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**PSYCHIATRIC COMORBIDITIES AND
PERSONALITY DISORDERS AS
PREDISPOSING FACTORS IN
DOMESTIC VIOLENCE**

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INTRODUCTION

Domestic violence is represented by the action of any nature of one of the family members that causes somatic, mental, emotional or economic suffering to another member of the family. The study of domestic violence is topical and multidisciplinary. It is analysed on several levels due to its vast effects, its destructive results being obvious. A central part in favouring this phenomenon is the ensemble made up of psychiatric comorbidities and personality disorders interpreted intricately or distinctly.

In addition to physical aggression, there are several ways by which the aggressor tries to dominate the assaulted person. It happens that the victim is also psychologically attacked, neglected, even abandoned, blackmailed, left without help, material or housing support. Verbal aggression is the most common, encountered as a way of life in certain environments. Sexual violence is also an important segment of domestic aggression.

Most often, this type of aggression is formed due to some disharmonious personality patterns. In most cases, mental disorders and personality disorders are identified, as well as organic pathology related to the occurrence of the phenomenon of domestic violence. This form of abuse can also be a learned behaviour.

Given the variability in the distribution of power, intimate partner abuse, as family aggression is also called, occurs in all types of communities and does not take into account race, sex, ethnicity, age, religion, sexual orientation, educational level, socio-economic status or profession. Due to the diffuse dissemination and because the spread is relatively chaotic, we can categorize domestic violence as a pandemic, a public health problem. However, certain correlations can be deduced that contribute to the formation of patterns of victims or aggressors and even to the establishment of good practice models.

Among the most common reasons that could have preceded the genesis of this phenomenon were mental illness, personality disorders, excessive use of alcohol or other substances, training and educational deficiencies, social disorganization, financial difficulties, individual reactivity or other particular issues related to each situation. Psychiatric comorbidities and pathological personality traits were more pronounced, requiring additional

studies. Both produce irritability, irascibility, harmful habits, compulsive, deviant and finally aggressive attitudes, on several axes, which can be translated by domestic violence.

THEORETICAL BACKGROUND

CHAPTER 1. FORENSIC ELEMENTS RELATED TO DOMESTIC VIOLENCE

The contribution of medicine to the administration of justice is done through the specialty called Forensic Medicine. When the judicial bodies have uncertainties or need clarifications regarding a medical case, Forensic Medicine is required to provide these reasoned explanations. Therefore, the forensic doctor's ability to translate health issues to the institutions concerned, lies in the multiple knowledge in all medical specialties that the expert must have, and the decision-making reasoning must be based on objective and scientifically demonstrable elements.

1.1. TRAUMATOLOGY FORENSIC EXAMINATION

The forensic pathologist assesses the severity of the traumatic injuries found and their consequences on the patient and his/her social life. The documents prepared in the Forensic Medicine services have a standard structure, which gives a certain unity of vision and perception of analysis. The conclusions of a forensic document must necessarily refer to the existence of traumatic injuries, their dating, the mechanism of production, the number of days of medical care required until healing, the causal link with the traumatic event and possible post-traumatic consequences. They must also be clear and concise in order to be easy to understand by anyone reading them and to provide the most appropriate perspective for the judiciary, which, based on those conclusions, must issue solutions appropriate to the analysed cases.

1.2. PSYCHIATRIC FORENSIC EXAMINATION

It is an essential tool in legal evidence, representing a primary means of establishing the truth and the legal liability of the examined person using scientific research methods. The objectification of reality is achieved by a forensic panel through a detailed analysis of the patient's physical and mental state. The forensic panel includes a forensic doctor, who coordinates the activity of the commission and is responsible for the scientific rigor of the conclusions, two specialized doctors (in Psychiatry) and a psychologist, but doctors of other specialties can be co-opted depending on the specific of the work and the patient's conditions. The works are carried out in plenary and only within the forensic institutions. This kind of assessment aims at the legal responsibility of the person, called discernment in criminal cases or the determination of mental competency, the equivalent in civil cases.

Responsibility refers, from a legal point of view, to the understanding of the negative socio-legal consequences of one's own deeds, and specific psychic competence refers to a person's ability to take care of his/her property or the ability to conclude civil legal acts alone, all in accordance with the social-community norms.

