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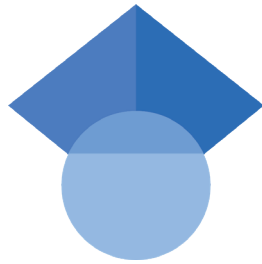
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PREFACE

We are pleased to present this year's special issue, which compiles 11 significant studies selected from the presentations at the 6th Understanding Violence Congress, with Addiction as its central theme. This congress highlights a wide range of addiction-related topics.

While substance use disorder remains a key focus, attention has also been drawn to the increasing prevalence of gambling addiction and technology addiction in recent years. It is important to acknowledge that addiction extends beyond these domains, encompassing other forms such as shopping addiction and relationship addiction.

This issue includes the following publications by the following authors: Elif Ebrar Kıziler, Şeyhmus Merter, Cem Uysal by Retrospective evaluation of tobacco, alcohol, and substance use among juveniles in conflict with the law who applied to the forensic medicine department of Dicle University Faculty of Medicine in 2023, Şahide Güliz Kolburan, Haydeh Faraji by Examining the relationship between addiction and jealousy in romantic relationships: An evaluation in terms of behavioral jealousy, Esra Gürgezoğlu Yapar, Buse Akça by Stalking: A study on lawyers registered with the Istanbul Bar Association, Nevin Uslu, Mustafa Belli by The Effect of the Violence Against Children and Its Prevention Course on University Students' Awareness of Domestic Violence and Their Sensitivity to Violence Against Children, Nil Polat, Holly Branigan by Success or failure? Vancouver's response to the overdose crisis, Mahi Aslan by Autism Spectrum Disorder (ASD) or early electronic screen exposure – 67 month-old case study, Berna Eren, Özge Kovan, Aytül Nurdan Yavuz Yılmaz, Beyza Köse by An analysis of media news on electronic cigarettes, the popular addiction of recent years, Dilan Orak, Merve Bakırtaş, Umay Hasançebi Önder by Case analysis of the effects of digital violence on children in Turkish Penal Law perspective, Tuğba Duvar by Attitudes of healthcare professionals toward individuals with substance use disorders, Muhammet İsmet Yavuz by Deferment of the filing of a public lawsuit and the treatment measure in the context of using narcotic or stimulant substances, and Alim Cansız, Malik Emir Koçhan by The impact of sexual abuse on addiction: A case study on food addiction.

You will notice that all of the studies we have selected highlight significant dimensions of addiction and are solution-oriented in their approach.

I would like to express my gratitude to Ms. Hilal Karayazı, Clinical Psychologist and Board Member of İMDAT, as well as to all the staff of the publishing house, for their invaluable contributions to the publication of this journal.

We look forward to meeting again at next year's congress.

PROF. OĞUZ POLAT M.D.

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RESEARCH ARTICLE/ARAŞTIRMA MAKALESİ

Retrospective evaluation of tobacco, alcohol, and substance use among juveniles in conflict with the law who applied to the forensic medicine department of Dicle University Faculty of Medicine in 2023

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Abstract

This study aims to evaluate the tobacco, alcohol, and substance use of juveniles in conflict with the law who applied to the Forensic Medicine Department of Dicle University Faculty of Medicine to obtain a forensic evaluation report. In the study, 50 cases for which a report was prepared under Article 31/2 of the Turkish Penal Code at the Forensic Medicine Department of Dicle University Faculty of Medicine (DUTF) in 2023 were retrospectively examined from a forensic medical perspective. Of the juveniles brought in for forensic evaluation, 94% were male. The most common crime committed by the juveniles was propaganda for a terrorist organization, followed by robbery and then sexual offenses. It was found that 54% of the juveniles in conflict with the law had dropped out of primary, secondary, or high school before completing their education. According to the examination by the Department of Child and Adolescent Psychiatry, 20% of the juveniles were diagnosed with ADHD, 78% had no psychopathology, and 98% had normal intelligence levels. It was determined that 60% of the juveniles in conflict with the law had a history of smoking, 12% had a history of alcohol use, and 8% had a history of substance use. Among those with a history of substance abuse, all had a history of smoking, and 75% had a history of alcohol use. The average age of those with a history of substance use was found to be 14, and cannabis was the most commonly used substance. Additionally, half of the juveniles with a history of substance use had not completed their education.

Keywords: Tobacco Addiction, Juveniles in Conflict with the Law, Forensic Evaluation

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1. INTRODUCTION

The United Nations Convention on the Rights of the Child defines childhood as the period until the age of eighteen unless the child reaches legal maturity earlier. After World War II, juvenile delinquency rapidly increased, becoming a problem affecting all sectors of society, with an increase in crimes such as theft, assault, murder, alcohol and narcotic substance use, and running away from home (Yavuzer, 2006). Although the crime committed by a child and an adult may be the same act, the judicial process for these two age categories must be evaluated differently (Bennett, 1960). The age of criminal responsibility varies within the legal systems of different countries and can differ even between states within the same country (Ficke, Hart & Deardorff, 2006). In Turkey, the age of criminal responsibility is regulated by the Turkish Penal Code, which requires the determination of criminal responsibility for children who have reached the age of 12 but not 15 at the time of the crime under Article 31/2 of the Turkish Penal Code. A child who has not yet reached the age of 12 cannot be held criminally responsible, and therefore no investigation can be conducted. If a child aged 12 to 15 commits an act constituting a crime but cannot fully comprehend the legal meaning and consequences of the act or lacks sufficient development to direct their actions, they cannot be held criminally responsible (Oral, 1999).

Adolescence is a period of intense physical and cognitive development, making individuals more prone to risky behaviors than in other stages of life. These increased risky behaviors during adolescence can reach life-threatening levels (Alikasifoglu & Ercan, 2009). It is generally accepted that childhood crimes result from various factors. Therefore, instead of labeling a child as a criminal, the term "juvenile in conflict with the law" or "juvenile drawn into crime" is used (Saldırım, 1999). Structural and personal factors, as well as familial factors and the region where the child lives, are reported to influence a child's involvement in crime (Donmezer, 1994). Studies have shown that having a family member who is addicted to substances or

alcohol, as well as neglecting to provide sufficient attention, affection, and love to the child within the family, are factors contributing to the child's involvement in crime (Icli, 2004).

Forensic evaluation reports are prepared to ensure that juveniles in conflict with the law are tried in a manner that protects their best interests. When preparing the report, it is crucial to conduct a comprehensive evaluation that includes the child's mental, physical, and psychological development, as well as their socioeconomic and sociocultural status and upbringing conditions (CoGan, 2006).

In our study, we aimed to provide a detailed evaluation of tobacco, alcohol, and substance use among juveniles in conflict with the law who applied to the Forensic Medicine Department of Dicle University Faculty of Medicine for a forensic evaluation report. Studies on juveniles in conflict with the law examine the reasons for and risk factors of criminal behavior. The analyses made in these studies are important for taking preventive measures to keep children away from crime and addictions and for reintegrating them into society.

2. MATERIALS AND METHODS

The aim of this study is to evaluate the use of cigarettes, alcohol, and substances among juvenile delinquents who were referred to the Department of Forensic Medicine at Dicle University Faculty of Medicine. In the study, data from forensic reports archived at our institution were retrospectively reviewed. These reports pertain to juvenile delinquents referred to the Department of Forensic Medicine by judicial authorities for evaluation under Article 31 of the Turkish Penal Code between January 1, 2023, and December 31, 2023.

3. FINDINGS

In our study, forensic reports were examined for children who had reached the age of 12 but had not yet turned 15 at the time of the legal proceedings. These reports assessed whether the children had developed the ability to comprehend the legal meaning and consequences of their actions or to direct their behavior.

The average age of the children at the time of the incident was found to be 13.7 years, with 94% of them being male. Among the reports issued, 42 (84%) indicated that the individual did not possess sufficient ability to comprehend the legal meaning and consequences of their actions or to control their behavior accordingly. In 5 cases (10%), it was determined that the individual did possess this ability, while in 3 cases (6%), no definitive conclusion could be reached. Among the juvenile delinquents who applied to our clinic, the most frequent crime was making propaganda for a terrorist organization, followed by robbery, and then sexual offenses. According to the Department of Child and Adolescent Psychiatry's examination, 20% of the children were diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), while 78% had no psychopathology. Of the 10 cases diagnosed with ADHD, it was concluded that 9 (90%) did not possess sufficient ability to comprehend the legal meaning and consequences of their actions or to control their behavior accordingly. None of the 10 cases with an ADHD diagnosis were found to use alcohol or substances, while 5 (50%) were found to use tobacco products. It was also determined that 98% of the juveniles had normal intelligence levels, while 2% had below-average intelligence.

When evaluating the educational status of the juveniles in conflict with the law, it was found that 54% had dropped out of primary, secondary, or high school before completing their education.

In terms of addictions, it was found that 30 out of the 50 juveniles (60%) smoked, and 6 (12%) used alcohol, with all alcohol users also being smokers. Of the 6 children with a history of alcohol use, 2 had dropped out in 8th grade, 1 in 7th grade, while the others continued their education. The children who used alcohol had forensic reports prepared for crimes such as armed robbery with multiple persons, attempted murder, purchasing drugs or stimulants for use, making propaganda for a terrorist organization, and the misuse of bank and credit cards, as well as the sexual abuse of victims under the age of 12.

The reports reviewed showed that 4 children (8%) had a history of substance use, with an average

age of 14 years. All of these children had used cannabis, and 1 child had also used cocaine in addition to cannabis. Moreover, all children with a history of substance use were also smokers, and 75% also used alcohol in addition to drugs.

According to the Department of Child and Adolescent Psychiatry's examination, the children who used substances did not show any psychopathology, and all had normal intelligence levels. In our study, it was found that 2 of the 4 children with a history of substance use reported quitting substances, and all children who continued active substance use had dropped out of school (8th-grade dropout, 11th-grade dropout), while those who had quit continued their education. The reports indicated that half of the children with a history of substance use did not complete their education. The children with a history of substance use and in conflict with the law had forensic reports prepared for crimes such as manufacturing and trading drugs or stimulants, purchasing, accepting, possessing, and using drugs or stimulants, and making propaganda for a terrorist organization.

4. DISCUSSION

Today, alcohol and substance addiction is recognized as a significant public health issue (Karakus, Evlice& Tamam, 2012). Across all age groups worldwide, particularly among adolescents, there has been a noticeable increase in tobacco and substance use. This rise is attributed to various psychological and socioeconomic factors, as well as the tendency of adolescents to disregard long-term health risks, which contributes to the widespread use of tobacco (Akgul & Kutluk, 2015). Studies indicate that the initiation of tobacco use, especially in developed countries, is concentrated between the ages of 13 and 19 (Warren, Jones & Asma, 2008). Similar studies conducted in our country have shown an increase in tobacco and alcohol use, with the age of initiation decreasing over time (Bulbul, Guclu& Mısırlıoğlu, 2013). According to World Health Organization data from 2008, the smoking rate among individuals aged 13-15 in Turkey was found to be 8.4%, with a higher prevalence among males (Warren, Jones & Asma, 2008). In our study, the 60% rate of

smoking among juveniles in conflict with the law is particularly noteworthy.

A study examining the use of tobacco, alcohol, and substances among children and adolescents in foster care found that alcohol and substance use was more common among smokers than non-smokers (Sucaklı, 2015). In another study involving 630 high school students, it was found that those who smoked were three times more likely to use alcohol compared to non-smokers (Ritchey, Reid & Hasse, 2001). Similarly, our study highlights that all children who used alcohol and substances also smoked. Substance addiction is defined as the continued use of substances despite causing physical, mental, or social problems, and the inability to resist the urge to use the substance (Ministry of Health, 2010). Environmental factors, as well as personal and genetic factors, are reported to influence susceptibility to substance addiction. However, research indicates that the hereditary impact is relatively low in children and adolescents compared to adults, especially in early adolescence (Mutlu, Gercek, Ocakoglu&Karacetin, 2024).

Substance use can cause psychopathologies or exacerbate symptoms of pre-existing conditions (Neighbors, Kempton & Forehand, 1992). Psychosis, acute intoxication, and withdrawal symptoms that can occur after substance use may lead to aggression, violence, and criminal behavior, showing a correlation between substance use and criminal activities, with substance use being a significant risk factor for delinquency (Boles, 2003 & Farrington, 2001). An individual may be drawn into crime or become a victim of a crime while under the influence of alcohol or substances (Goldstein, 2003). A study conducted in Turkey involving 270 individuals under the age of 18 held in juvenile detention centers found that 71.3% had a history of cannabis use, and 32.8% reported being under the influence of substances at the time they committed the crime for which they were arrested (Ogel& Aksoy, 2007).

Globally, cannabis is the most widely cultivated, trafficked, and used illicit drug (Ogel& Aksoy, 2007). Our study also found that all children

with a history of substance use had used cannabis. It is noted that volatile substance use is common among individuals with poor socioeconomic status, antisocial behavior disorders, criminal histories, and previous incarceration (Boztas&Arısoy, 2010). In a study evaluating 194 children living on the streets in Istanbul without family support, it was found that 78.1% of the boys and 77.4% of the girls had a history of substance use (Ogel& Aksoy, 2002). Research indicates that volatile substance and cannabis use is widespread among children living on the streets (Bailey, Camlin & Ennett, 1998 & Morakinyo&Odejide, 2003).

A study examining the educational status of juveniles in conflict with the law found that children who committed crimes were less successful in school, repeated grades more often, and had higher absenteeism compared to children who did not commit crimes (Wang, Blomberg & Li, 2005). In a study of 144 juveniles in conflict with the law treated in a psychiatric hospital between 2010-2014, 59% of the children were not attending school while receiving treatment, and 54.9% of those who were attending had poor academic performance (Beser, Baysan & Uzunoglu, 2016). Another study found that children who regularly attended school were less likely to commit violent crimes (Frey, Ruchkin, Martin & Schwab-Stone, 2009). Similarly, our study found that 54% of the juveniles in conflict with the law had dropped out of primary, secondary, or high school before completing their education, highlighting the relationship between delinquency and irregular school attendance.

In the literature, when comparing children who have committed crimes to those who have not, it is noted that the IQ scores of children in conflict with the law range from 75 to 90, which is lower than the IQ scores of children who have not committed crimes (Grace & Sweeney, 1986; Taylor, Kemper, Loney & Kistner, 2006; Romi & Marom, 2007). In a study conducted in our country on 214 juveniles in conflict with the law aged 15-18, it was found that 50.5% had borderline intelligence (Yavuzer, 2006). In contrast, our study determined that 98%

of the juveniles in conflict with the law had normal intelligence levels. Despite this, the high dropout rate among these children is striking. Furthermore, it was observed that all children with a history of substance use who no longer used substances had continued their education.

5. CONCLUSION

There are numerous studies on juveniles in conflict with the law, which analyze factors such as age, gender, education level, family background, type of crime, tobacco, alcohol, substance use, intelligence level, medical conditions, and medications used. These analyses are valuable for relevant institutions and organizations to develop preventive methods to combat crime and addiction among children and adolescents.

In our study, we specifically aimed to evaluate tobacco, alcohol, and substance use among juveniles in conflict with the law who were referred to our Forensic Medicine Department in Diyarbakır in 2023. The finding that 60% of these juveniles smoke is particularly noteworthy. Additionally, it was found that all children who used alcohol and substances also smoked, and all children who used substances had used cannabis. This suggests that efforts to combat tobacco and cannabis use should be increased, especially in Diyarbakır, targeting not only children and adolescents but all segments of society.

It has been shown that individuals with ADHD have higher rates of tobacco and psychoactive substance abuse and dependence compared to adults without ADHD. ADHD doubles the risk of substance abuse compared to the general population. While the comorbidity of substance dependence in individuals with ADHD is 40-50%, the comorbidity of ADHD in substance-dependent individuals is 15-25% (Tuğlu & Şahin, 2010). In our study, the frequency of alcohol and substance use among juvenile delinquents was found to be lower than that of the general population, whereas the use of tobacco products was observed to be more frequent than in the general population.

To effectively combat addiction among children and adolescents nationwide, and to raise societal

awareness and strengthen preventive measures, it is essential that the Ministry of Youth and Sports, the Ministry of Family and Social Services, law enforcement agencies, universities, hospitals, and other relevant entities collaborate comprehensively (Aslan, Aktas&Akgur, 2023). Programs designed for substance-addicted children and adolescents should aim to distance them from crime and addiction and facilitate their reintegration into society (Volkow, 2010). A study conducted among high school students in Istanbul demonstrated that having substance-addicted individuals in one's social circle is a risk factor for tobacco, alcohol, and substance use (Unlu&Evcin, 2014). Therefore, programs should also be developed for children who do not have a history of substance use but are at risk of addiction due to family structure, environment, personal, and environmental factors (Volkow, 2010). Given that individuals under the influence of alcohol and substances can be drawn into crime or become victims, it is concluded that a rigorous fight against addiction in children and adolescents could prevent them from becoming involved in or victimized by crime.

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RESEARCH ARTICLE/ARAŞTIRMA MAKALESİ

Examining the relationship between addiction and jealousy in romantic relationships: An evaluation in terms of behavioral jealousy

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Abstract

Addiction in romantic relationships, which is a chronic problem that harms oneself, one's partner, and the relationship, refers to the partner's desire for excessive closeness determined by the intense need for the other. It is known that such dependent relationships are related to jealousy, as there are factors such as lack of self-confidence, low self-esteem and internal insecurity. The aim of this study is to examine the cognitive, emotional and behavioral dimensions of addiction and jealousy in relationships. It was aimed to evaluate the behavioral dimension of jealousy in terms of partner violence. The study was started after receiving ethics committee approval numbered 2024/03 dated 07.03.2024 from Istanbul Aydın University Social and Humanities Ethics Commission. It was conducted with 334 female and 183 male volunteer participants reached by convenience sampling. The measurement tools used in the study are the Sociodemographic Data Form, the Addiction in Romantic Relationships Scale and the Multidimensional Jealousy Scale. Pearson Correlation analysis, Multiple Linear Regression Analysis and Independent Groups T Test were performed using SPSS 27.0.1.0 Edition (31-Dec-2037). In line with the study findings, it was determined that addiction in romantic relationships was associated with all dimensions of jealousy, but with behavioral jealousy at the highest level. The results of the study reveal that perceptions of inadequacy of personal resources, such as insufficient education and economic level, can increase the feeling of jealousy. However, it appears that increased addiction indicators such as obsession and dedication towards the partner are determined by the behavioral aspect of jealousy. Therefore, the study results indicate that in order to protect both partners in a romantic relationship, it may be useful to focus on what they do with this feeling rather than their feelings of jealousy. Based on this, it can be stated that strengthening individual resources should be preferred to direct interventions against the feeling of jealousy.

Keywords: Romantic Relationship, Addiction, Jealousy, Behavioral Jealousy

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1. INTRODUCTION

1.1. Addiction

The Turkish Language Association defines the concept of addiction as “dependent on the will, power or help of another, lacking freedom or autonomy, dependent”, “excessively dependent on someone or something, materially or spiritually” (TDK, 2022). In the process, with the influence of behavioral studies on addiction, the category of “non-substance-related disorder” was added to the concept of “substance-related disorders”. DSM-5 only addressed gambling addiction in this category (APA, 2013), and in the following years, studies on which of these can be diagnosed as a mental disorder continue with studies indicating that some types of behavior can also be addictive (Güleç, 2023). However, love addiction is not classified as a mental disorder or behavioral addiction in the DSM-5.

1.2. Romantic Relationship Addiction

Love is considered a behavioral addiction (Earp et al. 2017). Addiction in romantic relationships negatively affects the person’s life. The person cannot get out of the negative relationship and gets lost in a cycle, and their partner is like an addicted substance. It is characterized by continuing unhealthy and painful relationships, suffering in the absence of the lover, and making the relationship the center of life (Atlam et al., 2023).

