

CASE REPORT

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The Importance of Multidisciplinary Perspectives in Forensic Reporting

 Arif GARBİOĞLU^a^aZonguldak Forensic Medicine Branch Office, Council of Forensic Medicine, Zonguldak, Türkiye*This study was presented as a poster at the 3rd International 19th National Forensic Sciences Congress, November 03-06, 2022, Aydın, Türkiye.*

ABSTRACT Judicial units can obtain opinions from forensic medical units regarding damage from acts against individuals' bodily integrity. Forensic medical units may sometimes highlight issues in their reports that the judicial authorities do not take into account. In this report, we present a case in which a 38-year-old woman requested a forensic report about her injury after being battered in 2020. Only a physical evaluation was requested during the initial evaluation, but the forensic examination also diagnosed psychiatric symptoms. While the judicial authorities request forensic reports regarding bodily integrity violation, sometimes they can only ask for a determination of the physical damage to the person, so any mental disorders that develop after the wrongful act are disregarded. Disregarding psychiatric disorders arising after a crime may result in reduced sentencing for offenders and diminished rights for victims. This is why keeping legal officers' perspectives on forensic medicine up-to-date by organizing seminars with wide participation, including judicial professionals, is important.

Keywords: Forensic medicine; criminal law; forensic psychiatry

Judicial authorities routinely seek forensic medical units' expertise during the investigation and prosecution phases of cases involving death or injury. A forensic report is a formal document that delineates the medical condition of an individual subjected to a wrongful act, as determined by judicial authorities and the physician's opinion.^{1,2} These reports-crucial in cases involving harm to bodily integrity-provide judicial authorities with guidance during trial proceedings. Forensic reports, prepared in accordance with the articles in the Turkish Penal Code (TPC) addressing crimes against bodily integrity and considering the June 2019 update to the guidelines for assessing injury offenses, play a pivotal role in determining penalties. The pertinent TPC articles outline the applicable penalties in various situations, from an injury so mild that it can be remedied by a

simple medical intervention (SMI) to one that results in the permanent weakening or loss of function (PWL) of one of the senses or organs.³

When forensic medical units prepare forensic reports, they may be asked to address specific deficiencies related to an incident. However, the deficiencies specified in the letter of request unnecessary, and they request that the case be evaluated using existing data, as shown in the case we present. The fact that this topic has not been discussed previously in the literature makes this article for a high original value.

CASE REPORT

A 38-year-old woman was admitted to an outpatient clinic in 2020 for injuries resulting from physical as-

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Correspondence: Arif GARBİOĞLU

Zonguldak Forensic Medicine Branch Office, Council of Forensic Medicine, Zonguldak, Türkiye

E-mail: dr.arifgarbioglu@gmail.com

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sault. The judicial authority requested that a forensic report be prepared for the injury within the scope of the crimes against body integrity in the TPC. Informed consent was obtained from the patient for this case report.

Upon initial examination in the emergency room, a provisional report indicated a 3×3 cm ecchymosis in the bilateral areolar region, an 8×5 cm ecchymosis in the anterior right shoulder, and an 8×3 cm ecchymosis in the anterior left shoulder. The patient had a full range of motion in the bilateral shoulder joints, no life-threatening conditions, and her injury treatable with SMI.

During an examination at the forensic medicine outpatient clinic approximately three months later, the patient reported recurring beatings by an individual attempting to coerce her into drug sales. During the incident, she endured punches to various parts of her body. The patient also revealed psychological distress, a fear of potential recurrence, and the prescription of medication by a psychiatrist.

During the examination, the patient presented with a satisfactory general appearance and self-care. However, there were indications of a depressed affect and a mildly depressed mood. The patient's speech rate and amount were within typical parameters and appropriate for the situation. The patient was tearful when describing the events. Subsequent examination showed no external traumatic lesions or signs of beating, and the only medical document available was the report from the initial incident. In evaluating injuries as a result of crimes as defined in the TPC, a forensic assessment should also consider mental health issues resulting from the trauma. Based on the medical documents prepared for the patient's psychiatric examinations after the incident and the patient's psychiatric condition during the investigation, a mental health and disease consultation was requested from the case. However, the judicial authority did not fulfill the request and requested that the forensic report only address the physical examination findings in the incident report. As a result of this incident, a forensic report was prepared for the physical injuries, with a comment that the patient should be evaluated for post-traumatic mental disorders and trauma severity.