CHAPTER 2. LEGAL APPROACH

2.1. LEGISLATION ASSOCIATED WITH INTRAFAMILIAL AGRESSIONS

Forensic assessments of any kind are included in the rules of evidence administered by the Court. They have a superior value to technical expertise, accomplishing more than a conceptual division into legitimate and illegitimate, these having the role of putting an event in a context. The role of the specialist who can become an expert-witness in the courtroom is not to reproduce a fact that took place, but to give an interpretation of the case as it is required in addition to reconstituting the situation, informed opinions in his/her area of competence related to the event. All depositions must represent fair, disinterested and impartial assessments, a topic strongly argued and agreed by most research.

As each conflict situation is mirrored in at least two possible variants, presented by the parties involved, it is the duty of the legal system to validate one of them or to identify an optimal one, the real one or as close as possible to the truth. In order to carry out the act of justice, the analysis must be put in context and take into account all the elements of interest to the case, so proposals for preventive strategies for domestic violence have been devised that include legal measures based on WHO data and on local public health data.

2.2. CRIMINOLOGY

It is a branch of legal sciences that analyses the particularities of crimes, how they occur and their causes, looking for ways to prevent them. It is a theoretical research science, with social applications, expressing itself through the effectiveness of the solutions it offers, but also through the level of re-education and social reintegration of the doers. At the same time, it can appreciate the measures already taken by the authorities in this regard. The properties of the criminal phenomenon in general are identified, also examining it in fragments, on each criminal compound, recording the clinical sector of the ensemble. Thus, the type of crime and the characteristics of the perpetrator in a broader sense than the one provided by law are noted. The context of committing the deed in particular factors and the observation of the person and the personality of the perpetrator form the object of criminology research. Another part of the area of analysis is represented by the victim, together with his/her potential role in determining his/her own prejudice, being identified a

connection between the perpetrator and the victim. Moreover, a relevant analysis cannot be made without examining this ensemble.

The attempt to conceptualize crime, at least in relation to some of its components, is one of the desideratum that must produce a new perspective and new effects in the fight against situations of aggression or violence.

CHAPTER 3. SOMATOPSYCHIC PATHOLOGY IN THE CONTEXT OF DOMESTIC ABUSE

3.1. ORGANIC PATHOLOGY

A cerebral or general-systemic pathology can be directly related to changes in mental state. Any comorbidity should be investigated and reported in the context of a psychiatric forensic examination. Psycho-organic syndromes are often encountered in practice, being suspected when a disorder of mental status coexists with changes in homeostasis and its parameters.

In many cases, cognitive, motor or sensory impairment is caused by senile and/or vascular degeneration. Senescence gradually produces regressive pathological changes, but at the same time having a diachronic character. Traumatic pathology with sequelae also plays an important part among diseases with the potential to change behaviour. Sensory and motor skills, language, learning, memory and reasoning can be damaged post-traumatically. The inaccurate functioning of the endocrine system gives the possibility to change the mental state by reducing or accelerating the psychic capacities. All hormonal axes require synchronization and adjustment in accordance with internal and external factors, and any dysfunction in these relationships causes repercussions on the person's attitude and behaviour. Neoplastic diseases are widespread in the population. Through the variability of location, manifestations and evolution, they affect a huge number of subjects. Like most of the pathologies described above, the mental state is affected in terms of depression and the forms of stress caused.

3.2. EXCESSIVE ALCOHOL CONSUMPTION

It represents a phenomenon that involves all types of aspects: somatic, mental or psychiatric. Dipsomania pushes towards aggressive, unprovoked actions, with an obvious destructive character. From a relative value of alcohol in the blood, a clear disinhibition with attenuation of self-control by affecting the frontal cortex, scientifically proved, is observed. Although it has become a social habit, accepted cross-culturally and depending on individual tolerance and reactivity, it generates conflict situations, often intra-familial, in the context of

the feeling of urgent need for the toxic, so it can be considered an independent criminogenic factor.

3.3. PSYCHOPATHOLOGIC ELEMENTS

Among the pathologies with increased potential for aggression, including domestic violence, is schizophrenia. The division of the personality into more or less active parts and vectors that alter the behaviour leads, during the disease state, to actions with extremely serious consequences. Within the acute outbreak, it is well known the loss of the person's unity and emotional involvement that can be perpetuated after the deed, persisting in various residual states.