Relationship addiction, which is characterized by the tendency to constantly need the approval of the partner in the relationship, to try to stay in the relationship under all circumstances, and to define one’s own identity through the relationship, can limit the ability of the person to say no to negative attitudes and behaviors encountered in the relationship or cause an increase in controlling and restrictive attitudes towards the partner. At the same time, this situation, which is also preventive in terms of creating healthy boundaries, can bring the individual who exhibits addiction in the romantic relationship closer to the positions of the abuser and/or the abused in the relationship (Faraji & Demir, 2023).

Rusnakova (2014), while defining relationship addiction, defined it as the excessive dependence

of a person on another person due to the fear of losing the person on whom he/she is dependent, ignoring his/her own needs, and also stated that in this type of relationship, the dependent party feels intense guilt, holding himself/herself responsible for any negativity that may occur in the relationship.

Griffiths (1996) mentioned the common characteristics of relationship addiction with substance-related addiction types. These six criteria explained by the Behavioral Components Model are: Salience (focus), Psychological change, Tolerance, Withdrawal, Conflict and Repetition. Of these, tolerance is defined as the need to increase the intensity and frequency of behavior, while conflict is defined as the situation of restricting and intervening in all life activities of the partner outside the relationship. Withdrawal, on the other hand, refers to symptoms such as restlessness that occur when the relationship decreases and/or is interrupted, similar to substance-related addictions. Romantic jealousy can be evaluated as a result of these components, which show similar characteristics to behavioral addiction. In a study conducted on romantic relationship addiction in the context of the components of addiction, it was stated that some neurochemical changes occurring in the reward center of the brain affect the emotional states and behaviors of individuals (Çolakkadıoğlu et al., 2023).

1.3. Romantic Jealousy

Romantic jealousy is a negative reaction to a real or perceived threat that causes the end or damage of a relationship that is important (Kayrak et al., 2023). Romantic jealousy is a feeling experienced with a person who has an emotional bond and is mostly encountered between spouses (Tortamış, 2014). Jealousy involves the person’s commitment to their partner and arises from the partner’s interest in someone else (Oğul & Karaaziz, 2023). One of the most common problems in dual relationships is romantic jealousy (Curun & Çapkin, 2014). In order to classify jealousy as positive or negative, the reactions given to jealousy are important.

1.4. Cognitive, Emotional and Behavioral Jealousy

Cognitive, emotional and physical reactions in jealousy are more difficult to control than external elements (Pines, 1998). While the behavioral dimension of jealousy is the cause of partner violence in some people (Carson and Cupach, 2000), it has been stated in many studies that jealousy is one of the most common causes of murder in femicides (Çiftçi and Açıık, 2022). Reactions given in jealousy are; 'aggression', which includes behaviors such as throwing objects and threatening; 'withdrawal', which includes behaviors such as showing less love, communicating non-verbally and caring about other people; and 'relational compensation attempts', which includes behaviors such as trying to be perfect and showing more attention (Fleischmann, Spitzberg and Roesch, 2005; Cited in: Kayrak et al., 2023). In a content analysis study conducted on the reasons for violent incidents and murders in Turkey reported in the press, reasons such as honor, jealousy, cheating and insisting on divorce come to the fore. In the same study, the most common reason given by the arrested perpetrators for the murders of women was "jealousy" (Aslan and Kırıskan 2022). It is claimed that honor killings are usually committed due to excessive jealousy and anger (İnci, 2013). However, especially in women, an increase in the level of addiction on the partner can result in an increase in the level of violence experienced (Yavuzer and Kılıçarslan, 2024).

The aim of this study is to examine the relation-

ship between addiction and jealousy in romantic relationships and to evaluate the behavioral dimension of jealousy in terms of partner violence.

1.5. Hypotheses

H1. Jealousy in romantic relationships is predicted by addiction

H2. Addiction in romantic relationships is associated with behavioral jealousy.

2. METHOD

The study is a relational screening type and the sample selection was made by convenience sampling method. For this purpose, a total of 517 people were reached. The Socio-demographic Information Form prepared by the researchers and the Romantic Relationship Addiction Scale and the Multidimensional Jealousy Scale were applied to the adult sample group whose ages were between 18-45 ($M= 26.74\pm 5.64$).

2.1. Data Collecting Tools

2.1.1. Sociodemographic Data Form

The sociodemographic data form was created by the researchers and includes questions aimed at determining the gender, age, education level and perceived income level of the participants.

2.1.2. Addiction in Romantic Relationships Scale

It was developed by Atlam et al. (2023) to determine the level of addiction in romantic relationships. Measured Features: Love addiction, Rela-

Table 1. Distribution of Demographic Information of Participants

		<i>n</i>	%
Gender	Female	334	64.6
	Male	183	35.4
Perceived Income Level	Low	92	17.8
	Moderate	359	69.4
	High	66	12.8
Educational Status	Bachelor Degree	396	76.6
	Postgraduate	121	23.4
	Total	517	100.0

tionship addiction, Romantic Relationships. The scale consists of a 3-factor 13-item structure. The factor structures of the scale were determined as dedication (6, 7, 8, 9, 10), Withdrawal (1, 2, 11, 12, 13) and obsession (3, 4, 5). As the score obtained from the scale increases, relationship addiction increases. The scale had high reliability (Cronbach's alpha= .87).

2.1.3. Multidimensional Jealousy Scale

Developed by Pfeiffer and Wong (1989), the scale aims to measure cognitive, emotional and behavioral reactions that occur in the event of jealousy. The scale is a 7-step Likert-type scale. Both a total score and a score for each subscale can be obtained from the scale. An increase in the total score and each subscale means that the total jeal-

ousy or the jealousy score measured by the subscale increases. As a result of the factor analysis study conducted for the original scale, three factors were determined. The first factor explained 33.1% of the variance, the second 13.6% and the third 11.7%. The factors were named as cognitive jealousy, behavioral jealousy and emotional jealousy. Each factor has 8 items. In the reliability study, the reliability of the subscales was found to be between .80 and .90. It was adapted to Turkish culture by Karakurt (2001).

2.2. Process

The study was initiated by obtaining approval for use from the individuals who developed and/or adapted the relevant measurement tools into Turkish. The data collection phase was ini-

Table 2. Analysis of Descriptive Statistics and Kurtosis, Skewness, and Cronbach's Alpha Coefficients of the Addiction in Romantic Relationships Scale and the Multidimensional Jealousy Scale

	<i>n</i>	<i>Min</i>	<i>Max</i>	\bar{X}	<i>SD</i>	<i>Kurtosis</i>	<i>Skewness</i>	(<i>a</i>)
Addiction in Romantic Relationships Scale	517	13	49	27.28	7.09	0.01	0.51	
dedication	517	5	20	10.25	2.96	-0.03	0.40	0.70
Withdrawal	517	5	20	10.28	3.35	0.18	0.72	0.77
Obsession	517	3	12	6.75	2.24	-0.72	0.21	0.71
Multidimensional Jealousy Scale	517	37	143	77.02	19.92	0.55	0.89	0.94
Emotional Jealousy	517	20	49	39.92	6.54	-0.18	-0.62	0.75
Behavioral Jealousy	517	8	56	20.31	9.49	0.39	0.92	0.85
Cognitive Jealousy	517	8	50	16.79	10.80	0.75	1.30	0.93

Table 3. The Relationship Between Addiction and Jealousy in Romantic Relationships

	1	2	3	4	5	6	7	8
1- <u>Addiction in Romantic Relationships</u>	1							
1.a. Dedication	.80**	1						
1.b. Withdrawal	.88**	.51**	1					
1.c. Obsession	.79**	.44**	.62**	1				
2- <u>Multidimensional Jealousy</u>	.45**	.32**	.37**	.47**	1			
2.a. Emotional Jealousy	.37**	.21**	.32**	.42**	.44**	1		
2.b. Behavioral Jealousy	.40**	.25**	.36**	.42**	.85**	.19**	1	
2.c. Cognitive Jealousy	.26**	.24**	.17**	.24**	.83**	0.03	.58**	1

** $p < 0.01$, * $p < 0.05$ Name of the test applied: Pearson Correlation Test

tiated after obtaining the ethics committee approval numbered 2024/03 dated 07.03.2024 from the Istanbul Aydin University Social and Human Sciences Ethics Committee. The data were sent to the participants via online platforms (Facebook, Instagram, WhatsApp) with surveys prepared via Google Forms. The survey form begins with obtaining the voluntary consent of the participants. Personal information such as the participants' names and surnames were not obtained. The informed consent form states that the participant information will not be shared with anyone other than the researchers and that they can withdraw from the study at any time, and the researcher's e-mail address is also shared for participants' possible questions. Filling out the surveys takes an average of 10-12 minutes.

2.2.1. Data Analysis

In this study, statistical analyses were performed using SPSS 27.0.1.0 Edition (31-Dec-2037) software. First, the reliability level of the scales was evaluated with Cronbach's Alpha coefficients and these values were found to be above 0.60 (Kılıç, 2016). Then, various analyses were performed to examine the normal distribution properties of the scales in detail. During this evaluation process, it was determined that the kurtosis and skewness coefficients of the scales met the reference values between -2 and +2 suggested by HahsVaughn and Lomax (2020). The level and direction of the relationship between the scales were examined using the Pearson Correlation method, and Independent Groups t-test and ANOVA tests were applied to understand

Table 4. Findings on Addiction Predicting Jealousy in Romantic Relationships

	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>	<i>Lower Bound</i>	<i>Upper Bound</i>
	42.16	3.10		13.59	<.001***	36.06	48.25
Dedication	0.75	0.31	0.11	2.45	0.015*	0.15	1.36
Withdrawal	0.51	0.31	0.09	1.66	0.098	-0.09	1.12
Obsession	3.24	0.44	0.36	7.31	<.001***	2.37	4.11
<i>R</i> =.49 <i>R</i> ² =.23 <i>F</i> _(3,513) =53.39 <i>p</i> <.001***							

****p*<.001, ***p*<.01, **p*<.05; Note, CI: Confidence Interval

Table 5. Comparison of Addiction and Jealousy Levels in Romantic Relationships by Gender

	Female(n=334)		Male(n=183)		<i>t</i>	<i>df</i>	<i>p</i>
	\bar{X}	<i>SD</i>	\bar{X}	<i>SD</i>			
<u>Addiction in Romantic Relationships</u>	26.45	6.96	28.80	7.10	-3.65	515	<.001***
Dedication	9.84	2.97	10.99	2.80	-4.29	515	<.001***
Withdrawal	10.06	3.15	10.68	3.66	-1.93	330.249	0.055
Obsession	6.54	2.18	7.13	2.31	-2.86	515	0.004**
<u>Multidimensional Jealousy</u>	77.37	19.25	76.37	21.13	0.55	515	0.583
Emotional Jealousy	40.01	6.51	39.76	6.62	0.42	515	0.675
Behavioral Jealousy	20.51	8.90	19.94	10.50	0.62	325.739	0.535
Cognitive Jealousy	16.85	10.65	16.67	11.10	0.19	515	0.851

****p*<.001, ***p*<.01, **p*<.05 Test Used: Independent Samples T-Test

the differences of the scales according to demographic variables. Multiple Linear Regression was preferred for predictive analysis. All these statistical analyses were performed at a 95% confidence interval and based on a p value of 0.05 significance level.

3. RESULTS

When the results of the findings are examined, 334 (64.6%) of the participants are female, 183 (35.4%) are male. 92 (17.8%) of them report having low income, 359 (69.4%) of them report having medium income, and 66 (12.8%) of them report having high income. 396 (76.6%) of the participants have undergraduate education, and 121 (23.4%) of them have postgraduate education. The ages of the participants are between 18-45, and the average age is 26.74 ± 5.64 .

When the results of the findings were examined, low and moderate positive correlations were found between the total score of Multidimensional Jealousy and all jealousy sub-dimensions (Emotional, Behavioral and Cognitive Jealousy) and the Addiction in Romantic Relationships variables. When the relationship between addiction and jealousy sub-dimensions in romantic relationships was examined; low and moderate positive correlations were found with emotional jealousy, behavioral jealousy and cognitive jealousy.

Low and moderate positive correlations were found between the Multidimensional Jealousy sub-dimensions and the Dedication variables. A moderate positive correlation was found between the addiction sub-dimensions, dedication and jealousy.

Low and moderate positive correlations were found between the total score of Multidimensional Jealousy and Withdrawal, and all jealousy sub-dimensions (Emotional, Behavioral and Cognitive Jealousy) and Withdrawal variables.

Low and moderate positive correlations were found between the total score of Multidimensional Jealousy and the jealousy sub-dimensions Emotional, Behavioral and Cognitive Jealousy and Obsession variables.

When the results of the regression table are examined, it is seen that the independent variable of Withdrawal in the regression model does not have a significant predictive effect on jealousy. In addition, the variables of dedication and obsession predict jealousy. The R² value is .23, and it is seen that the predictors explain 23% of the variance in the outcome variable. As a result of the findings, it is shown that dedication positively predicts jealousy and obsession positively predicts jealousy.

When the results of the given findings were

Table 6. Comparison of Addiction and Multidimensional Jealousy Levels in Romantic Relationships According to Perceived Income Level

	Perceived Income Level						F(2,514)	p	Post-Hoc
	Low ¹ (n=92)		Moderate ² (n=359)		High ³ (n=66)				
	\bar{X}	SD	\bar{X}	SD	\bar{X}	SD			
Addiction in Romantic Relationships	27.88	7.02	26.94	7.00	28.30	7.62	1.44	0.238	-
Dedication	10.28	2.67	10.11	3.01	10.95	3.01	2.30	0.101	-
Withdrawal	10.82	3.65	10.13	3.25	10.33	3.41	1.54	0.215	-
Obsession	6.78	2.34	6.70	2.19	7.02	2.40	0.57	0.565	-
Multidimensional Jealousy	77.51	21.24	76.83	19.57	77.36	20.25	0.05	0.947	-
Emotional Jealousy	41.27	6.20	39.89	6.63	38.20	6.18	4.31	0.014	1>3
Behavioral Jealousy	19.40	9.40	20.20	9.33	22.17	10.33	1.71	0.181	-
Cognitive Jealousy	16.84	11.08	16.74	10.63	17.00	11.50	0.02	0.982	-

examined, no significant difference was found between the groups compared when the Withdrawal sub-dimension of the Addiction Scale and the Emotional Jealousy, Behavioral Jealousy, Cognitive Jealousy sub-dimensions of the Multidimensional Jealousy Scale were examined according to gender ($p>.05$).

When the scores obtained from the Romantic Relationship Addiction, Dedication subscales, and the Obsession subscale were examined according to gender, a significant difference was found between the compared groups. When the average scores obtained from the scales were evaluated, it was observed that men's scores were higher than women's.

When the results of the given findings were examined, when the Romantic Relationship Addiction Scale, Dedication, Withdrawal, Obsession, Multidimensional Jealousy Scale, Behavioral Jealousy, Cognitive Jealousy sub-dimension were examined according to income level, no significant difference was found between the compared groups ($p>.05$).

When the scores obtained from the Emotional Jealousy subscale were examined according to income level, a significant difference was found between the compared groups. When the results of Tukey's findings were considered, participants with low income levels received significantly higher scores than those with high income levels.

4. DISCUSSION AND CONCLUSION

4.1. Discussion

The basic hypothesis of this study is that jealousy in romantic relationships is predicted by addiction, and the hypothesis was confirmed. In this study, it was determined that addiction in relationships is associated with all dimensions of jealousy, but at the highest level with behavioral jealousy. In similar studies, it was reported that dependent and borderline personality disorders, in which the addiction factor is at the center, are associated with jealousy and that high levels of relational addiction and jealousy are seen in individuals with borderline personality traits (Faraji and Güler, 2021; Eren, 2023).

Like other aspects of human experience, jealousy can range in expression and intensity from an adaptive response to a potentially dangerous psychopathological symptom (Costa et al., 2023). Conroy-Beam et al. (2015) determined that jealousy increases addiction in a relationship and that emotional jealousy, one of the components of jealousy, serves to protect investment in the relationship. According to the results of the current study, dedication and obsession, which are components of addiction in relationships, predict jealousy. As dedication increases, the partner's self-sacrifice and investment in the relationship increase. Sucrese et al. (2023) state that emotional jealousy is an adaptive mechanism aimed at eliminating any threat that the partner's resources and investments will be diverted. Accordingly, it is thought that increased dedication in the relationship, resulting in higher jealousy, serves as a strategy to prevent the loss of investments.

Increased jealousy in romantic relationships can also lead to violent jealousy behaviors (Kyeogombe et al., 2022). The results of this study revealed that when jealousy moves from an emotional level to a behavioral one, it is accompanied by dependent characteristics towards the partner. Similarly, Yüzügülen (2016) reported that the increase in behavioral jealousy is seen together with an increase in relational addiction. In parallel with this, it has been determined that when relational addiction and behavioral jealousy increase, behaviors aimed at controlling the partner and aggressive attitudes also increase (Emod et al., 2023).

Increased addiction indicators such as obsession and dedication towards the partner determine the behavioral aspect of jealousy (Kellet and Stockton, 2023). Perhaps one of the most prominent manifestations of obsession towards the partner today is obsessive following behaviors towards social media, and it is known that these behaviors increase the feeling of jealousy (Martínez-León, et al., 2023). The increase in the obsessive component of jealousy carries jealousy to a pathological level. In cases of obsessive jealousy, individuals make repeated accusations that their partner is sexually unfaithful, with minimal or no evidence, and often put forward

ordinary events or interactions to confirm the accusations (Batinic et al., 2013). In the same study, it was also stated that these compulsive questionings caused by the feeling of jealousy stem from obsessions that emerge in the form of repetitive images of their partner being unfaithful and engaging in sexual acts with others. Individuals with obsessive jealousy state that these images are quite detailed and long-lasting, as if they were watching a movie (Batinic et al., 2013). However, it is reported that as the obsessive component of jealousy increases, the individual will become more interested not only in the current relationship status of their partner but also in their past relationship and sexual experiences (Kellett and Stockton, 2023). It is known that violence in a relationship is basically aimed at controlling or dominating the partner physically, sexually or psychologically (Wekerle and Wolfe, 1999). Therefore, it is thought that an increase in obsession and jealousy, which are one of the dimensions of addiction on the partner, may lead to an increase in violent behaviors along with an increase in the need to dominate and control.

Romantic jealousy has a protective effect on the relationship when it is at low levels, while increases in jealousy levels have been associated with increases in relationship quality, relationship satisfaction, and partner violence (Pichon et al., 2020; Buller et al., 2023). A recent global meta-analysis study identified three main mechanisms involved in the transformation of romantic jealousy into intimate partner violence; (1) perceived masculinity as threatened, (2) perceived femininity as threatened, and (3) patriarchal beliefs. The results of the study indicate that social norms regarding gender play an important role in partner violence. When the results were evaluated in terms of gender, it was determined that men reported more jealousy and exhibited higher levels of dedication and obsession (Pichon et al., 2020).

The findings of Ariyo et al. (2023) in the Nigerian sample are similar to the findings of this study, and it is seen that men report higher levels of jealousy than women, and this situation is explained by cultural characteristics. Buller et al. (2023) state that jealousy in men tends to turn

into intimate partner violence with increased control. In the qualitative analysis conducted in the same study, it was stated that most of the male participants presented jealousy within the framework of a love discourse, and the three triggers of male jealousy leading to intimate partner violence were stated as: (1) community gossip, which acts as a mechanism of community control over women's actions and sexuality; (2) women's participation in the workforce; and (3) women's refusal to have sex. In their study conducted in Tanzania by Aloyce et al. (2022), it is stated that jealousy in men often results in partner violence. The triggers of jealousy can be suspicion or confirmed infidelity, as well as a decrease in the attention provided by the partner and the failure to accept the superiority of the man.

Malik and Arif (2012) state that low income level is one of the main sources that feeds the feeling of jealousy. The study findings show that the level of emotional jealousy is significantly higher in individuals who perceive their income level as low than in those who perceive their income level as high. In the study conducted by Balaydın et al. (2020) with pregnant women, it was determined that those who reported a low income level had higher general jealousy levels. While Bulut and Topkaya (2019) determined that the income level is related to cognitive jealousy, Çapkın (2012) stated that the income level is related to behavioral jealousy. Bulut and Topkaya's sample generally covers a more mature age group (mean age 31) than the sample of this study, and the vast majority of individuals are seen to be married. In this respect, it is thought that the difference between the studies is related to Bulut and Topkaya's (2019) sample having reached a maturity level that can handle jealousy more cognitively. Although it is generally stated in the literature that there is a relationship between a decrease in income level and jealousy, the findings regarding which type of jealousy this relationship is specifically related to are contradictory. It is thought that the current contradiction can be explained by the finding of Zang and Wang (2021) that individuals' unemployment and fluctuations in income levels increase jealousy.