DISCUSSION

The literature advocates multidisciplinary approaches in forensic case evaluations to enhance the overall process. Consultations from various clinical disciplines, particularly psychiatry, are essential in cases involving psychological trauma resulting from physical injuries.^{4,5} That the impact of psychological trauma on a person, which can develop as a result of injury in forensic medical examinations, should also be considered in the evaluation is common knowledge.⁵⁻⁷ The forensic report guide states that physicians must decide if the impact on an individual's psychological state, determined by evaluating the trauma severity, duration, and functional impairment, is mild enough to be alleviated using an SMI. Individuals should refer to applicable disability-related laws and regulations to assess whether the mental illness identified in the guidelines results in PWLF.⁷

Traumatic experiences impact a person's physical and mental health. The trauma of physical violence can result in many mental disorders.^{5,8} The literature reports acute stress disorder, post-traumatic stress disorder, adjustment disorders, and depression resulting from psychological trauma.⁵ Psychiatric follow-up is crucial to address trauma's impacts, with symptoms potentially improving or worsening over time, and severe disabilities may result.⁶ According to the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, "Trauma and Stress-Related Disorders" encompass post-traumatic stress disorder and acute stress disorder. In acute stress disorder, psychiatric symptoms typically persist for a minimum of 3 days and up to 1 month following the traumatic event. A diagnosis of post-traumatic stress disorder necessitates symptoms lasting for over one month.⁹ Proper follow-up for both physical injuries and mental illnesses is recommended before issuing final reports to ensure appropriate treatment and recovery.¹⁰

In a study of 192 cases wherein forensic reports requested psychiatric consultation, 85.4% exhibited mental disorders, such as acute stress disorder, adjustment disorder, post-traumatic stress disorder, and persistent organic mental disorder. Despite physical trauma can be subjected to SMI treatment in most

cases, the psychological impact rendered SMI therapy inappropriate.⁵ According to the findings of Yavuz et al., patients with physical traumas eligible for SMI treatment displayed psychopathology after psychiatric consultation, suggesting that SMI was insufficient in addressing these injuries. Following psychiatric consultation, it was reported that 80.0% (n=4) of the patients had posttraumatic stress disorder and 20.0% (n=1) had acute stress disorder.⁶ A study of female victims of intimate partner violence found that 40.6% of cases (n=58) had an injury that could not be treated with SMI. The article indicated that approximately half of the cases with injuries that could not be treated with SMI had trauma and stressor-related disorders such as acute stress reaction, acute stress disorder, adjustment disorder with depressive temperament, and post-traumatic stress disorder. In addition, the study states that the reason for the higher number of injuries that cannot be treated with SMI compared to the literature is that psychiatric consultation was requested, follow-up and treatment processes were completed, and psychiatric diagnoses were made. Therefore, this study emphasizes the importance of a multidisciplinary approach.¹⁰ These findings underscore the significance of mental health considerations in forensic settings and the necessity of incorporating psychiatric findings into forensic reports, as they significantly impact the trial outcome.^{5,8} As evident, the psychiatric state after injury can influence the forensic report outcome. The presented case demonstrates the potential influence of psychiatric states on forensic report outcomes. In this instance, the forensic report focused exclusively on

physical injuries, as requested by the judicial authority, leaving the impact of trauma on mental health unaddressed. Had the authority provided psychiatric records and consultation, the final report outcome could have differed.

Disregarding psychiatric disorders arising after a crime may result in reduced sentencing for offenders and diminished rights for victims. For this reason, seminars should be widely organized, including legal experts. These seminars should contribute to keeping the forensic medical perspectives of judicial officers up-to-date.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

This study is entirely author's own work and no other author contribution.

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