



Forensic mental health evaluations of military personnel with traumatic life event, in a university hospital in Ankara, Turkey



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ARTICLE INFO

Article history:

Received 3 November 2016

Received in revised form

21 July 2017

Accepted 24 July 2017

Available online 25 July 2017

Keywords:

Forensic medicine

Forensic psychiatry

Military trauma

Posttraumatic stress disorder

ABSTRACT

Introduction: The definition of psychological trauma has been rephrased with the DSM-5. From now on, witnessing someone else's traumatic event is also accepted as a traumatic life event. Therefore, the psychiatric examination of forensic cases gains importance for not overlooking a psychiatric trauma. This research aims to discuss the psychiatric examinations of military personnel who had a traumatic life event and to reveal psychiatric states of soldiers after trauma.

Materials and methods: The forensic reports prepared at Gulhane Military Medical Academy (GMMA), Forensic Medicine polyclinic between January 1, 2011 and November 30, 2014 were examined, and among them the cases sent to GMMA Psychiatry polyclinic for psychiatric examination were analyzed retrospectively.

Results: There were a total of 2408 cases who applied for the arrangement of a judicial report and 167 of them required a psychological examination. Among 167 cases, 165 were male and 2 were female, and the mean age was 25.6 years. Anxiety disorder (53.9%) was the most common diagnosis as a result of the psychiatric examination, following posttraumatic stress disorder (PTSD) (18.6%), and 3.6% had no psychopathology. It was determined that injuries caused by firearms (38.3%) and explosive materials (26.3%) had caused psychological trauma the most. On the other hand, 11 (6.6%) cases were determined to have undergone a psychological trauma on account of being a witness to their friends' injuries during the conflict without experiencing any physical injury. There were not any statistically significant relationships between the severity of physical injury and being PTSD or anxiety disorder.

Discussion: Development of PTSD risk is directly correlated with the nature of trauma. The trauma types of the cases in our study were in the high-risk group because of the military population. Our study is of importance in terms of putting forward the psychiatric disorders seen in the military population with traumatic life history associated with war (combat-related). In this research, 26.1% of the cases followed up due to combat-related trauma were diagnosed with PTSD. Interestingly, this ratio was lower than the studies that have larger case numbers. There is still the need to conduct studies that will involve larger participants.

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1. Introduction

Psychiatric evaluation of a patient has an important place in forensic medicine practices. The 86th clause of the Turkish Criminal

Law (TCL) states that, "One who inflicts pain on someone else's body deliberately or causes someone's health or sense of perception to fail, is sentenced to imprisonment for a period of one to three years".¹ This definition clearly shows that the lawmaker not only makes mention of physical health but also makes reference to psychological health. Therefore, the possibility of there being psychological influences or responses that occur due to trauma as well as physical injuries in the individuals must be taken into consideration when referred to the medical examination department for the preparation of a judicial report.

Factors that cause psychological problems are clearly defined in

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DSM-5 (*Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition*), with the concept referred to as “psychological trauma”. Accordingly; in order to refer to the problem as a psychological trauma, one must have experienced an actual or threatened death, severe injury, or s/he must have been exposed to a sexual assault. The ways of confronting such situations are summarized as follows: experiencing the trauma directly, witnessing the trauma as it occurred to others, learning that the traumatic event(s) occurred to a close family member or close friend, experiencing repeated or extreme exposure to aversive details of the traumatic event(s).²

As will be understood from the definition mentioned above, a psychological trauma, apart from the fact that it may occur in the wake of a major life event that leads to a serious physical injury, may also occur after witnessing such an event. It is important to make psychiatric evaluations for forensic cases in order not to let the psychological trauma go unnoticed. Several psychiatric and clinical pictures likely to occur in the wake of a psychological or physical trauma have been identified, some of which are psychiatric disorders such as acute stress reaction, anxiety disorder, depressive disorder and post-traumatic stress disorder (PTSD).^{3,4}

The characteristics of the trauma as well as the sensitivity of the individual are of importance in terms of post-traumatic psychological disorders that are likely to occur. In this sense, military population is in the major risk group. Military personnel, considering the characteristics of their profession (challenging working conditions, their obligation to get involved in armed conflicts, tough and extreme training, etc.), may be exposed to trauma at a higher rate than the civilian population. There are not many studies that have focused on the psychiatric evaluation of military personnel after a traumatic life event.

In this retrospective research, the forensic cases who had applied to the Department of Forensic Medicine, Gulhane Military Medical Academy (GMMA) were examined. The socio-demographic characteristics of the cases who are required to be subjected to psychiatric examination and their psychological mood changes that occurred after exposure to trauma were evaluated. This knowledge may help us gain more information about psychiatric conditions of military personnel after trauma.