5. CONCLUSION

It is seen that the behavioral dimension of jealousy, which is associated with partner violence and addiction in romantic and relationships are concepts that need to be studied in terms of preventing domestic violence and femicide. In this direction, we believe that studies to be conducted with variables predicting the behavioral jealousy dimension will contribute to studies on preventing partner violence and femicide, which is the end point of partner violence.

Considering the relationship between income level and emotional jealousy, it becomes clear that socioeconomic interventions aimed at increasing income level are important for establishing healthier relationships.

In this study, while the relationship between romantic addiction and jealousy was evaluated empirically, the connection between the current relationship and violent behaviors in romantic relationships was evaluated theoretically, which constitutes the limitation of the study.

Since it is known that difficulties in emotion regulation play a role in the relationship between emotion and behavior, especially behavior that is uncontrolled and may lead to negative consequences, it is recommended that future researchers include difficulty in emotion regulation as a variable in the evaluation and conduct qualitative studies in order to evaluate violent behaviors in romantic relationships in more detail.

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RESEARCH ARTICLE/ARAŞTIRMA MAKALESİ

Stalking: A study on lawyers registered with the Istanbul Bar Association

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Abstract

This study is one of the rare studies conducted on the stalking experiences of lawyers. When we examine the literature on stalking, it is observed that the majority of victims are women, and stalking is predominantly carried out by ex-spouses/partners or current spouses/partners. However, studies conducted on certain professionals have identified that some individuals are subjected to stalking due to their professional roles. In this context, the purpose of this study is to profile the stalking experiences of lawyers registered with the Istanbul Bar Association in Türkiye, discuss the risk factors, and shed light on future research. For data collection, a 23-question survey was created using Google Forms. The survey was distributed to 75 lawyers registered with the Istanbul Bar Association. It was found that 57.7% of the participating lawyers had been subjected to stalking, while 42.3% had not. The stalkers were identified as individuals the lawyers had met at some point in their lives (27.3%), ex-spouses/ex-lovers/ex-partners (18.2%), their own clients (15.2%), and opposing clients (9.1%). Stalking was mostly carried out through repeated phone calls/messages (69.7%) and via digital means on social media/the internet (66.7%). It was noted that 90.9% of the lawyers who had been subjected to stalking did not report it to legal authorities or file a complaint. In conclusion, although there are limitations in generalizing our findings beyond the current sample, it is evident that lawyers can also be victims of stalking, and there is a high incidence of such stalking being perpetrated by either opposing clients or their own clients. Furthermore, the most striking finding of the research is that the vast majority of victimized lawyers choose not to report the crime to official authorities due to their lack of confidence in the legal process related to stalking.

Keywords: Stalking, Stalker, Victim, Lawyer, Client.

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1. INTRODUCTION

Although stalking is a relatively new concept that has emerged in recent years, it is not a new phenomenon. Themes related to this behavior can be found in the mythology and literature of almost all cultures (Dressing et al., 2002). From this perspective, the phenomenon of stalking, which is an old behavioral pattern, gained international attention and began to be discussed conceptually after American actress Rebecca Schaeffer was murdered by an obsessed fan in 1989. Since the 1990s, it has been the subject of many studies. These studies cover a wide range of topics, including the stalkers and their motivations, the victims, the duration of the stalking, and the tools and weapons used in stalking incidents.

When we examine the studies conducted on stalking, we find that they typically focus on female victims and the relationship between the stalker and the victim. However, some studies have shown that certain professionals are also at risk due to their occupational fields. One of the notable studies in this regard is by Merzagora Betsos and Marchesi (2014). This study is significant as it is the first to explore the stalking victimization of lawyers. Of the 166 lawyers who participated in the study, 37.3% reported being stalked not only by their own clients but also by the opposing party or their colleagues. Another finding of the study is that female lawyers are at greater risk of being stalked compared to male lawyers. In family law cases, participants reported being stalked by their clients' ex-spouses. Conducting a similar study in Türkiye focused on lawyers, who are considered to be at risk due to their professional activities, would be beneficial for understanding stalking incidents targeting professionals.

2. STALKING: DIAGNOSTIC AND LEGAL DIMENSIONS

Stalking can be defined as a series of repeated, non-consensual behaviors directed toward a specific individual that cause the person to feel harassed, threatened, helpless, and fearful, ultimately leading to concerns for their safety. Unlike other criminal behaviors, stalking does

not have a clear beginning or end. Due to its unpredictable nature, it can cause significant distress to the victim. The negative emotional states experienced by victims, such as anxiety and fear, as well as the violations of personal rights associated with stalking, can lead to various psychological and physical health issues (Dardis, Amoroso, & Iverson, 2017).

With the aim of ensuring that individuals can live their lives in peace, tranquility, and psychological comfort, and thereby protect and develop their moral existence, stalking was officially recognized as a crime under the Turkish Criminal Code with the enactment of Law No. 7406, published in the Official Gazette on May 27, 2022. The crime of stalking is regulated in Article 123/A of the Turkish Criminal Code (TPC). According to Article 123/A of the TPC, a person who persistently follows someone physically or attempts to make contact through communication tools, information systems, or third parties in a way that causes significant discomfort or leads the person or their relatives to fear for their safety can be sentenced to imprisonment for six months to two years.

3. METHODOLOGY AND RESULTS

3.1. Aim of the Study

The aim of this study is to create a profile of the stalking experiences of lawyers registered with the Istanbul Bar Association in Türkiye, to discuss risk factors, and to shed light on future research.

3.2. Methodology of the Study

In the research, a field study was conducted with lawyers registered with the Istanbul Bar Association using the survey technique, one of the quantitative research methods. A 23-question survey was created by us for the purpose of data collection. The survey included questions about the participants' gender, age, and areas of professional activity, as well as who subjected them to stalking, how they experienced the stalking, their emotional responses to this experience, and the coping strategies they employed. To obtain personal responses regarding the participants' stalking experiences,

the last two questions of the survey were designed as open-ended. The survey, created via Google Forms, was administered electronically to 75 lawyers registered with the Istanbul Bar Association on a voluntary basis.

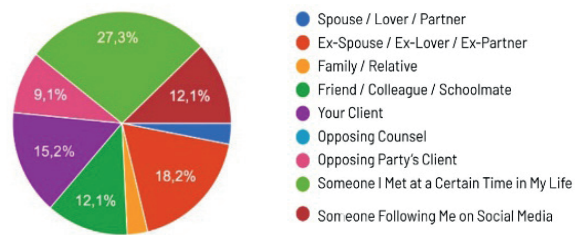
3.3. Results

Seventy-five lawyers registered with the Istanbul Bar Association participated in our study. When examining the demographic information of the participating lawyers, it was found that 78.2% were between the ages of 23-35 and 75.6% were women. Of the participants, 78.2% stated that they were practicing in the field of private law, while 21.8% indicated that they were working in public law. When asked which area of law they specialized in, the most common responses were criminal law, corporate law, labor law, obligations law, and family law. Participants were also asked about their professional experience. A majority, 82.1%, reported having between 0-10 years of experience, while 11.2% had between 11-20 years of experience.

The survey questions used in the research focused on the experiences of participants who had been subjected to stalking, aside from gathering demographic data. In the second part of the survey, participants were asked whether they had ever been subjected to stalking. It was found that 57.7% of the participating lawyers had experienced stalking, while 42.3% had not. The surveys of participants who had not experienced stalking were concluded at this point. Lawyers who reported being victims of stalking were directed to continue with the next part of the survey.

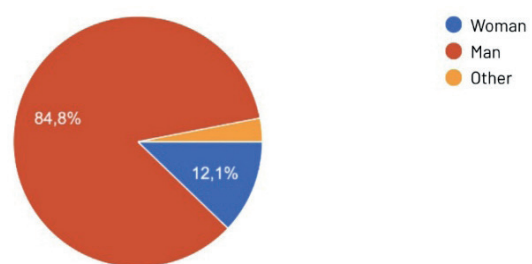
Participants who had experienced stalking were first asked about the identity of their stalkers. According to the survey results, 27.3% of the lawyers who reported being victims of stalking indicated that they were stalked by someone they had met at some point in their lives. This was followed by ex-spouses/ex-lovers/ex-partners at 18.2%, with 15.2% being stalked by their own clients, and 9.1% (n=3) by the opposing party's client. The data related to the stalker's identity is illustrated in Figure 1.

Figure 1. Identity Of The Stalker



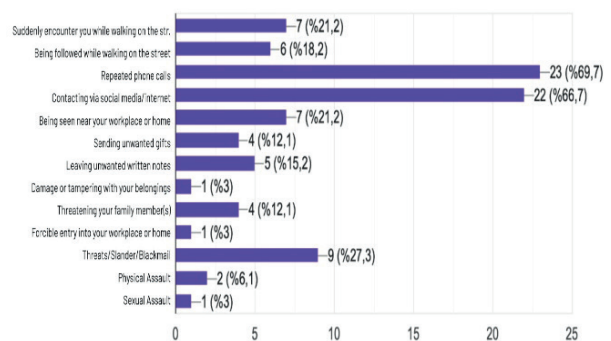
Of the lawyers who reported being subjected to stalking, 84.8% (n=28) indicated that their stalkers were male. Meanwhile, 12% stated that they were stalked by a female (Figure 2).

Figure 2. Gender Of The Stalker



When participant lawyers were asked which stalking behaviors they had experienced, 69.7% reported being subjected to repeated phone calls and messages. Additionally, 66.7% stated that they were stalked through social media and the internet. Along with these cyberstalking behaviors, participants also experienced traditional stalking behaviors, such as unexpectedly encountering the stalker while walking (21.2%), being seen near their workplace or home (21.2%), threats/defamation/blackmail (27.3%), and being followed while walking (18.2%) (Figure 3).

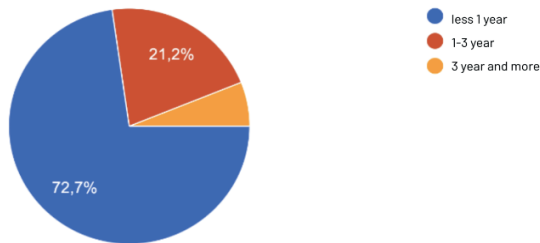
Figure 3. Stalking Behaviors



Participant lawyers who were victims of stalking were also asked how long they had experienced this stalking behavior. For 72.7% of the lawyers,

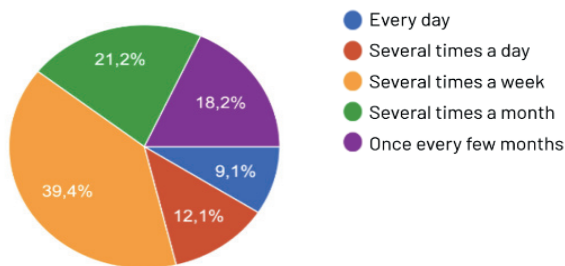
the stalking lasted less than a year, while 6.1% reported that it lasted more than three years (Figure 4).

Figure 4. Duration Of Stalking



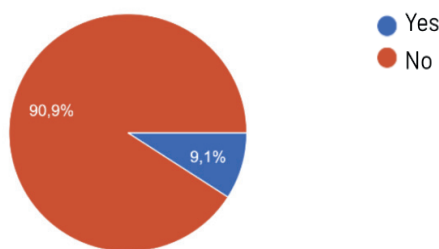
When asked about the frequency of stalking behaviors, 39.4% of the participating lawyers reported experiencing stalking several times a week, 12.1% reported experiencing it several times a day, and 9.1% reported daily occurrences. Additionally, some participants indicated experiencing stalking a few times a month (21.2%) or every few months (18.2%) (Figure 5).

Figure 5. Frequency Of Stalking



36.4% of the participants shared their stalking experiences with friends, 18.2% with family and relatives, and 12.1% did not share the incident with anyone. Additionally, 90.9% of the participants did not report the stalking behavior to any official authority (Figure 6).

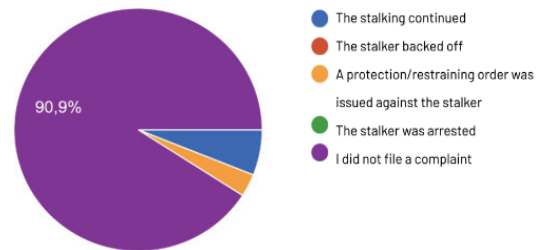
Figure 6. Rates Of Reporting To Official Authorities



However, participants who reported their cases were also asked about the outcomes. Among those who made a complaint, 3% reported that a

restraining order was issued against the stalker, while 6.1% indicated that there was no change in the situation and the stalking continued (Figure 7).

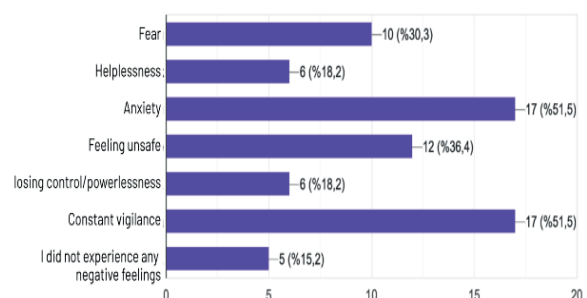
Figure 7. Outcome Of Complaints



In order to learn the reasons why the participating lawyers who did not apply to the official authorities did not apply, an open-ended question was directed to them, and they were expected to share the reasons for not applying in their own words. The participants generally responded with “inability to prove,” “unfortunately, as I have no hope as a lawyer,” “because I know the penalty is very small,” “because I thought the other party would become even more audacious,” “because I thought it would harm me,” and “I had not dared.” Additionally, 3 participant lawyers reported that the stalking event ended when they told the other party that they would make an application.

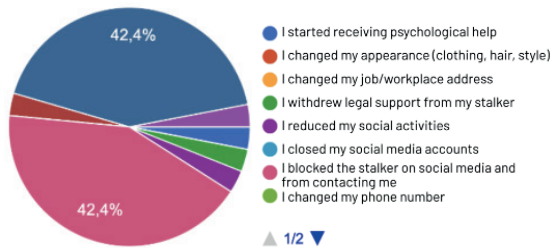
The participants were asked which emotions they primarily experienced in cases of stalking. 51.5% of the participating lawyers indicated that they experienced anxiety and a constant state of alertness during stalking. This was followed by 36.4% with feelings of insecurity and 30.3% with feelings of fear. 15.2% of the participants stated that they did not experience any negative emotions (Figure 8).

Figure 8. Emotional States During Stalking



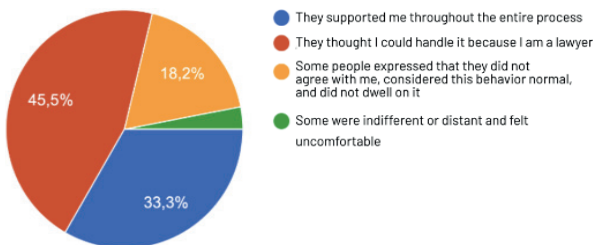
Among the survey questions, participants were also asked about the changes in their lives as a result of their stalking experiences. While 42.4% of the lawyers stated that they did not change anything in their lives after the stalking, 42.4% indicated that they deleted and blocked the stalker from social media platforms (Figure 9).

Figure 9. Changes In Their Lives After Stalking



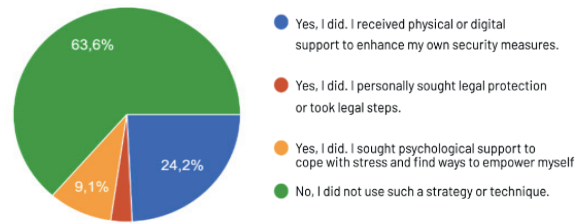
Participants were asked about how their environment reacted to their situation. 45.5% of the participants answered, “They thought I could handle it because I am a lawyer,” while 33.3% answered, “They supported me throughout the entire process.” Additionally, 18.2% of the participants indicated that their situation was considered normal by their environment and that they did not agree with them (Figure 10).

Figure 10. Reactions From Their Environment



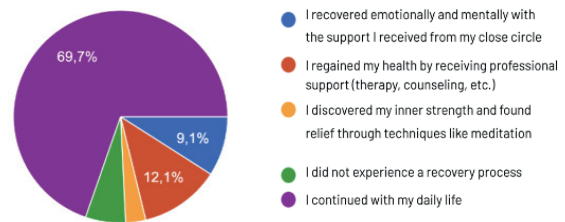
63.6% of the participating lawyers stated that they did not use a specific strategy to cope with the stalking situation. 24.2% reported that they received physical or digital support to increase their personal precautions. 9.1% of the participating lawyers indicated that they managed to cope with stress and strengthen themselves better by receiving psychological support (Figure 11).

Figure 11. Strategies For Coping With Stalking



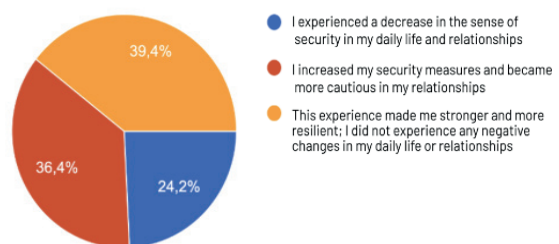
The 20th and 21st questions of the survey directed at the participating lawyers focus on the impact of stalking experiences on the individual’s recovery process and their reflections in daily life relationships. 69.7% of the lawyers, a large majority, reported that they continued with their daily lives. 12.1% stated that they regained their health by receiving professional support such as therapy or psychological counseling, while 9.1% indicated that they achieved emotional and mental recovery through support from their close circle (Figure 12).

Figure 12. Recovery Process Of The Victims



Among the participants who reported being victims of stalking, 39.4% expressed that they became stronger and more resilient in response to this experience and did not experience any negative changes in their daily life or relationships. 36.4% indicated that they increased their security measures and were more cautious in their relationships. 24.2% of the participants reported a decrease in their sense of security (Figure 13).

Figure 13. The Impact Of Participants’ Experiences On Their Daily Life And Relationships



Participants were asked to summarize their stalking experiences in their own words through an open-ended question. Participants generally responded with: "I experienced constant anxiety and a lack of self-confidence. Due to being a lawyer, I hesitated to seek help," "Being subjected to stalking behaviors by a client made me very angry. The emotion I felt was mostly anger. Despite already being distant, I realized that I became even more distant while communicating," "A feeling of being trapped in a giant trap," "I was constantly in anxiety and fear. I had paranoid thoughts. I would have struggled a lot in this process if I hadn't received psychological support," "Because I knew the punishment was very minimal," "The obligation to remain alert against something disturbing whose origin and timing were unpredictable," and "The feeling of helplessness," "The feeling of not being able to overcome stalking," "The romanticizing and legitimization of behaviors," "The feeling of helplessness," "The discomfort and anger I experienced due to being in the position of defender in the case of the person committing stalking behaviors, and ultimately resigning from the case, was the most challenging aspect for me," and "Insecurity, being on guard."

4. DISCUSSION

When we examine the literature, we can say that there are a limited number of studies on stalking related to certain professional groups. In this context, the first study focusing on the stalking experiences of lawyers belongs to Merzagora Betsos and Marchesi. The study was conducted with 166 lawyers operating in Milan using the survey technique, and data on the stalking experiences of lawyers were obtained. It was found that 38% of the lawyers participating in the study were subjected to stalking at some point in their careers (Merzagora Betsos & Marchesi, 2014). In our study, however, the rate of lawyers subjected to stalking appears to be 57.7%. Although the difference in the sample sizes between the two studies makes comparison difficult, it is noteworthy that in our study, which has a smaller sample size, the rate of lawyers subjected to stalking is higher.