Another mental disorder with forensic implications is the bipolar affective disorder. Following specialized studies, in these patients an increase of the incidence of violent behavioural manifestations since adolescence, especially in men, is observed. The condition gives the individual two totally different states, the depressive and the manic state, which follow each other cyclically. Studies show that almost all antisocial acts occur in the manic period and in the depressive period self-assaults, but also heteroaggressions - even intra-family homicides are recorded.

Antisocial personality disorder (ASPD), as the name suggests, is expressed in the everyday life through the person's difficulties in complying with the ethical and legal norms of the community. Sociopathy is highlighted by defiance and violation of the rules of community coexistence and lack of empathy and regrets in this regard. Spontaneity, which may not be a quality, often leads to inappropriate decisions, is hyperbolic in this disorder.

Borderline personality disorder combines multiple traits, common to other disorders such as low tolerance to frustration, irritability, anxiety, inconsistency in actions and resolutions. It is considered a syndrome on the border of psychosis. The emanation of these situations results from the lack of definition of a meaning of existence, the instability of relationships, the inability to accept criticism, generating unstable and impulsive anger reactions.

CHAPTER 4. THE RELATIONSHIP BETWEEN PUBLIC HEALTH

AND DOMESTIC VIOLENCE

4.1. HEALTH ELEMENTS

Domestic violence is a worldwide phenomenon that involves inappropriate, harmful behaviour towards a family member. The notion of family can be extended to people living in cohabitation and to more distant or related relatives, but also to all people living in the same home. We thus obtain a wide spread of abuse. Summarizing the consequences of domestic

violence in a single statement, it can be said that it decreases the quality of life of the victim. Domestic violence is a public health issue in the context of its production and consequences.

In Romania, the medical specialty that deals with monitoring, evaluation and action on public health and has the status of authority in the field through auxiliary institutions is Public Health. Domestic violence is a public health problem in the context of its production and consequences, and its consequences require appropriate measures. Usually, the main missions of this health division are to prevent and maintain a good state of health at national level, but also to prevent the spread of situations or diseases that cause social imbalances.

4.2. HEALTH AND SOCIAL ELEMENTS

Domestic violence is a matter of evidences. It has a wide and imprecisely elucidated etiology. Broadly speaking, it is known as domestic, intimate, intra-family or intramarital violence and is found in many forms between people who live together regardless of the form of social organization. Systematically, it is classified as follows: extremely widespread is the physical abuse within the family which, most often, is produced by the husband/concubine and directed against the wife/concubine. According to the anatomical universe, it is scientifically proved and generally accepted that most of the victims of this phenomenon are women, whether they are wives, concubines, mothers, daughters, grandparents or sisters. Financial efforts are not to be neglected in this context. From medical care, which is often expensive, to expenses incurred by official procedures (legal, organizational or institutional) or just to ensuring the existence, all these require a great deal of effort to be covered if we look at the overall position.

Numerous social factors undoubtedly contribute to the emergence of intimate violence. Socio-cultural factors have widespread valences, from media support to public customs. Publications, TV shows, programmes that promote disruptive behaviour only vitiate the normal development of society. The subcultural background extended in many communities enhances domestic violence and creates the conditions for the generalization of abnormal relationships. In certain environments, verbal or physical aggression is tolerated without restrictions regardless of the consequences. The fundamental norms of life are more permissive and create the premises that favour violence.

SPECIAL PART – PERSONAL CONTRIBUTIONS

CHAPTER 5. RESEARCH FRAMEWORK

5.1. OBJECTIVE AND GENERAL PURPOSE

The aim of this research is to compare the individual difference between psychiatric comorbidities and personality disorders as predisposing factors in domestic violence. The

study aims at a valid answer regarding the correlations between mental comorbidities and personality disorder as a predictor of domestic violence.

5.2. GENERAL RESEARCH METHODOLOGY

In the research we developed 3 studies based on 3 hypotheses looking for differences between the experimental group (individuals who committed domestic violence) and control groups (persons examined with psychiatric comorbidities for judicial prohibition and individuals without known pathologies of any kind examined for the purpose of concluding provisions):

- We estimate that individuals who have committed domestic violence have high scores on the assessment of personality disorders compared to those who have not committed domestic violence and have not obtained significant results regarding the clinical personality tests.
- We estimate that subjects who did not commit domestic violence did not register significant scores on the personality scales and did not record psychiatric disorders compared to those who committed domestic violence.
- We estimate that subjects who did not commit domestic violence had psychiatric comorbidities compared to those who committed domestic violence and had high scores on clinical personality tests.