2. Material and methods

There were a total of 2408 judicial reports prepared at Gulhane Military Medical Academy, Forensic Medicine Department between the period January 1, 2011 and November 30, 2014. The medical files of 167 cases who referred to the Psychiatry Polyclinic for a psychiatric examination were analyzed in detail retrospectively.

The parameters, such as the age, gender, military ranks, types of reports, clinical diagnoses, types of trauma experienced, the degree of severity of physical injuries, whether or not they experienced any life-threatening situations, and whether or not there was any weakening or loss in the functioning of one of their senses or organs were all examined.

The clinical diagnoses were made by a military psychiatrist according to DSM-5 criterias, and the diagnoses were verified by a second military psychiatrist.

The data were transferred to the system, and SPSS 15.0 package program was used for all of the statistical analyses. Arithmetic mean and standard deviation values were calculated for the descriptive statistics. An approval was received from the Ethics Committee of Gulhane Military Medical Academy for this retrospective study.

3. Results

It was determined that 167 (6,9%) out of 2408 cases examined

for the arrangement of a judicial report in the Polyclinic of GMMA Forensic Medicine Department between the period, January 1, 2011 and November 30, 2014, required a psychological examination. Ninety-one (54.5%) out of 165 (98.8%) male and 2 (1.2%) female cases were evaluated for the purpose of preparing and arranging a judicial report on the basis of calculating the rate of disability, whereas 53 (31.7%) of them were evaluated for the report to be prepared on the basis of pecuniary indemnity, and 18 (10.8%) of them were evaluated for the report based on criminal suit, and 5 (3%) of them were evaluated for the report based on the Law of Armed Forces Pension Fund. The distribution of the cases according to their military ranks are presented in Fig. 1.

The event-dated mean age of the cases, which was the subject of the judicial review, was determined as 25.6 ± 5.7 years (min-max 20–46). While the age range that was most frequently determined was between 20 and 29 ages ($n = 130$, 77.8%), it was determined that 29 (17.3%) cases were at the age range of 30–39 years, whereas 8 cases were at the age range of 40–46 years (4.8%). It was ascertained that the cases had been referred to the Forensic Medicine Department for judicial examination at an average of 2.5 years (± 2.8 years) after the event date.

As the result of the psychiatric examination, it was determined that the diagnoses of anxiety disorder ($n = 90$, 53.9%) and PTSD ($n = 31$, 18.6%) were established the most. There was no psychopathology in any of the 6 (3.6%) cases. The diagnostic distributions of the cases according to the types of trauma are presented in Table 1.

Injuries caused by firearms ($n = 64$, 38.3%) and explosive materials ($n = 44$, 26.3%) were the most common cause of psychological trauma. On the other hand, 11 (6.6%) cases were determined to have undergone a psychological trauma on account of being a witness to their friends' injuries during the conflict without experiencing any physical injury. Seven (63.6%) of these 11 cases who had witnessed the traumatic event were determined to have been diagnosed with PTSD.

There was also an opinion presented in the way that 17 (54.9%) of 31 cases diagnosed with post-traumatic stress disorder were not allowed medical treatment, whereas 14 (45.1%) of them were allowed medical treatment. The cases exposed to injuries caused by firearms and explosive materials were determined to have been mostly diagnosed with anxiety disorder (respectively 53.1% ve 61.3%) and PTSD (respectively 26.5% ve 15.9%).

When we evaluated the cases who had experienced trauma only due to the characteristics of the military profession as a separate group, it was ascertained that PTSD had developed in 31 (26.1%) of 119 cases in total. These cases experienced trauma such as firearm injuries, explosive material injuries or being a witness to the conflict.

As the result of the judicial examination, it was determined that 33 (19.8%) cases had undergone a life-threatening condition due to physical injury. The physical injuries of 132 (79%) cases that had led them to psychological trauma were not of insignificant character that could be eliminated through a simple medical intervention (Table 2).

Fifty-one (30.5%) of the cases in question were determined to have had loss of earning capacity at work and in their profession (disablement) from a psychiatric perspective. The rate intervals of disablement are presented in Fig. 2. Table 3 illustrates the following within the scope of physical injuries; whether or not there was any amputation, permanent facial scarring, and the presence of continuous weakening or loss in one of the functions of the case's senses or organs.

No statistically significant difference was determined between the established diagnoses of anxiety disorder and PTSD pertaining to the cases whose physical injuries were and were not of

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