When we compare the studies in the context of the

gender of the stalker, in the study by Merzagora Betsos and Marchesi (2014), it was found that in 43 cases (69.4%), the stalkers were male, in 9 cases (14.5%) female, and in 5 cases (8.1%) a couple. Similarly, in our study, we see that the majority of the stalkers are male. 84.8% (n=28) of the lawyers who were victims of stalking in our study stated that their stalkers were male, and 12% stated that they were stalked by a female. The high number of male stalkers in both studies is consistent with other research in the literature.

One of the most important dimensions in stalking studies is the nature of the relationship between the stalker and the victim. In the study by Merzagora Betsos and Marchesi (2014), all participating lawyers stated that they knew their stalkers. According to the research results, 35.5% of the lawyers reported being stalked by their clients, 30% by the opposing party's client, 11.3% by a colleague, and 3.2% by the law firm owners. A portion of 4.8% of the participants stated that they had no professional connection with their stalkers but did not provide information about the nature of the relationship. In our study, 15.2% of the lawyers reported being stalked by their own clients, and 9.1% by the opposing party's client. 27.3% of the participating lawyers stated that they were stalked by someone they had met at some point in their lives. In contrast to the research results of Merzagora Betsos and Marchesi (2014), in our study, no cases were reported where the stalker was a colleague.

Stalking can manifest in many different ways. In the study by Merzagora Betsos and Marchesi (2014), lawyers most frequently reported being stalked via telephone and unsolicited written/electronic communications. Similarly, in our study, 69.7% of the participating lawyers reported being persistently stalked through repeated phone calls and messages, and 66.7% reported being stalked via social media and the internet. In both studies, lawyers also reported traditional stalking behaviors such as physical following, defamation, and blackmail. According to the results shared by Merzagora Betsos and Marchesi (2014), 58.1% of the lawyers reported defamation/insults/complaints, while 52.8% of the lawyers reported being ambushed,

shadowed, or having their law offices forcibly entered. In our study, 21.2% of the lawyers reported being suddenly confronted while walking on the street, 21.2% reported being seen near their workplace or home, 27.3% reported threats/defamation/blackmail, and 18.2% reported being followed while walking on the street. In our study, unlike the study conducted in Milan, the prevalence of traditional stalking behaviors is not very high. It can be said that in this case, cyberstalking behaviors have come to the forefront.

When we compare studies in terms of the frequency of stalking, in the study conducted in Milan, the participating lawyers reported being subjected to stalking a few times a day (33.9%), a few times a week (27.4%), and a few times a month (27.4%) (Merzagora Betsos & Marchesi, 2014). In contrast, the majority of lawyers in our study, differing from the data in that study, reported being subjected to stalking a few times a week (39.4%). This was followed by 21.2% who reported being stalked a few times a month. One of the most important aspects of stalking studies is how long the victim experiences this situation. In the Milan study, the proportion of lawyers who reported the stalking situation lasted more than 1 month was 30.6%, while the proportion of those who reported it lasted less than 1 month was 29%. The proportion of lawyers who experienced this situation for more than 1 year was 25.8%. 14.5% of the participating lawyers indicated that the stalking situation was ongoing (Merzagora Betsos & Marchesi, 2014). In our study, however, 72.7% of the lawyers experienced the stalking situation for less than 1 year, while 6.1% experienced it for more than 3 years. 21.2% of lawyers reported experiencing this situation for a period of 1-3 years. In both studies, the proportion of lawyers subjected to stalking for more than 1 year shows a parallel.

When we review the literature on the subject, we see that the behaviors of victims regarding lodging complaints or applying to official authorities have also been examined. In a study conducted in Istanbul in 2021 with 447 women, 91.7% of participants (n=243) who indicated that they were victims of stalking did not apply to

any official authority, while only 8.3% (n=22) reported having applied to an official authority (Polat et al., 2021). Similarly, in our study, the rate of lawyers who reported being victims of stalking and applying to an official authority is quite low. Only 9.1% of the participants applied to an official authority, while 90.9% did not report the stalking behavior to any official authority. The fact that our sample group consists of lawyers makes this result debatable.

Due to the ambiguous nature of stalking, it is known to have negative effects on the victims' moods. In the study by Merzagora Betsos and Marchesi (2014), lawyers assessed the fear they experienced during stalking as mild, moderate, severe, and extreme. A total of 91.9% of the participants expressed that they felt fear, while 30.6% of the participants indicated that they felt a sense of helplessness, meaning they felt they had no chance of stopping the stalker. When asked about their emotional states following the stalking, they expressed a persistent sense of being on guard (64.5%), anxiety (40.5%), and a need for psychological counseling (9.7%). In contrast to this study, in our study, participants most frequently reported anxiety and a constant state of being on guard (51.5%). This was followed by feelings of insecurity (36.4%) and fear (30.3%).

Many victims exhibit various behaviors to cope with the stalking they experience and sometimes make mandatory changes in their lives. When we examine the literature, we find that victims generally first take measures related to communication channels, such as changing phone/email addresses or blocking on social media/telephone as a form of seeking solutions. In addition to these two solution-seeking behaviors, victims may also engage in behaviors such as changing their workplace/home/appearance, reducing social activities, and starting psychological support (Polat et al., 2021; Merzagora Betsos & Marchesi, 2014). Although the lawyers participating in our study also engaged in similar solution behaviors, a large majority (42.4%) indicated that they did not change anything in their lives after the stalking. However, the same proportion of participants

(42.4%) reported that they deleted and blocked the stalker on social media platforms. Considering that the lawyers in the study were most frequently exposed to cyberstalking behaviors (69.7% via repeated phone calls/messages, 66.7% via social media and the internet), blocking the person on these platforms as a solution behavior is more meaningful.

5. CONCLUSION

When we examine the studies on the phenomenon of stalking in Türkiye, we observe that, despite reaching significant data, there are only a limited number of studies, and these studies are generally conducted with female victims. In this context, our current research is one of the rare studies conducted on a professional group, aiming to discuss the risk factors related to stalking targeting lawyers.

When we examine the studies conducted in the field, it is similarly seen that stalking frequently occurs on a gender-based basis, and women are more frequently victimized compared to men (Tjaden & Thoannes, 1998; Mullen, Pathe, & Purcell, 2009; Başar, 2019; Başar & Sakallı, 2021). The emergence of a similar pattern in our current study suggests that, regardless of professional distinction, it is important to increase protective measures for women and raise awareness about how women can protect themselves against stalking.

While the perpetrator of the stalking crime can be anyone, when examining current cases, it is understood that the perpetrator is often someone who knows the victim and has a long or short historical relationship with them. The perpetrator is generally the victim's fiancé, ex-spouse, lover, work or school friend, neighbor, student, patient, or client (Spitzberg & Cupach, 2007; Gürgezoğlu, 2010). In this context, having a past relationship or a relationship involving much shared experience between the victim and the perpetrator helps stalking begin within this relationship without revealing itself much. Lawyers, due to their professional roles, can also be said to be at risk in this context.

One of the most striking findings of our research is that the rate at which lawyers operating in the

field of law report the stalking they experience to an official authority is very low. When we examine the reasons why the participating lawyers do not report to an official authority, the lack of sufficient deterrence of the investigation process on the stalker comes to the forefront. This situation can be said to decrease the participants' trust in the legal process. In this context, it is foreseen that supporting the process initiated with the occurrence of the crime of stalking, which constitutes a criminal offense under the Turkish Penal Code, with more confidence-inspiring practices in practice, will increase the victim's trust in the legal process. Furthermore, emphasizing the conflicts between professional ethics and personal safety at this point highlights an important difficulty that complicates professional attitudes and approaches, especially in professions such as law.

With this study, it was aimed to raise awareness by drawing attention to the fact that lawyers can also be victims of stalking, and as a result of the research, it was found that the stalking incidents lawyers are exposed to due to their profession create serious challenges, along with psychological effects on both their professional and personal lives. However, it must be reiterated that this study reveals the distrust lawyers operating in the field of law have towards the legal process, demonstrating the need to focus on improvement efforts in this context.

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RESEARCH ARTICLE/ARAŞTIRMA MAKALESİ

The effect of the violence against children and its prevention course on university students' awareness of domestic violence and their sensitivity to violence against children

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Abstract

Aim: This study aimed to evaluate the effect of the “Violence Against Children and Its Prevention” course on university students' awareness of domestic violence and their sensitivity to violence against children.

Material and Method: The study was conducted during the 2021-2022 academic year at a state university located in the Mediterranean region. One hundred students who enrolled in the elective course “Violence Against Children and Its Prevention” participated in the study, with 81 students completing it. Data were collected using the Student Identification Form, the Domestic Violence Awareness Scale (DVAS), and the Sensitivity to Violence Against Children Scale (SVACS) through a Google survey. Descriptive statistics, Shapiro-Wilk, Man-Whitney U, Kruskal Wallis, and Wilcoxon tests were used for data analysis. Ethical approval was obtained before the study.

Results: The average age of the students was 21.1±2.2 years, with 23.5% male and 90.1% second-year undergraduate students. DVAS scores showed statistically significant differences based on gender and family type before the course, but these differences disappeared afterward. SVACS scores showed differences based on gender, class level, and parental education level before the course, but only gender and father's education level differences persisted after the course. DVAS scores significantly increased after the course ($p<0.05$), whereas SVACS scores did not show statistically significant changes ($p>0.05$).

Conclusion: Future randomized controlled studies are recommended to evaluate the effectiveness of different educational programs aimed at increasing sensitivity to violence against children.

Keywords: Violence Against Children, Domestic Violence, Awareness, Sensitivity

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1. INTRODUCTION

Violence against children is defined as all forms of physical-emotional ill-treatment, sexual abuse, neglect, commercial or other exploitation of children resulting in actual or potential harm to the child's health, life, development, and dignity (UNICEF, 2007; UNICEF, 2013). Children may be exposed to violence in various ways at home, at school, at work, or in the media (Tezel, 2002; Bayat & Evgin, 2015; Hillis, Mercy & Saul, 2017). More than 1 billion children between the ages of 2-17 are exposed to violence worldwide (Hillis et al., 2016). In our country, 73 percent of children experience domestic violence, 74 percent emotional violence, and 23 percent physical violence. (Çocuğa Karşı Aile İçi Şiddetin Önlenmesi Projesi, 2012; Bernard van Leer Vakfı, 2014). These figures on violence against children are only the tip of the iceberg. Meta-analyses conducted with global data reveal that reported sexual abuse is 30 times higher and physical abuse is 75 times higher than official reports (Hillis, Mercy & Saul, 2017).

Violence against children is a significant problem that can cause lifelong and even intergenerational effects. In order to understand the mechanisms of intergenerational transmission of violence, it is necessary to consider both direct and indirect transmission processes (Black, Sussman & Unger, 2010; Eriksson & Mazerolle, 2015; Fitton, Yu & Fazel, 2020; Guedes et al., 2016; Widom & Wilson, 2015). Although children are exposed to different types of violence by different people and in different places, the majority of them are abused within and by their families. They even become invisible victims of this process by directly witnessing or being exposed to violent incidents between adults within the family (Nüfus Bilim Derneği ve Birleşmiş Milletler Nüfus Fonu, 2013). In the literature, it is stated that attitudes toward the use of violence are learned in the family; when children witness or are exposed to violence in the family, they are more likely to condone the use of violence in their relationships in adulthood (Franklin & Kercher, 2012; Lansford et al., 2014; Costa et al., 2015; Sardinha & Nájera Catalán, 2018; Gracia, Rodriguez, Martín-Fernández & Lila, 2020; Copp, Giordano, Longmore & Manning,

2019). Furthermore, previous research reports that adolescents and adults who experience childhood trauma are at high risk of violent behavior (Fitton, Yu & Fazel, 2020; Bosqui et al., 2014; Craig & Zettler, 2021; Milaniak & Widom, 2015; Ross & Arsenault, 2018).

In order to prevent violence against children, it is necessary to identify and eliminate the factors that lead to violence and to increase awareness and sensitivity towards violence. At the same time, awareness and sensitivity towards violence are essential in developing anti-violence attitudes and behaviors (Collyer, Brell, Moster & Furey, 2011). Being aware of violence against children and being sensitive to violence can also be considered a sign of reacting to violent behaviors. Cultural, environmental, and individual factors are influential in the development of violence-related behaviors, awareness, and sensitivity to violence. Prevention of violence against children is possible by increasing individual and social awareness and sensitivity towards violence against children.

Developing awareness and sensitivity to violence is a process that starts in the family and continues in school and professional life. In vocational education, the individual needs to be aware of his/her own prejudiced and discriminatory views and to put the knowledge he/she has acquired into practice. At this point, university students are considered to be a key population because university students are more sensitive to most issues concerning the social structure and closer to intellectual life than adults (Koca, Bektaş & Çağan, 2019; Özyürek, Kürtüncü, Sezgin & Kurt, 2020). Therefore, increasing the awareness and sensitivity of university students who choose a profession that requires close interaction with children is one of the most essential conditions for reducing violence against children. Professionals who graduate with theoretical and behavioural competencies in combating violence against children from the vocational training process can mediate change and increase social sensitivity. At this point, the first thing to be done is to determine their awareness of domestic violence and their current level of sensitivity towards violence against children. At the same time, they are still students, and to increase these

levels as much as possible. In this context, it is necessary to evaluate the results of whether the courses given are practical or not.

This study was conducted to evaluate the effect of the "Violence against Children and its Prevention" course on university students' sensitivity to violence against children and their awareness of domestic violence.

2. MATERIALS AND METHODS

2.1. Type of Research

This research is a pretest-posttest quasi-experimental study.

2.2. Population and Sample

The study population consists of students (N=100) taking the elective course "Violence against Children and its Prevention" at a state university in the Mediterranean Region in the 2021-2022 academic year. In the study, all students constituting the universe were included in the sample without calculating the sample. However, since participation in the study was

voluntary, the study was completed with 81 (81.0%) students.

2.3. Data collection

Violence Against Children course is one of the courses offered online among the standard, elective courses of the university in the spring semester of the 2021-2022 academic year and is preferred by students from various university departments. This course is an elective course that continues for 14 weeks, 2 hours a week. The course is taken by 100 students studying in different departments of faculties of education, science and sciences, engineering architecture, economics and administrative sciences, health sciences, sports sciences, and theology. In the course content, the concept of the child and its historical process, the value given to the child and children's rights, laws and regulations related to the survival and protection of the child, the concept of violence against children and domestic violence, risk factors and protective factors of violence against children and domestic violence, types of violence (physical, emotional, sexual, neglect, peer bullying, dating violence)

Table 1. Characteristics of the students participating in the study

Features	Variables	N	Percentage (%)
Gender	Female	62	76,5
	Male	19	23,5
Grade Level	2nd grade	73	90,1
	3rd grade	6	7,5
	4nd grade	1	1,2
	5nd grade	1	1,2
Family type	Nuclear family	70	86,4
	Extended family	7	8,6
	Single parent	4	5,0
Number of siblings	None	6	7,4
	1	28	34,6
	2	21	25,9
	Three and above	26	32,1
Mother education level	Not literate	5	6,2
	Primary School	36	44,4
	Secondary School	13	16,0
	High School Graduate	13	16,0
	University Graduate	14	17,4
Father's education level	Not literate	1	1,2
	Primary School	22	27,2
	Secondary School	23	28,4
	High School Graduate	21	25,9
	University Graduate	14	17,3
Witnessing violence	Yes	31	38,3
	No	50	61,7
Parental violence	Yes	5	6,2
	No	76	93,8
Receiving training on violence	Yes	15	18,5
	No	66	81,5
Total		81	100,0

and symptoms, INSPIRE strategies in preventing violence against children are discussed.

In the study, using data collection tools, a pre-test was conducted before the course content was given, and a post-test was conducted after the topics were finished and before the final exam. The data were collected online via Google survey. In the first article of the first form used in the Google survey, there is a consent page explaining the rationale of the research. The participant could switch to the research questions by reading and approving the consent. Answering the data collection tools took an average of 5-15 minutes. Thanks to the opportunity and convenience provided by the Google survey, the researchers downloaded all

responses, converted them into SPSS format, and analyzed them.

2.4. Data Collection Tools

The study collected data using the Participant Information Form, Awareness of Domestic Violence Scale (ADVS), and Sensitivity to Violence Against Children Scale (SVACS).

Participant Information Form: The form, which the researchers developed in line with the literature, includes the following characteristics: age, gender, grade, family type, number of siblings, mother, and father education level, witnessing violence, the environment in which violence was witnessed, experiencing violence from parents, the type of violence perpetrated

Table 2. Comparison of the mean scores obtained from the scales before and after the Violence Against Children course according to the demographic characteristics of the students

	Domestic Violence Awareness Scale		Sensitivity to Violence against Children Scale	
	Pre-Study	Post-Study	Pre-Study	Post-Study
Gender				
Female	57,7±2,8	57,5±4,2	23,9±1,9	24,4±3,4
Male	53,6±4,3	56,2±4,6	28,2±5,2	26,4±4,5
p	<0,001	0,063	<0,001	0,027
Grade level				
2nd grade	57,0±3,7	57,1±4,4	24,9±3,5	24,8±3,6
3rd grade	55,8±3,4	58,6±1,7	30,6±6,5	25,8±5,9
4nd grade	53,5± 0,7	55,0±5,6	28,5±4,9	22,5±2,1
p	0,152	0,516	0,152	0,516
Family type				
Nuclear family	55,0±5,6	57,2±4,4	25,0±3,6	25,1±3,9
Extended family	52,0±5,4	56,8±4,2	25,1±2,4	25,1±3,9
Single parent	57,7±3,2	57,0±4,08	23,0±1,4	22,2±1,2
p	0,018	0,904	0,018	0,904
Number of siblings				
None	56,8±5,4	55,1±7,5	26,1±6,0	26,8±6,7
1	57,1±3,1	58,1±2,8	25,7±4,5	24,3±3,3
2	56,9±4,2	58,0±2,7	24,3±1,9	24,0±2,7
Three and above	56,3±3,5	56,0±5,4	24,2±2,2	25,7±3,9
p	0,558	0,535	0,558	0,535
Mother education level				
Not literate	58,2±1,9	51,6±9,7	23,2±0,8	29,0±7,4
Primary School	57,2±3,5	57,8±2,9	23,9±1,8	23,9±2,5
Secondary School	55,5±3,0	57,7±2,7	26,0±2,9	24,4±1,8
HighSchool	58,3±2,3	58,0±2,3	24,0±2,6	25,0±3,2
University	55,0±5,2	56,2±5,8	28,0±6,0	26,0±5,4
p	0,084	0,710	0,084	0,710
Father's education level				
Not literate	59,0	42,0	24,0	39,0
Primary School	58,0±2,4	57,0±5,1	23,5±1,8	23,7±3,4
Secondary School	56,8±3,3	57,6±3,4	24,1±1,6	25,3±2,3
HighSchool	55,5±4,7	56,8±4,3	25,5±4,3	25,0±3,7
University	56,5±3,8	58,4±2,0	27,6±4,9	24,7±4,3
p	0,450	0,246	0,450	0,246
Total	56,8±3,6	57,2±4,3	24,9±3,5	24,9±3,7
p	0,036		0,505	

by parents, and receiving previous education on violence.

Domestic Violence Awareness Scale (DVAS):

It was developed by Özyürek and Kurnaz (2019) to determine individuals' awareness of domestic violence. The answers to the three-point Likert-type scale are graded as Agree (1), Partially Agree (2) and Disagree (3). The scale consists of 4 dimensions and 20 items: Defining Domestic Violence, Consequences of Domestic Violence, Acceptance of Domestic Violence, and Normalisation of Domestic Violence. Items numbered 11-20 in the scale are scored in reverse order. The higher the scores obtained from the scale, the higher the awareness of domestic violence (Özyürek & Kurnaz, 2019).

Sensitivity to Violence Against Children Scale (SVACS):

This scale developed by Özyürek (2017) was used to determine university students' sensitivity to violence against children. The three-point Likert-type scale consists of 19 items and one dimension. Items 3, 6, 12, 14, and 18 in the scale are negative and are reverse scored. The lowest score that can be obtained from the scale is 19, and the highest score is 57. The higher the score obtained from the scale, the higher the sensitivity to violence against children (Özyürek, 2017).