5.3. PARTICIPANTS

The participants were selected from the database of the Institute of Forensic Medicine of Cluj-Napoca. The total study sample consisted of 1230 participants who were submitted to the forensic psychiatric examination. Out of the total of 1230 people identified in the database of the Institute of Forensic Medicine from Cluj-Napoca, only 120 were selected.

The selection for the first group was made based on data collected from the digital and print archives of the Institute of Forensic Medicine from Cluj-Napoca. The aim was to select those patients who met the specific criteria for the GVD group.

The selection for the second group was made based on data collected from the digital and print archives of the Institute of Forensic Medicine of Cluj-Napoca. The aim was to select those respondents who met the specific criteria for the GDD group.

The selection for the third group was made based on data collected from the digital and print archives of the Institute of Forensic Medicine of Cluj-Napoca. The aim was to select those respondents who met the specific criteria for the GM group.

5.4. TOOLS

Within the psychiatric forensic examinations, several batteries of standardized and scientifically validated tests on the Romanian population were used, as well as a general psychiatric screening within the psychic examination, but also a general objective medical examination.

5.5. WORKING MATERIALS

According to the procedure, the aim was to set up three samples of selected participants: an experimental group (GVD-domestic violence group) and two control groups (GDD-acts of disposition group and GM-comorbidity group).

5.6. WORKING METHOD

The data of the participants were selected from the digital and print archives in order to form three groups. For the first experimental group, data were collected that included the criteria for the sample of those with domestic violence and depending on the variables used in the research, databases were built to operate with them. For the second control group, data were collected that included the criteria for the sample of those with comorbidities, but without having a history of crimes of domestic violence and according to the variables invoked in the research, databases were built to operate with them. For the third control group, data were collected that included the criteria for the sample of those who did not have mental illness and without a history of domestic violence crimes. Depending on the variables used in the research, databases were built to operate with them.

The Institute of Forensic Medicine of Cluj-Napoca uses objective and validated testing tools in assessing mental and personality disorders.

Within the psychiatric forensic expertise panels from the Institute of Forensic Medicine of Cluj-Napoca, psychiatrists perform the standard mental examination in order to determine a possible mental and/ or personality disorder.

5.7. DATA PROCESSING

The processing of statistical data was carried out using the online platform of the IBM SPSS Statistics Subscription, Forecasting & Decision Trees, Authorized User Per Month, license, D1QWYLL and the SPSS (Statistical Package for the Social Sciences) program version 25.0.

CHAPTER 6. STATISTICAL PREAMBLE

The analysis of covariation (One-way ANCOVA) was used, the test being used to examine the differences between the mean values of the dependent variable, after isolating

the effect of certain uncontrolled independent variables (age and educational level were proposed). After controlling the effect of age $F(0.113)$, $p = 0.744$ and after controlling the effect/ influence of education level $F(0.590)$, $p = 0.574$, ANCOVA analyses show that there is no significant difference between the three groups: experimental (GVD) and control groups (GDD-acts of disposition group & GM-comorbidities group). From the results obtained it was found that there are no significant differences in the preliminary scores in terms of age, sex and education, between the three groups, experimental and the two control groups.

CHAPTER 7. STUDY NO 1

In the first study, based on the opening hypothesis we investigated, we assumed that individuals who had committed domestic violence had high scores in assessing personality disorders compared to those who did not commit domestic violence and did not record significant results in clinical personality tests. Following the ANCOVA and Levene tests applied to the working groups, we established that there is a correlation between people with psychopathological personality traits compared to those for whom such traits are not revealed, being more prone to develop domestic violence. The results obtained in this way have shown that our theory is confirmed.

