=187) were sent to child and adolescent psychiatry and psychiatry specialist by judicial authorities.

It was found that 50.9% (n=168) of the cases were related to penal codes against sexual privilege, 21.5% (n=71) body privilege, 16.7% (n=55) possessions, 6.6% (n=22) honor and freedom while 4.2% (n=14) were related to assessment of act eligibility in scope of civil code. Comparison of child and adolescent and adult cases according to specialties is shown in Table 1. According to our findings, judicial authorities discriminated in preference of forensic medicine or child and adolescent psychiatry specialties for forensic psychiatric assessment when forwarding child or juvenile cases, and preferred child and adolescent psychiatry specialists for the crimes against sexual privilege ($\chi^2 = 7.872$, $p = 0.020$). Judicial authorities

Table 1: Comparison of forensic psychiatric cases according to area of specialty

	Child and adolescent					Adult				
	Forensic medicine		Child and adolescent psychiatry		p	Forensic medicine		Psychiatry		p
	n	%	n	%		n	%	n	%	
Institution										
Prosecution	80	48.5	85	51.5	0.018	39	39.4	60	60.6	0.602
Courts	2	13.3	13	86.7		17	45.9	20	54.1	
Outposts	1	100.0	0	0		4	30.8	9	69.2	
Request										
Determination of penal responsibility	34	50.7	33	49.3	0.020	32	34.8	60	65.2	0.155
Evaluation of mental health	44	40.4	65	59.6		20	51.3	19	48.7	
Evaluation of mental and physical capacity to defend himself or herself	5	100	0	0		3	75.0	1	25.0	
Evaluation of legal capacity as a part of civil law	0	0	0	0		5	35.7	9	64.3	

preferred psychiatry specialists in requirements of penal liability of adult cases. However, in requirements concerning adult cases, there was no statistically significant difference between forensic medicine or psychiatry specialists ($\chi^2=5.245$, $p=0.155$).

DISCUSSION

The most striking finding of our study was that, in forensic medicine specialists were preferred more for the child and adolescent cases concerning psychiatric assessment requirements made by judicial authorities while no such difference was observed for the adult cases (Table 1). Second Penal Office of The Supreme Court declared in its 15.Dec.2008 dated and 2008/12709-21451 numbered decree that in order to determine whether a child has crime liability, an expert witness report was needed to detect if the child has ability to conduct his/her behaviors regarding this act, a social investigation was required, and decision should be based on observations, determinations and evaluations on these reports; also, single specialist physician's decision would not be sufficient by judicial authorities in assessment of crime liability of children aged between 12-15 (6). As seen aforementioned decrees, it was thought that judicial declarations necessitating the preference of child and adolescent mental health specialist in evaluation of the children could be the

most important factor in this difference. It is seen that decisions which oblige relevant professional areas reflect positively on improvement of quality of forensic psychiatric assessments. Because especially in evaluating the child cases, following judicial decisions regarding approval of reports prepared by including child and adolescent mental health specialists, importance given judicial assessments in relevant areas contributed the opinion that forensic assessments are "one of the most important aspects of the job" in practice. In this context, it is observed that forensic child and adolescent psychiatry applications are handled at the course level in all of the national child and adolescent mental health congresses. At this point, how these obligatory judicial decisions could support the importance given to forensic psychiatry in psychiatry residency program must be discussed in academic platforms.

In our country, forensic psychiatric applications are carried out in Forensic Medicine Institution which holds the official expert witness position, while they are also performed by health institutions belonging to Department of Health (11). It was stated in circular where basics and regulations on forensic medicine services were put in order that forensic medicine services would be conducted by all health institutions (12). According to 65th article, b and c clauses of the Criminal Procedures Act (CPA), there is obligation of accepting the expert witnessing for those who perform the science

and art profession that is necessary for conducting the examination and for those who are officially authorized to perform the relevant profession (13). Because of these legal regulations, assessments can be requested as a part of psychiatry routine.

When recent judicial decisions are taken into account, it is noted that data for the necessity that the psychiatric assessments should be prepared in a multidisciplinary approach are increasing. In a decree dated 03.May.2011 and numbered 2011/5-56, Supreme Court General Council stated that in regard to evaluation of mental health of sexual crime victims, assessment should be performed by minimum five people who are chosen from the experts in specialties that must be included in Forensic Medicine Institution Sixth Expertise Council, and this demonstrated that one specialist physician was not considered adequate for decision in assessment of mental health of sexual crime victims, and following this decree, many university hospitals formed forensic councils within their structure.

Sharing of knowledge by exchanging the information among the physicians, also called consultation, has been existent for a long time in medical practice. In addition to legal regulations making the experts in forensic psychiatry to give reports in collaboration, the fact that forensic psychiatric assessments have many basic structural difference compared to routine clinical practices; i.e., clinical assessments adopt collecting necessary information for the treatment, while forensic assessments adopt collecting the information necessary for the legal trial in order to share with relevant authorities (14,15) and expert witnessing in forensic psychiatry necessitating a certain level of knowledge, different vantage point and knowledge on basic law and forensic medicine points the need for the collaboration during forensic psychiatric assessment (16-18).