2.5. Analysing the Data

The data obtained in the study were analyzed using the SPSS 25.0 statistical package program. The suitability of the data for normal distribution was evaluated by the Shapiro-Wilk test. Percentage, standard deviation, frequency, and mean values were used to analyze descriptive data. Man-Whitney U test was used to evaluate the difference between two independent groups, Kruskal-Wallis test was used to evaluate the difference between three or more independent groups, and Wilcoxon test was used to evaluate the difference between pre-test and post-test scores.

2.6. Ethical Aspects of the Research

The research was conducted within the scope of ethical principles by observing all relevant articles on good clinical practice and the Declaration of

Helsinki. Ethics committee permission (Date: 2022/04 Approval No: 2022/620) and institutional permission were obtained for the research. Informed consent was obtained verbally and in writing from the students participating in the study.

3. RESULTS

The mean age of the students (n=81) in the study was 21.1±2.2 years; 23.5% were male, 100.0% were undergraduate students, and 90.1% were in the 2nd year of the undergraduate program. It was determined that 86.4% of the students' family type was nuclear family, 34.6% had only one sibling, 44.4% of the students' mother's education level was primary school, and 28.4% of the students' father's education level was secondary school. It was found that 38.3% of the students witnessed violence, and 6.2% experienced violence from their parents. In addition, 18.5% of the students stated that they had received prior training on violence (Tablo 1).

Table 2 shows the mean scores of the students in the ADVS. Before the study, it was determined that there was a statistically significant difference between the groups according to gender and family type ($p<0.05$). While the mean score of male students was 53.6±4.3, the mean score of female students was 57.7±2.8. The mean scores of students from nuclear families were 55.0±5.6, those from extended families were 52.0±5.4, and those from single-parent families were 57.7±3.2. After the study, it was determined that these differences disappeared, and there was no statistically significant difference between the groups ($p>0.05$). There was no statistically significant difference between the pre and post-study ADVS scores of the students who participated in the study according to their grade level, number of siblings, and mother and father education levels (Table 2). It was found that the total mean ADVS scores of the students increased after the study compared to before the study, and the difference between the groups was statistically significant ($p<0.05$).

When the mean SVACS scores of the students in the study were analyzed in Table 2, it was determined that there was a statistically

significant difference between the groups according to gender, class level, and mother and father education level before the study ($p < 0.05$). While the mean SVACS score of male students was 28.2 ± 5.2 , the mean score of female students was 23.9 ± 1.9 . After the study, it was determined that there was a difference between the groups only according to gender and father's education level ($p < 0.05$). No statistically significant difference was found in the mean SVACS scores of the students participating in the study according to grade level mother and father education level ($p > 0.05$). It was determined that there was no statistically significant difference in the total mean SVACS scores of the students after the study compared to before the study ($p > 0.05$) (Table 2). In addition, a negative and poor correlation was found between ADVS and SVACS after the study ($\rho = -3.90$, $p < 0.001$)

4. DISCUSSION

This study aims to evaluate the effect of the "Violence against Children and its Prevention" course on university students' awareness of domestic violence and their sensitivity to violence against children. The findings show that education has a significant effect on awareness and sensitivity. These findings are consistent with other studies in the literature and confirm that education improves violence awareness and prevention attitudes (Çeçen-Eroğul & Kaf Hasırcı, 2013; Walsh et al., 2018; Grossman, Neckerman, & Koepsell, 1997).

In the study, it was observed that the students' ADVS scores increased significantly after the training. This finding shows that the training program was effective. In the literature, similar training programs have been reported to increase awareness of violence and improve attitudes towards violence prevention (Arrojo and et al, 2023; Whitaker, Morrison, Lindquist, Hawkins, O'Neil, & Nesi, 2006). Arrojo et al. (2023) found that violence education programs for young people are effective in reducing violent behaviors. Whitaker et al. (2006) stated that violence prevention programs play an essential role in reducing violent behaviors in children and youth.

While differences were observed in awareness levels according to demographic variables such as gender and family type before the study, the disappearance of these differences after the training shows that the training was equally practical for all students. This finding shows that training programs can be effective in heterogeneous student groups (Wolfe, Crooks, Jaffe, Chiodo, Hughes, & Ellis, 2009). Wolfe et al. (2009) emphasized that school-based violence prevention programs are effective in different demographic groups.

Notably, the SVACS scores did not show a statistically significant change after the training. This finding may indicate that sensitivity, unlike awareness, requires a more complex and in-depth training process. Attitude changes involving emotional and cognitive processes such as sensitivity can be achieved through information transfer and long-term and repetitive training (Ttofi & Farrington, 2011; Millar et al., 2022). Ttofi and Farrington (2011) stated that violence prevention programs are more effective with long-term and repetitive interventions. Millar et al. (2022) emphasize that emotional awareness and empathy training are essential in developing sensitivity to violence.

In the study, it was found that as students' awareness of domestic violence increased, their sensitivity to violence against children decreased. This outcome is unexpected and requires careful evaluation. Four possible reasons may explain this situation. First, as awareness of domestic violence increases, students may gain a deeper understanding of how prevalent this type of violence is in society and the conditions under which it occurs. However, this increased awareness may have led to certain forms of violence being perceived as normal or acceptable, thus reducing their sensitivity to violence against children. Second, this decrease in sensitivity might be related to students' defense mechanisms. As awareness of domestic violence grows, some students may have activated a psychological defense mechanism in response to the disturbing information. In other words, they may have become emotionally desensitized in order to protect themselves, seeking to feel less

emotional distress from violent events. Third, the students' attitudes toward violence and sensitivity could be influenced by societal norms and cultural factors. Their responses might be shaped by broader cultural views on violence and its acceptability. Lastly, the decline in sensitivity could be related to the content of the education itself. In this context, the educational materials could be revisited, and the teaching strategies could be restructured to adopt a more emotional and empathetic approach. Qualitative studies may be helpful in further exploring the reasons behind this negative correlation and in identifying areas for improvement in the educational framework.

The findings of the study revealed that gender and the father's education level were determinants of sensitivity to violence against children. Especially the lower sensitivity levels of male students suggest the effect of gender roles and patriarchal values. This situation emphasizes the importance of gender-based education programs and awareness-raising activities (Flood & Pease, 2009; Banyard, Plante, & Moynihan, 2004). Flood and Pease (2009) stated that training on gender equality and masculinity roles is effective in increasing men's sensitivity to violence. Banyard et al. (2004) emphasize that gender-based awareness programs are critical in combating violence. Education on violence prevention against children is addressed differently in international undergraduate programs, and there are differences in practice between developed and developing countries. In developed countries, child protection and violence prevention education is delivered systematically and comprehensively, raising awareness through compulsory courses and long-term programs (World Health Organization, 2016). Studies such as Whitaker et al. (2006) show that these programs are essential in reducing violent behavior. On the other hand, in developing countries, such training is usually carried out with the contribution of non-governmental organizations and international support and may be limited in content. In this study conducted in Turkey, the "Violence against Children and its Prevention" course offered to university students increased their

awareness of domestic violence. Still, it did not provide a statistically significant increase in their sensitivity to violence against children ($p>0.05$). Similarly, Wolfe et al. (2009) found that school-based violence prevention programs are effective in different demographic groups. Such studies show that educational programs are essential in developing students' awareness and sensitivity toward violence. Therefore, it is recommended that long-term and more comprehensive educational strategies be developed to increase awareness and sensitivity.

Limitations

One of the strengths of this study is that the entire population was included in the sample, thus minimizing sampling bias. However, the fact that the study was conducted in only one university and the data were collected by self-report brings with it the risks of generalisability and bias. These findings should be confirmed in future studies with larger samples, including different demographic groups and objective measurement methods. This study also contributes significantly to the literature on violence education and sensitization. Another limitation of the study is that the study was conducted only with students who chose an elective course on violence against children. Students with high sensitivity to this issue may have chosen the course, which may have caused the effect on the findings and sensitivity to violence against children not to be evaluated.

5. CONCLUSIONS AND RECOMMENDATIONS

This study shows that the "Violence against Children and its Prevention" course has a significant effect on university students' awareness of domestic violence. However, it is seen that it does not affect the scores of the SVACS. In addition, gender and the father's education level were found to be determinants of sensitivity to violence against children. The lower sensitivity levels of male students suggest the effect of gender roles and patriarchal values. In light of these findings, it is seen that in order to increase university students' sensitivity to violence, not only elective courses but also compulsory courses

targeting more comprehensive, emotional and cognitive processes within the framework of gender equality should be given or long-term educational strategies should be developed for university students. In the future, longitudinal and randomized controlled studies evaluating the effects of different educational strategies are recommended.

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RESEARCH ARTICLE/ARAŞTIRMA MAKALESİ

Success or failure? Vancouver's response to the overdose crisis

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Abstract

Addiction is a significant public health issue in Canada, with far-reaching impacts on individuals, families, and communities. In Vancouver, fentanyl addiction stands out as one of the most common and pressing challenges. Fentanyl, an opioid notorious by its street name "down," presents grave risks to users. Motivational interviewing therapy emerges as a widely employed approach for addiction treatment, fostering a client-centered relationship conducive to addressing individualized needs effectively. However, the success of motivational therapy hinges on the readiness of clients for change. This study aims to delineate the scope of addiction issues in Vancouver, Canada, particularly concerning fentanyl addiction. The study aims to highlight the undeniable effects of the fentanyl crisis in Vancouver and the approaches frontline workers need to take by examining field studies in the literature and conducting an interview with a frontline worker in addiction services. By exploring the effects of motivational interviewing therapy, the study seeks to elucidate its benefits and limitations in mitigating the acute physical and emotional distress associated with fentanyl use. Drawing insights from frontline experiences, there is a need for practical guidance on further enhancing addiction treatment approaches, with a focus on improving therapeutic efficacy and responsiveness to the evolving needs of individuals affected by fentanyl addiction. The prevailing system often assesses individuals primarily through a productivity lens, neglecting their inherent humanity. Therefore, a shift towards a more holistic, long-term approach is imperative to address the root causes of addiction effectively.

Keywords: Addiction, Canada, Motivational Therapy, Community

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1. INTRODUCTION

1.1. Fentanyl

Fentanyl, a potent synthetic opioid, has emerged as a major public health concern in recent years. Originally developed for pain management in medical settings, fentanyl is around 50 to 100 times more toxic than morphine, which makes the risk of accidental overdose higher. Fentanyl has medical uses and can be prescribed by a physician to help control severe pain, but in recent years it is also being produced in illegal labs and sold on the streets, often mixed with other drugs (such as heroin, cocaine, and others). (Government of British Columbia, 2024). In the illicit drug market, fentanyl is frequently mixed with other substances, as mentioned above and without the user's knowledge this can significantly increase the risk of overdose. The rise of fentanyl has been particularly alarming due to its role in the ongoing opioid epidemic. One of the critical advantages for traffickers is fentanyl's potency. Because fentanyl is so much stronger than other opioids, a much smaller quantity is needed to achieve the desired effect. This allows traffickers to transport fentanyl in smaller, more concealable packages, reducing the risk of detection. For example, a lethal dose of fentanyl can be as small as two milligrams, which is equivalent to just a few grains of salt (Moloney & Chaber, 2024). This compactness facilitates easier smuggling across borders and within domestic markets. The consequences of fentanyl misuse are dire, with a significant spike in overdose deaths observed wherever the drug becomes prevalent. The combination of low production costs, high potency, and ease of concealment has made fentanyl a dominant force in the illegal drug market, posing significant challenges for law enforcement and public health officials (Evans-Brown & Sedefov, 2018).

1.2. Addiction To Fentanyl in Vancouver

Vancouver, particularly its downtown eastside (DTES), has become an epicenter of the fentanyl crisis in Canada. The DTES is one of the most economically deprived areas in the country, marked by high rates of homelessness, unemployment, and substance abuse. The community has long struggled with addiction

issues, but the introduction of fentanyl has exacerbated the situation dramatically. The availability of fentanyl in the DTES has led to an increase in both the frequency and severity of overdoses, straining local healthcare and emergency response systems. In 2019, over 70,000 Americans succumbed to drug-related overdoses, with nearly 50,000 of these cases involving opioids, which translates to a rate of 15.5 per 100,000 people (Subramaniam et al., 2023). This statistic underscores the widespread impact of the opioid crisis, with fentanyl being a significant contributor to these alarming figures. While these numbers are specific to the United States, they reflect a broader trend that is also evident in Canada and particularly in British Columbia. In British Columbia, the key driver of the rise in overdose fatalities is fentanyl, a highly potent synthetic opioid that has contaminated the illicit drug supply. The province has seen a dramatic increase in overdose deaths due to fentanyl, as highlighted by government sources (Government of British Columbia, 2024). The contamination of the drug supply with fentanyl has made substance use increasingly hazardous, leading to a public health crisis of unprecedented proportions. Addiction to fentanyl is a complex issue influenced by various socio-economic factors. Many individuals in the DTES face significant barriers to accessing health care and social services, which complicates efforts to address addiction. The stigma associated with drug use, along with mental health issues and a lack of stable housing, further exacerbates the challenges faced by those attempting to recover from addiction. Fentanyl's high potential for addiction and overdose has turned the DTES into a critical battleground in the fight against the opioid crisis.

1.3. Overdose: A Leading Cause of Death

The rise in fentanyl use has contributed to drug overdose becoming a leading cause of death in many parts of Canada, including Vancouver. Unregulated drug toxicity is the leading cause of death in British Columbia for persons aged 10 to 59, accounting for more deaths than homicides, suicides, accidents, and natural diseases combined (Government of British Columbia, 2024). In British Columbia alone, thousands

of people have died from overdoses, with fentanyl being a major contributing factor. The province declared a public health emergency in 2016 in response to the escalating number of overdose deaths, highlighting the severity of the crisis (Government of British Columbia, 2024). The public health impact of the fentanyl crisis extends beyond mortality rates. Non-fatal overdoses can result in long-term health complications, including brain damage and other serious physical injuries (Ferguson et al., 2023). The widespread availability of naloxone, an opioid antagonist that can reverse the effects of an overdose, has been a crucial tool in reducing fatalities. However, the root causes of addiction and the pervasive presence of fentanyl in the drug supply continue to drive the high rates of overdose.

1.4. Government's Approach to Fentanyl Crisis in Vancouver

The Canadian government, along with provincial and local authorities in British Columbia, has implemented various strategies to combat the fentanyl crisis. These measures include harm reduction approaches, such as supervised injection sites and the distribution of naloxone kits. Supervised injection sites, like Vancouver's Insite, provide a safe environment for individuals to use drugs under medical supervision, which can prevent overdose deaths and connect users with health services. In addition to harm reduction, efforts have been made to increase access to treatment and support services. This includes expanding the availability of opioid agonist therapies (OAT) like methadone and buprenorphine, which help to reduce cravings and withdrawal symptoms in individuals with opioid use disorder (Mannaioni & Lugoboni, 2023). The government has also invested in public awareness campaigns to educate the public about the dangers of fentanyl and the importance of seeking help for addiction. Efforts to disrupt the supply chain of fentanyl involve collaboration with international partners to address the importation of the substance and its precursors. However, the approach to the fentanyl crisis remains multifaceted, requiring ongoing adaptation and cooperation between

healthcare providers, social services, and law enforcement agencies.

1.5. Effective Therapeutic Approach of Fentanyl Addiction Treatment: Motivational Interviewing

One promising approach to treating fentanyl addiction is motivational interviewing (MI), a client-centered, directive method designed to enhance an individual's motivation to change. Developed by William R. Miller and Stephen Rollnick in the 1980s, MI is based on principles of empathy, collaboration, and respect for the client's autonomy. It aims to resolve ambivalence about change by helping individuals explore and articulate their reasons for and against substance use (Noonan & Moyers, 1997). MI employs techniques such as open-ended questions, affirmations, reflective listening, and summarizing (OARS) to foster a supportive and non-judgmental dialogue (Interviewing, M., 2013). This approach helps clients to identify their own motivations for change, rather than imposing external reasons. By focusing on the individual's intrinsic motivations, MI can enhance engagement in treatment and support long-term recovery. Research has demonstrated the effectiveness of MI in various settings, including the treatment of substance use disorders (Noonan & Moyers, 1997). In the context of fentanyl addiction, MI's flexible and empathetic approach is particularly valuable, given the complex and often resistant nature of opioid use disorders.

2. METHOD

2.1. Purpose

This paper explores the application of motivational interviewing techniques in supporting individuals with fentanyl addiction in Vancouver, specifically focusing on the experiences of an outreach worker in the downtown eastside. Through an in-depth interview, we aim to gain insights into the practical challenges and successes of implementing MI in this context. The findings from this study seek to provide actionable recommendations for enhancing addiction treatment programs and

supporting recovery in communities affected by the fentanyl crisis.

This is a qualitative study. Information was collected using purposeful sampling and through semi-structured, in-depth interviews.

2.2. Subject

The interview was conducted with an outreach worker who has been working in the Downtown Eastside for more than three years. He has been working as a part of an overdose outreach team that uses opioid antagonist treatment and has managed more than 20 cases. The inclusion criteria for participants were professionals who work directly, both one-on-one and in groups, with individuals dealing with fentanyl addiction in Vancouver's Downtown Eastside of Vancouver. The selection was voluntarily based.

2.3. Data Collection Method -Interview

The data was collected through semi-structured, in-depth interviews. Interview lasted approximately 120 minutes, allowing sufficient time for the interviewee to elaborate on his experience and perspective. The interview was conducted in a quiet space where the privacy of the interview was assured. Before the interview, the interviewee was briefed on the study's objectives and provided informed consent. The interview was audio-recorded with the participant's permission to ensure accurate data capture. Interviews were audiotaped, transcribed, and analyzed according to the methods of framework analysis (Ritchie & Spencer, 1994).

The main issues covered in the interview are fentanyl addiction in Vancouver, the government's approach/organization's approach to the fentanyl crisis in Vancouver, the impact of motivational interviewing therapy on clients, its long-term and short-term impact, and future steps. The interview questions were compiled using main and general questions from various studies as well as a review of related texts. The interviewee was asked about his experiences, feelings, and perceptions of the fentanyl crisis in DTES, Vancouver, and the impact of motivational interviewing as a therapeutic

approach to heal addicted individuals. Both the interviewer and note taker were professionals who work with individuals with addiction problems in Vancouver. After the interview, the written transcript was reread several times by the interviewer.

2.4. Interview Questions

Questions Structured As Follows :

1. Demographic Info of The Participant
2. Role (responsibilities)
3. Working Location
4. Interaction with Clients
 - a. Technique that is used (motivational interviewing)
5. Advantages
6. Disadvantages
7. Different effects of motivational interviewing on different clients (clients who use fentanyl)
8. Fentanyl addiction in Vancouver
9. Approaches to the addiction crisis in Vancouver
10. Solutions for the Fentanyl Crisis In Vancouver
11. Future steps that need to be taken in order to prevent the ongoing crisis in Vancouver

The interview questions were open-ended, allowing the interviewee to express their opinions freely and without any filters.

2.5. Data Analysis

The data analysis involved several systematic steps. First, the interview was transcribed verbatim to ensure accuracy. Researchers read through the transcripts multiple times to identify recurring themes. These themes were then organized into broader categories to capture the nuanced experiences and perspectives of the interviewee.

3. FINDINGS

The recurring themes in the interview surrounded person-centered and trauma-informed approaches, isolation and lack of support for basic needs.