CHAPTER 8. STUDY NO 2

The second study focuses on individuals who have not experienced episodes of domestic violence in the sense that our estimates do not show significant results on personality scales and do not suffer from psychiatric disorders compared to those who have committed domestic violence. The set of scales obtained after using the t test was suggestive for strengthening the concepts held, so that we did not find high levels at the clinical personality scales that reflect personality disorders and, consequently, have a low risk of resorting to domestic violence, while people who obtained high scores to the psychological tests also committed the alleged acts. The second theory was thus confirmed.

CHAPTER 9. STUDY NO 3

The last study was based on the fact that individuals who had psychiatric comorbidities did not commit domestic violence compared to those who did and in whom we found high levels to the clinical personality tests. The F test revealed that, in our research, people with multiple comorbidities did not perform antisocial acts, while individuals with low scores on personality tests also have a low risk of developing this type of actions. Our last hypothesis has been authenticated.

CHAPTER 10. RESEARCH LIMITS

Among the limits of the research we mention the fact that the selection of participants was based only on the digital and print data from the archives of the Institute of Forensic Medicine of Cluj-Napoca. Although, in the case of a selection from a database, the researcher can better control the variables, there may be inferential errors especially in the case of the answers given by the participants to the questionnaires. Another limit refers to a lack of homogeneity of data on the level of education, age and sex. For example, the variables invoked in the research may be affected when we do not have a homogeneity of data.

CHAPTER 11. NER RESEARCH DIRECTIONS

Future studies on this subject may track the impact of violent behavior due to psychopathological personality vulnerabilities. Further research may be carried out on lifestyle, substance use, alcohol and others in correlation with personality disorders and/or psychopathological personality traits.

This type of study can also be reiterated on larger cohorts and on several types of pathologies. Other improvements can be made by more homogeneous groups in view of the working variables.

CHAPTER 12. DISCUSSIONS

The aim of the present research, regarding domestic violence in the case of those who have higher scores in clinical personality tests compared to other categories of examined patients, has achieved its goal. The data obtained support the validity of the hypotheses invoked in the present study, and the general objective of the research aims at what has been studied so far as well as what we have been able to discover. Also, the data obtained on inter/intra-group associations, inter/intra-group discrimination, clinical/non-clinical as well as other correlated forms, above operationalized in the results chapter, indicate a good predictability in what we scientifically aimed to prove.

The results of this study converge with those of other research and studies on domestic violence, revealing that those with high scores on personality assessment and clinical testing are more likely to develop domestic violence and other associated antisocial forms. Unlike other studies, in the present research we obtained a good discrimination against other categories of mental disorders. In our study, we operated with two control groups in order to better differentiate the mental vulnerabilities underlying the antisocial behaviours in those who commit domestic violence.

The value added of our study is highlighted by the fact that our results can accurately describe that psychopathological personality traits and/ or personality disorders are a predictor of domestic violence. At the same time, our study shows that it is not psychiatric morbidity/ comorbidity that is the predictor of domestic violence, but psychopathological personality traits and/ or personality disorders.

CHAPTER 13. CONCLUSIONS

The present research concerns the polarization of psychopathologies related to domestic violence and notes the involvement of personality disorders in the occurrence of domestic aggression. The indicated features predispose to the appearance of conflict phenomena and all the negative consequences that derive from them. The involvement of all the factors involved in the evaluation of these transformations must become an obligation to limit the number of traumatic actions and their consequences. The analysis of personality disorders can represent an alarm signal that is identifiable regarding antisocial activities. In the decision-making process corresponding to this operation, it is noticed the need to incorporate the most accurate raw information, but also typically processed, as it is presented above, in the sense of finding the most appropriate specific solutions. The particular benefit of the present study consists, through statistical data, in emphasizing the belief on the significance of the diseases described in the conditioning of the production and perpetuation of domestic disputes.

Domestic violence is an unjustified and reprehensible situation in all respects that does not find its place in a modern society with current rigors. This study was launched following the finding of the diffuse extent of the phenomenon of domestic violence, being a public health issue addressed by multiple organizations, institutions and entities. The notion of domestic violence has a wide representation taking into account the extension of its terms, being also considered in concubines, people who no longer live together, with different degrees of kinship or extended family. The topic is extremely varied, involving medical, legal, administrative, financial or social consequences. Awareness of events and stopping or limiting them is mandatory. If their demonstration and consequences can be considered an easier task, finding a causal link to result from and trying to mitigate the negative effects can be a challenge.

Bibliography

Annex