It can be suggested that preference of judicial authorities in forensic psychiatry is formed parallel to ever-changing legal practices. The necessity that forensic psychiatric assessments should be conducted in

collaboration of all disciplines suggests formation of standards for forensic psychiatry within the residency programs of psychiatry, child and adolescent psychiatry and forensic medicine. In this context, although in long term it seems necessary to establish subspecialties for forensic psychiatric assessments, in short term it is believed that assessments done by committee that constitutes relevant specialties' would be beneficial.

As a result of our study, although there is an understanding toward establishing specific committees that are specific for only child and adolescent cases, this issue has a more complicated aspect. Mental disorders are classified in order to help clinicians use a common language and understand each other better. However present classification does not completely match the subjects related to forensic psychiatry (19). This issue brings out the necessity to conduct studies about impact of psychiatric disorders on legal or criminal liability, effect of a different diagnostic classification on psychiatric assessment, raising the facilities for expert witnessing to an adequate level, improving the access for psychiatric knowledge, and redesigning the diagnostic system in forensic psychiatry (20).

Findings obtained must be interpreted with some limitations. Only data belonging to our region were used in this study. Besides, several individual factors may play a role in requests from judicial authorities. However, since analyzing all factors accompanies serious methodological difficulties, possible other factors that affect department preference were not examined.

Justice must support the decision with scientific basis and objective evidences. Therefore answers for many questions on forensic psychiatry are requested from physicians in scope of criminal and civil law. Preference of judicial authorities on specialty is formed by legal practices. When worldwide development of forensic psychiatry is considered, necessity is once more obvious that assessments on this issue should be made with collaboration of specialty fields.

REFERENCES

1. Oral G. Forensic Psychiatry: In Soysal Z, Cakalir C. (Editors). Forensic Medicine. 1st Edition, Istanbul: Istanbul University Publication, 1999,1377-571. (Turkish)
2. Turkish Penal Code. <http://www.tbmm.gov.tr/kanunlar/k5237.html>. Accessed February 10, 2013. (Turkish)
3. Turkish Civil Code. <http://www.tbmm.gov.tr/kanunlar/k4721.html>. Accessed February 10, 2013. (Turkish)
4. Dursun OB, Esin IS, Gulec M, Sener MT, Tas FV, Beyhun NE, Godekli M. A possible cause of secondary traumas for children in justice system of Turkey: attitudes of prosecutors and judges. *Düşünen Adam: The Journal of Psychiatry and Neurological Sciences* 2013; 26:367-375.
5. Fidaner H. Forensic Psychiatry: In Gulec C, Koroglu E. Gulec C, Koroglu E. (Editors). *Essential Psychiatry*. First edition. Ankara: Hekimler Birliği Publication, 1998,1291-1300. (Turkish)
6. Dogangun B, Yanardoner E. Forensic psychiatric evaluation of the child. *Turkiye Klinikleri J Psychiatry-Special Topics* 2011; 4:27-35. (Turkish)
7. Coskun A. Forensic psychiatric evaluation and role of child psychiatry in child protection law application. 19. National Child and Adolescent Psychiatry Congress Book, 2009, 8. (Turkish)
8. Coskun A, Abali O. Forensic applications in child and adolescent mental health. Forensic psychiatric applications in children and adolescents. 21.National Child and Adolescent Psychiatry Congress Book, 2011, 5. (Turkish)
9. Coskun A, Sismanlar AG. Forensic psychiatric applications in children and adolescents. 22. National Child and Adolescent Psychiatry Congress Book, 2012, 7. (Turkish)
10. Bicer U, Coskun A, Sismanlar AG. Course of child forensic psychiatric applications in area. 23. National Child and Adolescent Psychiatry Congress Book, 2013, 8. (Turkish)
11. Forensic Medicine Institute Code. <http://mevzuat.adalet.gov.tr/html/587.html>. Accessed February 10, 2013. (Turkish)
12. Rules of Forensic Medical Examinations. <http://www.ttb.org.tr/mevzuat>. Accessed March 10, 2013. (Turkish)
13. Criminal Procedure Code. <http://www.tbmm.gov.tr/kanunlar/k5271.html>. Accessed March 10, 2013. (Turkish)
14. Leverette JS. Enhancing the learning curve in child and adolescent forensic psychiatry: inter-professional relationships, resource and policy development. *Curr Opin Psychiatry* 2004; 17:391-395.
15. Silovsky J. The Differences Between Forensic Interviews & Clinical Interviews. In:U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime, 2000.
16. Canturk G. Legal regulations of forensic psychiatry. *Turkiye Klinikleri J Forensic Medicine* 2012; 9:66-73.
17. Aliustaoglu FS. Evaluation of mental health in Turkish legal system. *Turkiye Klinikleri J Psychiatry-Special Topics* 2011; 4:1-9.
18. Ozden SY. The historical development of medical expertise and the peculiarities of the expert in forensic psychiatry. *Düşünen Adam: The Journal of Psychiatry and Neurological Sciences* 1977; 10:44-47.
19. Diagnostic And Statistical Manual Of Mental Disorders: DSM IV. Fourth ed. Washington: American Psychiatric Association 1994, p: xxvii.
20. Konuk N, Kokrek Z, Karadeniz H. Concept of diagnostic validity in forensic psychiatric applications. *Turkiye Klinikleri J Psychiatry-Special Topics* 2011; 4:52-59.