3.1. Fentanyl Addiction in Vancouver

One of the primary study findings is that fentanyl-detected illicit drug toxicity deaths has been increasing in Vancouver year by year (BC Coroners Service, 2022). As a recurring theme, significantly increasing isolation was highlighted by the interviewee as one of the major reasons for the fentanyl crisis in Vancouver. For countless years having this type of isolation made it difficult for people to seek help and look for solutions to their problems associated with drug use. Many people don't have healthy coping methods and can't deal with the distress of being lonely. Intergenerational trauma was the second reason that was highlighted as a cause of significant fentanyl use in Vancouver. Many individuals, especially indigenous people have had significant past and current trauma that has impacted generations of families. The stigma Indigenous people endure by some groups in society, who cast them as "outsiders" of British Columbia continues to affect this population negatively. There are a number of negative stereotypes associated with Indigenous people, including assumptions about the pervasiveness and causes of alcohol and drug addiction, unemployment, and violence (Backhouse, 1999; de Leeuw, Kobayashi, & Cameron, 2011). Colonialism and significant socio-economic gaps are the other two reasons mentioned, as many individuals use fentanyl as a temporary escape route from their problems, offering a brief sense of relief and pleasure.

3.2. Motivational Interviewing

"There is care because of the circumstances people are living in. Harsh conditions and stigmatization bring people together."

Lots of people die every single day in the Downtown East Side of Vancouver, the interviewee said. According to the interviewee, most of the residents of the area spend their

time in this area referred to as 100 Block or the Downtown East Side which they call "home" and have "street families including street moms". Street mothers are primarily women affected by addiction who take on the role of a mother for many youth who have left their homes or have been rejected by their families because of their addiction problems. In other words, the Downtown Eastside has become a community, rather than just a street where people try to survive, despite all the political and social challenges they are facing. Motivational interviewing (MI) provides a more open non-judgemental positive attitude towards individuals who are using drugs actively. The main purpose of MI is to support individuals in finding their motivations for seeking treatment and that way, they can become productive members of society again. An interesting observation shared was that many DTES community members were able to make intuitive observations to distinguish who displays genuine and heart-centered support instead of having a disingenuous and forced positive attitude towards them. That's why a person-centered and trauma-informed approach combined with motivational interviewing would be the most effective way to connect with clients.

The challenges of this approach surround professionals having to acknowledge and accept the baby steps of clients throughout the healing process. Some clients are in active psychosis due to drug use and mental health challenges and with the lack of services offered, professionals may feel that they have to start all over again, even after there has been significant progress. Even though motivational interviewing therapy is an effective approach, it requires patience, compassion, and a non-judgmental understanding from all professionals.

The short-term effect of MI can be summarized as clients feeling like they have someone who cares about them, listens to them, backs them up when needed, and advocates for them. For individuals going through intergenerational trauma and abandonment, in addition to isolation and stigmatization, it is a milestone to feel cared for whereas the long-term effect of MI is the component of positive reinforcement that comes with a trust-based connection between

professional and client. Positive reinforcement supports clients to take the necessary steps to complete the required tasks in the healing process.

3.3. Approaches

3.3.1. Government's Approach

The interviewee summarized the government's approach to the ongoing crisis with one sentence: "The government doesn't know what to do." The government decriminalized drugs on Jan 31, 2023 and then re-criminalized on May 7, 2024 (Government BC,2024). Ottawa Approved B.C.'s Request to Recriminalize Hard Drugs (CPAC,2024). One of the predictions is that the government might be too scared to lose power to do what is right. If they decriminalize, there is a potential that they will lose the upcoming elections. On the other hand, the government is pouring funding into quite a few overdose prevention organizations, harm reduction supplies and safer consumption sites. However, many individuals continue to struggle with psycho-social problems, moving from one unstable housing situation on the DTES to another. This inconsistency in policy and the lack of tangible improvements highlight the complexity and severity of the ongoing crisis, leaving the government at a crossroads on how to effectively manage it.

3.3.2. Organization's Approach

According to interviewee, when working with organizations on the DTES, employees have to adhere to certain standards and values. Historically, there have been a lot of organizations and community activism. However, the drug crisis along with the Vancouver housing crisis has been steadily increasing over the years. An example from the interview that is able to explain this situation with more clarity, is that there are many people who have nowhere to go and organizations offer them housing to stay for a period of time. After certain changes in the board of organizations' directors, it becomes more about the profit and image than prioritizing the basic needs of individuals who are barely surviving on the streets.

4. SOLUTIONS AND FUTURE STEPS

"You are working with individuals, fully aware that they may not survive beyond four years. Despite our efforts to improve their daily lives, we lack the necessary tools to make a significant impact. Our ultimate goal is to keep them alive."

It is crucial to prioritize meeting people's basic needs. As the interviewee described, "Housing people in clean, nice spaces offers a way out of this lifestyle." Implementing rent freezes prevents rents from increasing to unpredictable levels that could force people onto the streets, drastically altering their lives in a negative way. Most importantly, providing sufficient support, compassion, and understanding helps individuals feel as "human" as the rest of society. Another highlight of the interview was the interviewee's belief that, despite all the challenges, they can make a positive impact on an individual's life. Lastly, the interviewee adds that despite the exhaustion he feels, he and the rest of the outreach workers who care about the DTES community will continue to fight against stigmatization and work tirelessly to keep the community safe and alive.

5. RESULTS

The results of the semi-structured in-depth interview revealed several key themes and insights. Participants consistently highlighted the multifaceted challenges faced in combating the fentanyl crisis, including the pervasive stigma associated with fentanyl addiction and the systemic barriers to accessing effective treatment. The interviewee emphasized the critical role of community support and the need for comprehensive, empathetic approaches to intervention, such as motivational interviewing therapy. The interview also underscored the need and importance of funding and policy support from government officials to sustain outreach efforts and improve outcomes. Overall, the qualitative data provided a nuanced understanding of the personal and societal impacts of the fentanyl epidemic, revealing both areas of progress and persistent gaps in the current response strategies.

6. DISCUSSION

The primary results of the study indicate that the fentanyl crisis is not only negatively affecting the lives of addicted individuals but also impacting society as a whole.

As an outreach worker spending most of his time in the DTES, the anticipated disaster of a collapsing society due to drugs is starkly evident. However, to a Vancouver resident preoccupied with daily responsibilities, this disaster may seem like nothing more than a dystopian scenario. The stark contrast between these perspectives highlights the urgent need for broader awareness and understanding. Bridging this gap is essential for mobilizing collective action and fostering empathy, ultimately leading to more effective solutions and support for the affected community. Without this awareness, the crisis will continue to worsen, silently affecting countless lives.

Another important outcome of this study is that despite all the funding provided for the DTES, there is still a significant increase in fentanyl use. These results have led us to question the impact of the current work in the DTES, the approach to the community, and the stigmatization surrounding it. According to the literature and the results of this study, motivational interviewing therapy is one of the most effective ways of connecting with clients due to its non-judgmental, empathetic approach. Although it requires dedication, resilience, and persistence from professionals, it remains one of the most effective methods for achieving both short- and long-term healing for clients.

7. LIMITATIONS OF THE STUDY

The study acknowledges potential limitations, including the small sample size and the reliance on the self-reported data, which may be subject to recall bias or social desirability bias. These limitations were mitigated by creating a non-judgmental interview environment.

8. CONCLUSION

Our findings indicate that despite a high level of fentanyl risk knowledge, many users are not aware of the high risk of having a fentanyl overdose. According to the interviewee's response, there is a need to improve overdose prevention efforts and ensure a safe drug supply supported by the government.

Future studies can include the perspectives of government officials who provide grants and funding to fight fentanyl drug addiction. Discussing the fentanyl crisis in Vancouver and the impact of motivational interviewing therapy from different angles, by providing safe spaces for various voices, would offer an in-depth understanding of the ongoing fentanyl crisis. Additionally, it would be beneficial to examine the effectiveness of current government policies and their implementation, as well as the role of community-based organizations in mitigating this crisis. This comprehensive approach can help identify gaps and develop more targeted strategies to address the issue effectively.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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RESEARCH ARTICLE/ARAŞTIRMA MAKALESİ

Autism Spectrum Disorder (ASD) or early electronic screen exposure – 67 month-old case study

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Abstract

Concerns about screen addiction have become increasingly prevalent, particularly with regard to its potential impact on children's development. This study examines the possible connection between Autism Spectrum Disorder (ASD) symptoms and early exposure to electronic screens. It focuses on a case involving a 67-month-old child who was heavily exposed to screens during the COVID-19 lockdown. The child spent an average of 5 hours per day in front of screens, which included television and mobile devices. Observations indicated delays in language development, poor social skills, and an anxious emotional state. The family initially associated these symptoms with ASD and sought professional consultation. However, it was observed that the child exhibited behaviors such as restlessness, avoidance of social interaction, and a preference for screen time over fulfilling basic needs, such as eating. These behaviors were particularly evident when the child was not engaged with digital devices, manifesting in sadness, frustration, and anger.

The case highlights how early and excessive screen exposure can lead to developmental and psychological challenges that mimic ASD-like behaviors. Excessive screen time in children has been associated with attention disorders, sleep disturbances, language delays, and emotional instability. In this case, the family did not impose restrictions on screen usage during the lockdown period, which contributed to the child's increased demand for digital media. The therapeutic intervention focused on reducing screen time and encouraging non-digital activities, including outdoor play and social interactions with peers. As a result, improvements were noted in the child's anxiety, social engagement, and language development.

In conclusion, this case underscores the importance of distinguishing between ASD and the effects of excessive screen exposure, as the symptoms of both conditions can overlap. Reducing screen time and promoting parent-child interactions are essential in mitigating these developmental issues.

Keywords: Autism Spectrum Disorder (ASD) , Screen Exposure, Screen Addiction, Digital Media Overuse, Technology Addiction

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1. INTRODUCTION

Autism Spectrum Disorder (ASD) is frequently diagnosed alongside individuals who experience issues with technology addiction or excessive use of digital media. This suggests that there may be a link between certain behavioral patterns and prolonged exposure to digital environments. Recognizing the wide range of characteristics that a person on the autism spectrum may exhibit is important in being able to recognize the diagnosis and get to the bottom of the problem.

Research has indicated that young children who spend more time in front of screens may face negative health consequences. These outcomes can include a reduction in cognitive functioning and delays in language development, both of which are critical during early childhood. Additionally, mood disturbances and behaviors resembling those seen in autism, such as increased hyperactivity, shorter attention spans, and heightened irritability, have been observed. Such findings highlight the potential risks of excessive screen exposure for developing children (Hermawati et al., 2018).

1.1. What is Autism Spectrum Disorder (ASD)?

Autism Spectrum Disorder (ASD) is recognized as a neurodevelopmental condition rooted in brain function, emerging early in life. It is primarily characterized by challenges in social communication and interaction, as well as restricted and repetitive patterns of behavior or interests (APA, 2013).

In some instances, parents or caregivers may observe signs of ASD within the first year of a child's life, with a formal diagnosis often being made by the age of two. However, current understanding among autism specialists reveals that many individuals with autism remain undiagnosed until later in life, when social demands surpass their ability to manage. It is not uncommon for some individuals to reach adulthood without realizing that they are on the autism spectrum.

Historically, autism was divided into four distinct categories in the fourth edition of the Diagnostic and Statistical Manual of Mental

Disorders (DSM-IV), namely autistic disorder, Asperger's disorder, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified (PDD-NOS). However, the release of DSM-5 in 2013 consolidated these categories under the broader diagnosis of Autism Spectrum Disorder. It is important to note that the DSM-5 emphasizes the diverse manifestations of autism, acknowledging that symptoms can vary widely across individuals (Gillespie-Lynch et al., 2020). Furthermore, ASD is recognized as a highly complex condition, with a heterogeneous presentation in both behavioral and biological aspects, impacting multiple domains such as motor function, cognition, and sensory processing (Bradshaw, Schwichtenberg & Iverson, 2022).

Autism Spectrum Disorder is a condition that affects numerous domains, including language, communication, and social interactions. It not only complicates but sometimes entirely impedes communication. Individuals with ASD often exhibit limited social skills and motor behaviors, which can result in inappropriate self-stimulatory movements. These behaviors create a restricted environment around the individual, limiting their interaction with others to the extent that communication with their surroundings becomes significantly reduced. Furthermore, disruptions in the fundamental development of multiple functions are frequently observed in individuals with ASD. The symptoms of ASD typically manifest through challenges in social interaction, communication difficulties, and restricted, repetitive behaviors (Hodges, Fealko & Soares, 2020).

When examining these individuals based on their general characteristics, it is often noted that they display resistance to changes in their daily lives and exhibit insistence on repeating the same actions multiple times. Additionally, a strong adherence to routines is common, and even the slightest deviation from these routines may trigger episodes of frustration or tantrums (Mills et al., 2022).

During the diagnostic process, it is critical to recognize that autism presents a wide range of symptoms, which can vary greatly from

person to person and must be assessed across a broad spectrum. Given that some symptoms of autism may resemble those of screen addiction/electronic screen exposure, it is essential to maintain a high level of awareness regarding differential diagnosis. This is crucial for adopting the most appropriate approach in distinguishing between the two conditions.

1.2. What is Digital Media Overuse and Technology Addiction?

Digital media use occurs on a spectrum, with healthy use on one end and addiction on the other. In the middle, lies digital media overuse (Figure 1). (Markle & Kennedy 2024).

Addiction can be defined as an obsessive behavior or uncontrollable urge that persists despite causing harm to an individual's mental and physical health, as well as their social life. There are several criteria used to diagnose addiction, and the presence of just three of these is sufficient for a formal diagnosis. These criteria include an increase in the amount of time spent engaging in the behavior, withdrawal symptoms when the behavior is discontinued, persistent efforts to reduce usage, a reduction in social activities due to the behavior, and the continuation of the behavior despite physical or psychological harm. When evaluating these six conditions from an addiction perspective, three primary issues emerge: the irresistible urge to engage in the behavior, the increasing duration of use, and the deficiency in meeting both physical and psychological needs (Yengin, 2019).

Figure 1. Digital Media Use Spectrum (Markle & Kennedy 2024).



Both the internet and the technologies that provide access to it (such as smartphones, tablets, and televisions) as well as the applications developed for these devices (like gaming apps and streaming platforms) exhibit parallels with other forms of addiction. Recent studies have shown that screen addiction has been added

to the growing list of addiction types. The similarities between internet addiction and other substance or behavioral addictions underscore the complexity of this issue, especially as screen addiction continues to become more prevalent in modern society (Kırlioğlu, Kayaalp & Arslan, 2023).

Technology has an impact on all children, even those who use it at low or average levels. Various studies have established a clear connection between technology use and physical health issues, and a significant body of research links problematic internet use and internet addiction to mental health concerns. These include emotional instability, depression, loneliness, anxiety, and impulsivity. Furthermore, excessive technology use is associated with negative social health outcomes. Specifically, higher levels of internet usage correlate with poorer interpersonal skills, decreased quality of family interactions, diminished quality of life, and an increased tolerance for violent content (Smahel, Wright & Cernikova, 2015).

Excessive screen time in children can lead to a range of social disturbances. When children spend too much time in front of screens, they are likely to experience difficulties in family communication, deterioration in social relationships, negative impacts on peer interactions, and the development of eating disorders. As the duration of screen use increases, the risk of these social issues grows more pronounced (Smahel, Wright & Cernikova, 2015).

In one study, parents expressed concerns that the use of smartphones and tablets could hinder their children's social development, model negative behaviors, and potentially lead to addiction. The findings also indicated that as children's screen time on smartphones increases, so does the risk of developing screen addiction. This risk is particularly high for children in the preschool age group, who are more susceptible to becoming addicted to screens when given early access to smartphones. The accessibility of smartphones, combined with the allure of entertaining games and videos, makes them particularly attractive to children. This ease of use is a significant factor

contributing to the growing prevalence of screen addiction among young children (Kıroğlu, 2023).

2. METHOD

This study is framed as a qualitative case study of a 67-month-old child with excessive screen exposure. This study was conducted to understand how autism spectrum disorder and excessive screen exposure may present similar symptoms and to prevent misdiagnosis.

3. DATA COLLECTION

Data were collected through interviews, observations, and documents. Interviews were conducted with 1 child and 2 parents. The researcher conducted interviews with the children at regular intervals. He visited the child's home and spoke with the child and his/her family. Unstructured interviews with the parents were conducted to learn their thoughts, attitudes, and daily routines regarding their children's interest in screens.

The interview questions included the following;

1. At what age did your child's interest in screens begin?
2. When did you start to think that your child had autism spectrum disorder?
3. Based on which behaviors did you start to think that he/she had autism spectrum disorder?

4. CASE

Upon examining the findings from the case assessment, it was determined that the 67-month-old child was exposed to screens, including television and mobile devices, for an average of 5 hours per day. The first two years of life, covering the infant stage, were spent in quarantine due to the Covid-19 pandemic. During this period, the child was introduced to screens and began to actively request access to them. Following the quarantine, the early childhood stage saw a marked increase in the child's demand for screen time. The family reports that problems in the child's development became noticeable during this period. Specifically, the parents observed delays in language development, poor social skills, and an anxious and restless general

emotional state. Concerned that these might be symptoms of Autism Spectrum Disorder, the family sought professional consultation.

5. APPROACH TO THE CASE AND DISCUSSION

Observations of the child revealed a limited vocabulary, avoidance of social interaction, and a tendency to request screen time when feeling anxious, preferring solitude. When not engaged in screen-based activities, the child was frequently observed to be restless, sad, or angry. Additionally, the child often postponed basic physical needs, such as eating, in favor of spending time in the digital world.

Excessive screen exposure during early childhood has been associated with a variety of developmental and psychological issues, including attention disorders, sleep disturbances, depression, anxiety, academic underachievement, and language development delays (Pinar, Ünal & Kubilay Pinar, 2018). Similar concerns, such as attention difficulties, anxiety, and language delays, are evident in this particular case.

When reviewing the potential mental health symptoms related to excessive screen use in children, previous research has identified cognitive salience of online events, aggression, and sleep disturbances as common issues. Some children reported experiencing these problems within 30 minutes of screen usage, suggesting that even short periods of exposure can lead to self-reported health concerns (Smahel, Wright & Cernikova, 2015). Given the duration of screen exposure in this case, it is plausible that the child's problems have become cyclic, with the same symptoms manifesting repeatedly throughout the day.

First exposure to screen devices has been found to occur at increasingly younger ages, with parents often encouraging their children to use electronic media as a means of keeping them entertained and occupied. This allows parents to focus on their own activities. Remarkably, many parents report with pride that their children, even those under the age of 2, are able to actively engage with and enjoy electronic media on a

regular basis (Hermawati et al., 2018). In the present case, the family imposed no limitations on the child's screen use due to the restrictive conditions of the quarantine.

While electronic media can serve as a source of information and entertainment, contributing in some cases to language development, early learning—especially in the realm of language—depends heavily on direct social interactions within a linguistic context (Hermawati et al., 2018). A study on internet-dependent children living in urban settings found that screen exposure had negative effects on verbal proficiency, aggression, and cognitive abilities (Takeuchi et al., 2015). In this case, similar issues have been observed, including limited verbal ability, poor comprehension skills, and episodes of aggression.

A study examining the impact of early screen exposure on autistic-like behaviors found that children exposed to screens before the age of two exhibited speech delays and short attention spans. Those exposed to screens for more than 3 hours per day demonstrated not only speech delays and short attention spans but also hyperactivity. The study included nine children (6 males, 3 females, aged 44–78 months) who presented with autistic-like behaviors. In all cases, speech delay and short attention spans were reported, and hyperactivity was observed in two-thirds of the children. Notably, more than half of the cases involved minimal parent-child interaction during screen exposure (Hermawati et al., 2018). Similarly, in the current case, the family reported symptoms resembling those seen in Autism Spectrum Disorder. These symptoms closely mirror the effects of excessive screen exposure or screen addiction.

In conclusion, this case highlights the potential developmental and psychological risks associated with excessive screen exposure in early childhood. While the family's initial concerns focused on Autism Spectrum Disorder, the child's symptoms appear to align with those commonly associated with excessive screen time. Future interventions should prioritize reducing screen exposure and increasing parent-child interactions to support the child's development

and address the observed symptoms.

6. CASE ANALYSIS AND CONCLUSION

In this case, both Autism Spectrum Disorder and excessive screen consumption/screen addiction were evaluated. Based on observations made during play and art therapy sessions with the child, it became clear that the focus should be on the overuse of screen time.

Considering that the child spent the first two years of life in quarantine due to the Covid-19 pandemic—during which the child was introduced to and began requesting screen time—and the subsequent increase in screen time demands during early childhood, the therapeutic model aimed at “substitution” of the child's demands. This approach involved redirecting the child to non-screen-related activities. Various alternatives were provided, such as visits to playgrounds, natural environments, and spaces where the child could interact with peers.

Research suggests that children need “free play,” a form of play that is independent of screens and digital devices. In this case, a free-play environment was created where the child could engage in activities without parental interference, allowing the child to focus on play and explore personal boundaries. With each outdoor activity, the child's screen time was progressively reduced. Correspondingly, a reduction in the symptoms that concerned the family—such as anxiety, social withdrawal, and language delays—was observed.

This case demonstrates that Autism Spectrum Disorder and excessive screen use/screen addiction can manifest similar symptoms, potentially complicating early and accurate diagnosis.

7. RECOMMENDATIONS

Parents and educators should be informed about the potential physical and mental health issues related to average screen and technology use in children.

Mental health professionals, when assessing symptoms in children, should not limit their

evaluations to Autism Spectrum Disorder alone. They should also consider the rising issue of screen/technology addiction, which has become a significant concern in modern times.

In conclusion, the findings from this case support the notion that reducing screen time and increasing engagement in free play and social interactions can significantly alleviate the developmental and psychological symptoms observed in children.

8. STUDY LIMITATION





A key limitation of this study is that it involves only a single case, which restricts our ability to fully assess the impact of screen exposure and determine whether autistic-like behaviors are genuinely exacerbated in children due to excessive screen time. Further research involving larger sample sizes would be necessary to draw more conclusive results.

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RESEARCH ARTICLE/ARAŞTIRMA MAKALESİ

An analysis of media news on electronic cigarettes, the popular addiction of recent years

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Abstract

Objective: The use of electronic cigarettes (e-cigarettes), which are promoted as tobacco-free cigarettes, is becoming increasingly widespread due to the perception that they are safer and more economical than regular cigarettes, that they reduce the desire to smoke or make it easier to quit smoking. E-cigarettes target especially children and young people through both traditional print and visual media as well as social media. The aim of this study is to analyze the media news on e-cigarettes in Türkiye in the last five years.

Material-Method: The web pages of major news agencies in Türkiye are scanned using the keywords 'electronic cigarette', 'e-cigarette', 'electronic cigarette addiction', 'e-cigarette addiction'. The news articles published between 2019 and 2024 are evaluated according to years, agencies, topics and content. For descriptive statistics, frequency (n) and percentage (%) representation is used.

Findings: In the period between 2019 and 2024, 131 original news articles published in the news agencies were identified. A total of 31.0% of the news articles were published in 2023 and 35.9% were under health and life topics. While the rate of news reflecting expert opinions on the health risks and harmful effects of e-cigarettes is 48.1%, 33.6% of the news is about the efforts of law enforcement forces to combat e-cigarette smuggling.

Conclusion: Studies have shown that when individuals have limited knowledge and experience or are uncertain about e-cigarettes, they are more susceptible to the content in the media. Regular exposure to this content may normalize perceptions about e-cigarette use, while some news content may be misleading. In this respect, it is thought that the news in the media containing accurate and complete information will enable the society to be informed and aware about e-cigarettes and will positively influence public support for public health policies and legislation.

Keywords: Electronic Cigarette, E-Cigarette, Electronic Cigarette Addiction, E-Cigarette Addiction, Addiction

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1. INTRODUCTION

Tobacco and tobacco products are highly addictive due to the nicotine they contain (World Health Organization [WHO], n.d.a; U.S. Food & Drug Administration [FDA], n.d.). Tobacco products can be smoked or smokeless. Tobacco smoking refers to inhaling the smoke produced by burning the dried or cured leaves of the tobacco plant and allows the biochemically active compounds released, such as nicotine, to be absorbed through the lungs. Smoked tobacco products generate second-hand smoke and include cigarettes, cigars, cigarillos, roll-your-own tobacco, pipe/waterpipe tobacco, bidis and kreteks. Smokeless tobacco products, i.e. snuff and chewing tobacco, are consumed through the nose or mouth, without burning or combustion (Shafey et al., 2009; European Commission, n.d.; WHO, 2023a).

Globally 1.245 billion people aged 15 years and over are tobacco users, with a prevalence of 20.9% in 2022 (WHO, 2024b). Cigarettes are the most common tobacco product used worldwide (WHO, 2023a; Shafey et al., 2009). In 2022, 89% of tobacco users were cigarette smokers with a current prevalence of 15.0% among all persons aged 15 years and over (WHO, 2024b). Tobacco use, be it inhaled, sniffed, sucked, or chewed, is harmful with no safe level of exposure (WHO, 2023a; Shafey et al., 2009). More than 8 million people die annually from tobacco use (WHO, n.d.a). More than 7 million of those deaths are the result of direct tobacco use while around 1.3 million are non-smokers who are exposed to second-hand smoke (WHO, 2023a; WHO, n.d.a). Tobacco use is also a major risk factor for cardiovascular and respiratory diseases, over 20 different types or subtypes of cancer, and many other debilitating health conditions (WHO, n.d.a); therefore, is a major avoidable cause of non-communicable diseases (Jerzyński & Stimson, 2023).

The World Health Organization (WHO), therefore, calls tobacco use an epidemic and one of the biggest public health threats the world has ever faced (WHO, n.d.a). In response to the globalization of this epidemic, facilitated through trade liberalization, direct foreign

investment, global marketing, transnational tobacco advertising, promotion and sponsorship, and the international movement of contraband and counterfeit cigarettes, the World Health Assembly adopted the WHO Framework Convention on Tobacco Control (FCTC) on 21 May 2003 as the first international treaty which has been rapidly and widely embraced (WHO, 2003; WHO, n.d.b).

However, the tobacco industry was quick to promote other nicotine-containing products as an alternative to cigarettes (European Lung Foundation [ELF], 2020). Electronic cigarettes (e-cigarettes), devices that deliver vaporized nicotine without combusting tobacco, entered the global tobacco and nicotine market between 2003 and 2008 promoted as a safer alternative to cigarettes (WHO, 2023b; Cahn & Siegel, 2011; Berridge et al., 2023).

The early pioneer of e-cigarettes was developed in 1963 by Herbert A. Gilbert. His patent application was for *“a smokeless non tobacco cigarette ... to provide a safe and harmless means for and method of smoking by replacing burning tobacco and paper with heated, moist, flavored air; or by inhaling warm medication into the lungs in case of a respiratory ailment under direction of a physician”* (Gilbert, 1965). In 2003, the e-cigarette in its current form was developed by the Chinese pharmacist Hon Lik. His patent application described an electronic atomization cigarette *“that functions as substitutes for quitting smoking and cigarette substitutes”* (Hon, 2013).

E-cigarettes, unlike traditional cigarettes, do not contain tobacco (ELF, 2020; WHO, 2024a; WHO, 2020). They are battery-operated devices that heat a liquid solution, also called e-liquid, which turns into a nonaqueous vapor for the user to inhale (ELF, 2020; U.S. Department of Health and Human Services [HSS], 2016; WHO, 2024a; Lichtenberg, 2017; Marques et al., 2021). The e-liquids may or may not contain nicotine and are referred to as electronic nicotine delivery system (ENDS) and electronic non-nicotine delivery systems (ENNDS) respectively (WHO, 2024a; WHO, 2020).

Following the introduction of the e-cigarette to the Chinese market in 2004 and the United States (U.S.) market in 2007 (HSS, 2016; Lichtenberg, 2017), the major multinational tobacco companies had entered the e-cigarette market by 2013 (Grana et al., 2014); and as e-cigarettes have become widely available, their use has increased rapidly worldwide (Rom et al., 2015; Drummond & Upson, 2014). In 2021, the global number of e-cigarette users was estimated at 81.9 million, which shows a significant growth from 58.1 m in 2018. Although the number of users are the highest in European and Americas regions of WHO (20.1 m and 16.8 m respectively) and lowest in Africa (5.6 m); the prevalence is the highest in European and the Eastern Mediterranean region with 2.3% each and lowest in Southeast Asia with 0.7% (Jerzyński & Stimson, 2023).

E-cigarettes are being promoted and marketed through various channels, including mass media, be it visual, print or digital, social media platforms and other forms of internet marketing, which has contributed to the increase in e-cigarette use by both adults and youth (Grana et al., 2014; HSS, 2016). Around 30–50% of e-cigarette sales are estimated to occur over the internet (Lichtenberg, 2017). The pervasive marketing of e-cigarettes has fostered positive (mis)perceptions about e-cigarettes, portraying them as appealing, healthy alternatives, and heightened the intentions to use, particularly among youth (Smith & Hilton, 2023; Lazard, 2021). Studies reveal that adolescents and young people are being exposed to e-cigarette advertising on at least one type of media with an average number of five (Wang et al., 2019; Pettigrew et al., 2023). Even brief exposure to e-cigarette content on social media has been associated with heightened intentions to use these products and more favorable attitudes towards vaping (WHO, 2024a). Notably, exposure to e-cigarette marketing on platforms like Instagram has been linked to increased experimentation and continued use among adolescents (Lazard, 2021).

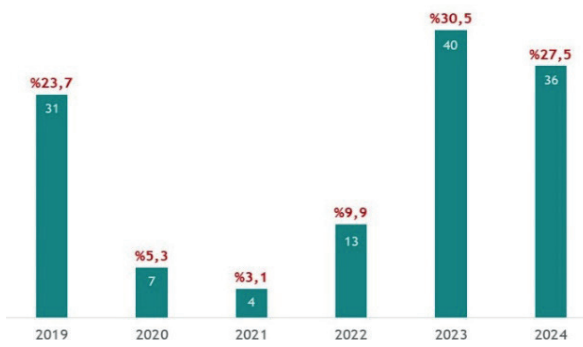
2. MATERIAL-METHOD

This study aims to examine the media coverage of e-cigarettes in Türkiye over the past five years. As online news is a major source of news reporting, an online search was conducted to identify the news on e-cigarettes in national newspapers. It was found that the same news appeared in different newspapers, originating from the same news agencies. In order to prevent duplication, it was decided to screen the websites of the news agencies which were identified during the initial search as Demirören News Agency (DHA), Anadolu Agency (AA), İhlas News Agency (İHA), BBC News Türkçe, Euronews, and ANKA News Agency. The websites of these six news agencies were searched retrospectively for news on electronic cigarettes by using the keywords ‘electronic cigarette’, ‘e-cigarette’, ‘electronic cigarette addiction’, and ‘e-cigarette addiction’. The analysis was carried out for the 5-year period of January 1, 2019 to May 12, 2024. All news mentioning e-cigarettes were included and news that were duplicate and in video/audio format were excluded. The news published in this period were evaluated according to the years published, news agencies that distribute the news, the topics they were published under and the visual and written content of the news. For descriptive statistics, frequency (n) and percentage (%) representation was used.

3. FINDINGS

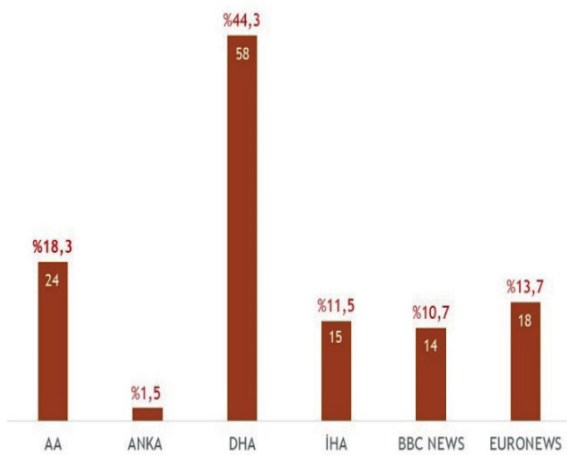
In the time period between January 1, 2019 and May 12, 2024, a total of 131 original news articles published by the news agencies were identified. E-cigarettes received a coverage of 31 news articles in 2019, which dropped drastically in 2020 and 2021 (7 and 4 news articles respectively), most probably due to the Covid-19 pandemic. Coverage started rising in 2022, and continued its rise, reaching to a total of 36 news articles in the first four months of 2024. Of the 131 news, 40 (31.0%) was published in 2023 (Figure 1).

Figure 1. Distribution of news by years



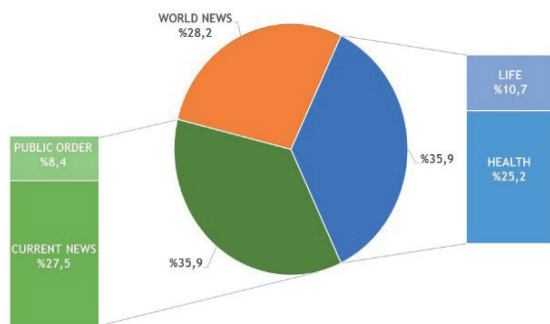
A total of 58 (44.3%) news was published by Demirören News Agency, followed by 24 (18.3%) news by Anadolu Agency and 18 (13.7%) by Euronews (Figure 2).

Figure 2. Distribution of news by news agencies



Regarding the topics that cover the news, 33 (25.2%) news was published under the topic of “health”; 14 (10.7%) under “life”; 11 (8.4%) under “public order”; 36 (27.5%) under “current news”; and 37 (28.2%) under “world news” (Figure 3).

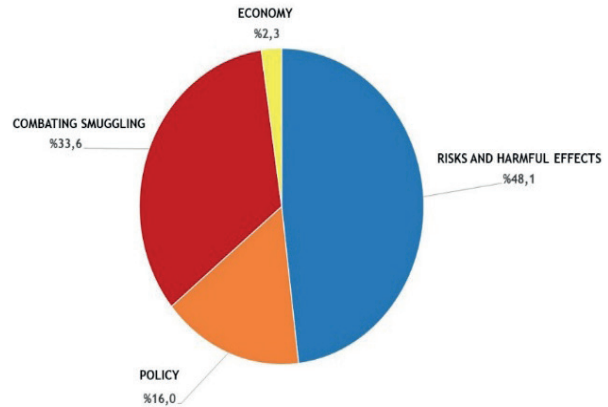
Figure 3. Distribution of news by topics



A total of 63 (48.1%) news reflected on the health risks and harmful effects of e-cigarettes; 21

(16.0%) mentioned about national/international policies/regulations to control and prevent e-cigarette use; 3 (2.3%) indicated its economic reflections, while 44 (33.6%) news was about the efforts of law enforcement to combat e-cigarette smuggling (Figure 4).

Figure 4. Distribution of news by content



As for the headlines of the news,

30 (22.9%) headlines were about the health problems associated with e-cigarette:

“Electronic cigarette increases the risk of heart attack” (Anadolu Agency, 2019).

“Electronic cigarettes can cause male infertility” (Demirören News Agency, 2024).

11 (8.4%) headlines mentioned its impact on young people:

“Electronic cigarettes increased smoking rate among young people” (İhlas News Agency, 2024).

“Young people who vape may be exposed to lead and uranium” (Anadolu Agency, 2024).

6 (4.6%) headlines emphasized that e-cigarettes are addictive and are not an alternative to quit smoking:

“Vaping is not an alternative to smoking cessation” (Demirören News Agency, 2019).

“World Health Organization: Electronic cigarettes don’t make you quit smoking and are bad for your health” (Euronews, 2019).

21 (16%) headlines focused on the national and international policies by governments towards controlling e-cigarette use:

“Australia bans electronic cigarettes: Threat to public health” (BBC News Türkçe, 2023).

“Flavored electronic cigarettes to be banned in the Netherlands” (BBC News Türkçe, 2020).

The analysis of the news texts revealed that 53 (40.5%) news articles discussed the health risks and medical problems associated with e-cigarette use, while another 53 (40.5%) referred to the rising prevalence of e-cigarette use among adolescents and young adults. Furthermore, 44 (33.6%) news articles mentioned the content of e-liquids and vapours and 26 (19.8%) mentioned the flavours utilized in e-cigarettes; 28 (21.4%) addressed the controversial use of e-cigarettes as a smoking cessation tool; and 12 (9.2%) highlighted the addictive nature of e-cigarettes.

All but one of the news displayed a negative attitude towards e-cigarettes. The only news with a rather neutral attitude was dated 27.06.2019, published by BBC News with the headline “How safe are electronic cigarettes?”. It contains somehow misleading information that the nicotine, e-liquid and vapor of e-cigarettes are less harmful than traditional cigarettes, concluding that *“At the moment it is too early to know the full potential health effects of electronic cigarettes, but experts agree that they will be much lower than regular cigarettes.”* (<https://www.bbc.com/turkce/haberler-dunya-48781320>).

4. DISCUSSION

This study aimed to examine the media coverage of e-cigarettes in Türkiye over the past five years. In recent years, e-cigarettes have garnered significant attention in media discourse. Their emergence in the market, impact on the tobacco industry, contentious role in smoking cessation, and rising prevalence among adolescents have made them a subject of widespread public interest (Yates et al., 2015; Rooke and Amos, 2014; Wackowski et al., 2019).

The findings of our study revealed that the number of the news increased annually from a total of 31 news in 2019 to 36 news in the first four months of 2024, with the exception of 2020 and 2021 when news regarding Covid-19 pandemic erupted. The news media plays a crucial role

in influencing public opinion on e-cigarettes, especially considering that approximately 80% of the population seeks health information through internet and digital platforms, often relying more on these sources than on healthcare professionals (Payne et al., 2016; Ngoma et al., 2023; Sumayyia et al., 2019; Swoboda et al., 2019; Chu et al., 2017; Parija et al., 2020; Rooke & Amos, 2014). Given this reliance, media coverage of tobacco products, including e-cigarettes, is significant as it shapes public awareness and perceptions of their relevance and the necessity of regulatory measures. Moreover, such coverage informs the public about the potential risks and benefits associated with these products, thereby influencing public perceptions and intentions regarding their use (Tan et al., 2017; Wackowski et al., 2017).

Concerns regarding the representation of e-cigarettes in both traditional and social media have spurred studies on the topic (Payne et al., 2016); and many studies have established the association between the promotion of e-cigarettes through diverse media channels and heightened favorable attitudes and increased intentions to use e-cigarettes, especially among young people (Smith & Hilton, 2023).

The findings of our study showed that of the 131 news in the last five years, all but one presented a negative approach towards e-cigarettes, both in their headlines and also in their texts. Tan et al. (2017) found that participants exposed to negative e-cigarette news headlines exhibited heightened beliefs concerning harms and diminished beliefs regarding benefits of e-cigarettes in comparison to those exposed to positive headlines. Wackowski et al. (2018) indicated that news stories about e-cigarettes more frequently emphasize potential risks rather than potential benefits such as harm reduction. News coverage has also been implicated in influencing public perceptions regarding the comparative harm of e-cigarettes versus traditional cigarettes, as shown by Majeed et al. (2017), who have found that the percentage of adults perceiving e-cigarettes to be as harmful as or more harmful than cigarettes rose from 13% in 2012 to 40% in 2015 in the U.S.

Bigwanto et al. (2023) found that the news articles

presenting favorable perspectives on e-cigarettes outnumbered those with negative viewpoints, and health impact, regulation, taxation, and their role as smoking cessation tools to be the most frequently reported topics in Indonesia; Burton et al. (2023) revealed that reports of e-cigarette related fatalities and severe illnesses in the U.S. have altered the perspective of Australian mass media articles from favorable (48.0%) to unfavorable (54.0%); and Kang et al. (2021) found that the news coverage of e-cigarettes in the U.S. and United Kingdom emphasized the reduced harm of e-cigarettes compared to combustible cigarettes, whereas Korean news highlighted the ingredients of e-cigarettes.

Our study identified the themes of the media news in Türkiye in the last five years as the health risks and harmful effects of e-cigarettes; the economic reflections of e-cigarettes; national/international policies/regulations to control and prevent e-cigarette use; and the efforts of law enforcement to combat e-cigarette smuggling. Lyu et al. (2021) identified the seven prominent themes in the Chinese newspapers while reporting of e-cigarettes as the health impact, usage, smoking cessation, youth, regulation, industry development, and description of e-cigarettes; whereas Rooke & Amos (2014) pinpointed getting around smoke-free legislation, risk and uncertainty; healthier choice, celebrity use, and price to be the emerging themes in newspaper coverage in the UK and Scotland.

Relying on social and/or mass media for information regarding e-cigarettes presents challenges. Exposure to such information can normalize perceptions that e-cigarette use is prevalent and harmless, potentially enhancing their appeal and perceived advantages, thus fostering positive social norms. Media may disseminate misinformation by portraying e-cigarettes as substitutes for conventional cigarettes, linking them with claims of appetite suppression, therapeutic effects, and healthy lifestyles, despite lacking empirical validation. The portrayal of e-cigarettes in media can also influence public attitudes toward public health policies and legislation (Burton et al., 2023). While our study did not directly investigate the impact of e-cigarette news on individuals, it may

provide valuable insights for future research.

Several factors have been identified for the growing use of e-cigarettes. They are perceived as a less harmful, cheaper and more socially acceptable alternative to conventional cigarettes, to deal with situations where smoking was prohibited, and even as a smoking cessation aid (Peralta & Guntur, 2014; Etter & Bullen, 2011; Johar, 2016; Marques et al., 2021; Temourian et al., 2022). Some studies have found that e-cigarettes were more effective for smoking cessation than nicotine-replacement therapy while providing the physical experience of inhalation (Hajek et al., 2019; Benowitz, 2020; Lindson et al., 2024). England is the first country to prescribe medicinally-licensed e-cigarettes (Department of Health and Social Care, 2021), and The National Health Service (NHS) recommends e-cigarettes as an effective tool for adults to support quitting smoking and staying smoke-free (NHS, 2022; King's College Hospital, 2022). The FDA, however, has approved no e-cigarette product as a cessation aid to date, despite stating that certain e-cigarettes may help adults to quit or significantly reduce smoking (Temourian et al., 2022; FDA, 2023). It is stated that "the immediate toxic effects of e-cigarettes far outweigh those of conventional cigarettes", therefore e-cigarettes do not present a "benign alternative" (Brown et al., 2021).

The findings of our study revealed that 4.6% of the news emphasized in their headlines that e-cigarettes were not an alternative to quit smoking and 21.4% of the news addressed the controversial use of e-cigarettes as a smoking cessation tool in their texts. Studies have also found that most individuals were unsuccessful to quit cigarette smoking and instead switched to dual use of cigarettes and e-cigarettes (Caraballo et al., 2017; Wang et al., 2021). In 2021, 29.4% of adults in the U.S. were dual users. Dual use was more common among older adults aged 45 years and older of whom 42.7% reported both vaping and smoking cigarettes (Centers for Disease Control and Prevention [CDC], 2023). A recent study found that 4.0% of the sample were dual users, of whom 2.5% were characterized as experimental dual users, and 1.5% were established dual users; and 1.1%

were exclusive e-cigarette users, of whom 0.4% were experimental e-cigarette users, and 0.7% were established e-cigarette users. Exclusive established e-cigarette users were less likely to transition to exclusive cigarette smoking, and established dual users were more likely to remain so (Wei et al, 2020).

Our study found that 33.6% of the news mentioned the content of e-liquids and vapors. There is an ongoing debate regarding the use and efficacy of e-cigarettes in harm reduction, smoking reduction or cessation, and their impact on the health of the users as well as on those passively exposed to the vapor due to limited evidence (Drummond & Upton, 2014; Jensen et al., 2015; Marques et al., 2021). Various chemical substances have been identified in e-liquids, aerosols and environmental emissions. The e-liquids contain propylene glycol and/or glycerol, nicotine, and flavorant chemicals (ELF, 2020; HSS, 2016; Jensen et al., 2015; Krüsemann et al., 2021), and the vapor has been shown to contain lead, cadmium, nickel, formaldehyde, and acetaldehyde among other chemicals (Lichtenberg, 2017; FDA, 2023; Johar, 2016; Jensen et al., 2015; Krüsemann et al., 2021). Although it has been claimed that e-cigarette aerosols contain fewer compounds and at significantly lower concentrations than cigarette smoke (Margham et al., 2021); it has also been found that e-liquid and aerosol samples demonstrate distinct analyte profiles, such that e-liquid profiles produced upwards of sixty four compounds whereas aerosol profiles produced upwards of eighty two compounds that were never present in the solutions (Herrington & Myers, 2015), implicating that the heating process itself can lead to the formation of new compounds of questionable toxicity (Marques et al., 2021; Jensen et al., 2015).

The long-term health effects of e-cigarette use are not entirely acknowledged; yet, the exposure to toxic substances and carcinogens they generate are known to cause cancer; increase the risk of cardiovascular and respiratory disorders as well as nervous-system problems (WHO, 2024a; WHO, 2023a; Johar, 2016; Peralta & Guntur, 2014; Vandelaer, 2023; Feeny et al., 2022). Our study

found that 48.1% of the news reflected on the health risks and harmful effects of e-cigarettes; 22.9% of the news had the health problems associated with e-cigarette in their headlines and 40.5% of the news discussed the health risks and medical problems associated with e-cigarette use in their texts.

Our study showed that the news referred to the rising prevalence of e-cigarette use among adolescents and young adults, both in their headlines and in their texts (8.4% and 40.5% of the news, respectively). Studies show that e-cigarette use is increasing among young people (Kaleta et al, 2016; Puteh et al., 2018; Birdsey et al., 2023; Yoong et al., 2021; Song et al., 2023). A recent systematic review and meta-analysis found the global prevalence of e-cigarette in younger individuals as 16.8% in the 'ever' and 4.8% in the 'current' modes of e-cigarette use (Salari et al., 2024). In the U.S., 36.8% of high school students and 49.0% of middle school students were dual users of e-cigarettes along with other tobacco products in 2020 (Wang et al, 2021b). E-cigarette use among adults rose to 4.5% in 2021 from 3.7% in 2020 (Cornelius. et al., 2021). 30.3% of adults and 61.4% of young adults aged 18-24 were 'never-smoker' e-cigarette users (CDC, 2023). In 2023, e-cigarettes were the most commonly used tobacco product among middle and high school students in the U.S., such that 2.1 million (7.7%) students, of whom 550.000 (4.6%) were middle school and 1.56 million (10.0%) were high school students, currently used e-cigarettes (Birdsey et al., 2023). In Türkiye, different studies found the prevalence of e-cigarette use among university students to vary between 0.6% and 43.1% (Doğan et al., 2018; Özpulat & Öztaş, 2020; Sayılı et al., 2020; Saçlı, 2019; Çıtlı & Çolak, 2021). Among young people, curiosity, better taste and smell were the most commonly reported reasons for e-cigarette use besides the perception that e-cigarettes are less harmful, more acceptable and convenient (Zhao et al., 2023; Wang et al., 2019; Australian Institute of Health and Welfare, 2024; Thoonen & Jongenelis, 2024; Temourian et al., 2022). Currently, 88 countries lack minimum age restrictions for purchasing e-cigarettes, and 74 countries lack regulatory frameworks for these potentially harmful products. This unrestricted

availability of e-cigarettes as consumer goods and their targeted marketing towards youth raises global concerns (WHO, 2024a).

The findings of our study revealed that 19.8% of the news mentioned the flavors utilized in e-cigarettes. The variety of e-liquid flavors exceed 16.000 (WHO, 2024a; Ma et al., 2022; Lichtenberg, 2017) and flavorings are shown to make an average of 63% of the total number of ingredients within one e-liquid, candy flavored ones having the highest percentage with 75% (Krüsemann et al., 2021). Flavors are shown to add to the attractiveness and popularity of e-cigarettes; and stimulate use among all types of users (Havermans et al., 2021; Krüsemann et al., 2021; Marques et al., 2021; Temourian et al., 2022; Thoonen & Jongenelis, 2024) leading to greater satisfaction compared to non-flavored e-cigarettes (Landry et al., 2019; Groom et al., 2020). Flavor has been a common reason for initiation as well as continuing use of e-cigarettes, especially for adolescents and young people, who prefer particularly fruit, dessert/pastry/bakery, candy/chocolate/sweet and mint flavors other than tobacco (Landry et al., 2019; Groom et al., 2020; Wang et al., 2021b; Wang et al., 2019; Farsalinos et al., 2023).

5. CONCLUSION

Studies have shown that individuals with limited or ambivalent knowledge and experience about e-cigarettes are particularly susceptible to media influence and that opinions about e-cigarettes are less likely to be influenced by personal experience, but more likely by media discussion. Even brief exposure to e-cigarette content on both the traditional and social media is associated with more positive attitudes and increased intention to use e-cigarettes. Regular exposure to such content has the potential to normalize perceptions of e-cigarette use, although certain news items may contain misleading information. In this respect, it is important for news coverage of e-cigarettes to be accurate, balanced, objective and comprehensive, providing a diverse yet objective spectrum of perspectives and sources in order to inform the public and enhance awareness about e-cigarettes, thereby potentially fostering greater public endorsement of public health policies and legislation.

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RESEARCH ARTICLE/ARAŞTIRMA MAKALESİ

Case analysis of the effects of digital violence on children in Turkish Penal Law perspective

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Abstract

Today's technological developments make children vulnerable to the threats of the virtual world. In recent years, it is noteworthy that there have been reports in the media that violent digital games have led children to crime. For this reason, the study aims to examine the cases that have occurred in the last year by addressing the issue of digital games dragging children to crime and suicide. In the study, first of all, keywords were determined by literature review. Accordingly, the word groups "digital game", "computer game", "game addiction" and "juvenile pushed to crime" were determined. With the determined keywords, "Google News" was filtered through the search engine between 01.05.2023 – 01.05.2024 and the news was scanned. A total of 368 news reports were examined and 3 cases were identified. The first case was when a 12-year-old boy committed the crime of intentional knife killing of another 13-year-old boy as a result of a task given from a computer game. The second case involved a 12-year-old boy committing suicide with a firearm on the grounds that he was not allowed by his family to play a violent video game called 'PUBG'. The third case is a 14-year-old boy who committed suicide with a firearm after playing a game called 'Blue Whale'. The analysis of the cases were transferred to a table. According to the data of the TURKSTAT in 2021, 54.3% of children in the 6-15 age group who stated that they play digital games regularly stated that they play war games. In the literature, there are almost no legal studies on digital games leading children to suicide and crime. Although there is no official data, findings from literature and news reports suggest that possible associations between violent digital games and children's violent behavior towards themselves and their peers should be investigated.

Keywords: Digital Game, Computer Game, Game Addiction, Juvenile Pushed to Crime, Turkish Penal Law

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1. INTRODUCTION

With the development of technology, the age of access to the internet has decreased until infancy and the concept of traditional games has been replaced by digital games. Studies have revealed that children mostly use the internet for playing games other than participating in online lessons and homework /learning purposes. According to the research conducted by Turkish Statistical Institute (TURKSTAT), 82.7% of children between the ages of 6-15 use the internet regularly, and 66.1% of these children prefer the internet to play games (TURKSTAT, 2021). Digital games can be defined as “all systems with norms and purposes, where the interaction of tools such as screens, keyboards, mice, or joysticks with computer programs is ensured” (Koral & Alptekin, 2023: 288). With the digitalization of games, changes have occurred on a social and individual basis. While the changes in the digital world make it easier to keep up with the age, it has also made children open to the threats of the virtual world without realizing it. The positive and negative effects of computer games differ according to the timing and frequency of playing the game and the content of the game (Sallayıcı & Yöndem, 2020: 14). If we look at the negative effects of digital games, studies have revealed that digital games are likely to cause addiction and behavioral disorders in children and young people (Karaduman & Aciyan, 2020: 455). Problems such as slowing down in the perception processes of adolescent children who play digital games excessively, lack of attention, difficulty in focusing, weakening of reasoning ability and learning disorders may occur. Especially adolescent children who play violent digital games too much may exhibit more aggressive behaviors and show tendencies such as getting into fights and arguing with their peers and teachers (Koral & Alptekin, 2023: 295-296). The public discourse surrounding violence in video games first emerged in the United States during the early 1990s. In response to these debates, the Entertainment Software Rating Board (ESRB) was established in 1994 with the aim of protecting children from exposure to violent and sexual content in video games. Similarly, age-based rating systems, including

the Pan European Game Information (PEGI) in Europe and the Computer Entertainment Rating Organization (CERO) in Japan, were introduced. These rating systems have since been utilized by consumers to determine the appropriateness of video game content for different age groups and to guide purchasing decisions (Olejarnik & Romano, 2023: 2). In the United States, the debate over the impact of violent video games reached a turning point with the Supreme Court’s decision in *Brown v. Entertainment Merchants Association* (Ferguson & Wang, 2019: 1439). In that decision, a majority of the Court ruled that there was insufficient evidence to establish a link between violent video games and negative societal outcomes such as increased aggression or harm and struck down a 2005 California law that prohibited the sale of certain violent video games to children without parental supervision (<https://supreme.justia.com/cases/federal/us/564/786/> Date Accessed: 17 October 2024). The issue of whether aggressive or violent games contribute to aggression or violence in society continues to be a significant topic of debate worldwide (Ferguson & Wang, 2019: 1439).

Rapid changes in social structures have significant effects on juvenile delinquency. While such social structure transformations take place in developed countries in the long term and gradually, these transformations take place quickly, unprepared and problematically in developing countries such as our country. As a reflection of these rapid changes, the phenomenon of crime also differs in various ways (Polat, 2021b: 436-437).

Since a safe internet use environment is not created against the rapid development of technology, these rapid changes affect adolescent children who play digital games and direct their behaviors. As a result, children are likely to become involved in crime and suicide.

2. TERMINOLOGY

2.1. What is a Game?

The game is defined by Turkish Language Association (TLA) as entertainment that develops talent and intelligence, has certain rules, and serves to have a good time. In the

definition put forward by Ayan (2016), the game is “the biggest activity in which children learn the norms of social interaction, regulate their behavior, solve emotional and developmental problems, expand the framework against their social responsibilities and make themselves ready for the world, an application that improves the connection between real life and the world of imagination.” (Koral & Alptekin, 2023: 287).

Today, with the technological developments, digital gaming has started to take a serious place in social life along with traditional gaming. Since games have become playable on almost all technological devices, the concept of digital games has become well established in our lives. For this reason, it is necessary to mention the differences between traditional gaming and digital gaming.

Traditional games are games in which physical activities come to the fore, and the people who play the game choose the rules of the game, the place, the time, the number of people, and most importantly, the game materials and freely construct them according to themselves. The person plays games to have fun by using the objects he/she finds around him/her. The most important point in traditional games is that creativity, interpersonal communication and game building are at the forefront. With these aspects, traditional games make significant contributions to the physical, mental, social and sensory development of children (Hazar et al., 2017: 180). Digital games (video games), on the other hand, can be defined as entertainment and activity software built on a computer, text or visual, where games played on a game console or computer are used over physical or online networks (Ankara Development Agency Digital Game Sector Report, 2016: 9).

2.2. Digital Games with Positive and Negative Aspects

With the development of technology, the traditional game concept is gradually being replaced by digital games. This digitalization in games also causes social changes. In addition to having an effect that contributes to development if digital games are used in a controlled and

conscious manner, if they are used unconsciously for a long time, they can cause highly problematic situations both psychologically and physiologically. Therefore, digital games have positive aspects as well as negative aspects (Koral & Alptekin, 2023: 295).

2.2.1. Positive Aspects:

- Digital games help to increase imagination, provide quick thinking skills, improve hand-eye coordination and learn computer literacy (Horzum et al., 2008: 77).

- Digital games can help children with hyperactivity disorder develop behaviors such as not giving up quickly, being patient, and waiting (Koral & Alptekin, 2023: 294).

- Participation in virtual environments can foster a sense of online community among players, potentially addressing the psychological need to establish and maintain positive social connections. In this way, this may mitigate feelings of loneliness, , is a recognized risk factor for depression (Hygen, et al., 2020: 891)

- It is observed that Digital Games are widely used in various fields such as mathematics, medicine, science, language learning, engineering, problem solving and developing strategic thinking skills (Bayırtepe & Tüzün, 2007: 42).

- Furthermore, online relationships may evolve into offline connections, thereby further supporting the fulfillment of an individual's need for belonging (Hygen, et al., 2020: 891).

- Adolescent children learn teamwork while playing digital games, so they can develop the ability to make decisions and solve problems within the team (Koral & Alptekin, 2023: 294-295).

- Digital games with educational content can be used as an effective tool to attract students' interest and increase their learning motivation and thus ensure knowledge retention (Keskin, 2019: 23).

2.2.2. Negative Aspects

- Studies have revealed that digital games are likely to cause addiction in children and young people (Karaduman & Aciyan, 2020: 455).

- Themes such as crime, violence, war, robbery, etc. are included in the content of digital games in an ordinary way. This situation causes behaviors such as cheating, insensitivity and hostility, which are considered to be contrary to social norms and psychologically problematic in adolescent children, to become commonplace (Koral & Alptekin, 2023: 295, Aydemir, 2022: 51). Although not all meta-analyses concur, several indicate that violent video games are associated with an increase in aggressive behavior (Hygen, et al., 2020: 891).

- Since the real and virtual environment setup is very similar, children who play digital games may have a perception of timelessness (Koral & Alptekin, 2023: 295).

- Problems such as slowing down in the perception processes of adolescent children who play digital games excessively, lack of attention, difficulty in focusing, weakening of reasoning ability and learning disorders may occur. Especially adolescent children who play violent digital games too much may exhibit more aggressive behaviors and show tendencies such as getting into fights and arguing with their peers and teachers (Karaca et al., 2016: 18).

- In addition to the mental, social and physical effects of violent digital games on children playing the game, they can cause children to take harmful actions against themselves and to have suicidal ideation. (Karaca et al., 2016: 17).

- Another negative aspect of digital games can cause identity confusion and negative identity development in adolescent children who are in the process of finding their own identity (Koral & Alptekin, 2023: 296).

As can be seen, digital games have positive aspects as well as negative aspects. The positive and negative effects of computer games may vary depending on the frequency of playing the game, the content and timing of the game (Sallayıcı & Yöndem, 2020: 14). Adolescents should use

digital games to support their physiological, cognitive and social skills and act in awareness of these positive and negative effects of the digital environment.

2.3. Digital Game Addiction

Addiction refers to a pathological condition that describes the constant desire and need for something and the unwillingness of the individual to eliminate this thing (Ayhan & Köseliören, 2019: 3-4).

Symptoms of Internet addiction Psychologist Professor Dr. Kimberly Young first defined and published diagnostic criteria for internet addiction (Young, 1988, as cited in Yeldan, 2023: 72) These criteria are the below:

- People constantly thinking about the activities they do on the internet and dreaming of the next activity,

- Increasingly accessing the internet to get the desired satisfaction,

- Unsuccessful attempts by individuals to limit, reduce or completely stop internet use,

- Feeling restlessness and anger in case of intervention in the use of the internet,

- People use the internet more than planned,

- People having problems with their social environment due to internet use and jeopardizing the opportunities they encounter for this reason,

- People lying to their social circles about the duration of their stay on the internet,

- Using the internet to escape from problems and negative emotions in people's lives. (Yeldan, 2023: 73).

In addition to the diagnostic criteria of Internet Addiction defined by Prof. Dr. Kimberly Young, the Diagnostic and Statistical Manual of Mental Disorders (DSM) fifth edition addresses game addiction as "*internet gaming disorder*" and recommends further research (American Psychiatric Association, 2013: 795).

Gaming addiction is defined as a maladaptive and stubborn behavior, accepted as a type

of technology addiction and considered as a subcategory of internet addiction. (Uzunoglu, 2021:121.). According to another definition, pathological gaming can be defined as excessive and compulsive digital game use, where game users cannot control their game use. Digital game playing has the potential to cause social or emotional problems. (Junco-Guerrero, et al., 2024: 3-4). Excessive use of computers and video games is considered a behavioral addiction, characterized by extreme and uncontrollable physical and psychological effects. Gaming addiction is often harder to detect because time spent on screens goes unnoticed, and technology is pervasive in daily life. The ability to play games on nearly all devices with advancing technology has contributed to this issue. Digital games, now an integral part of society, have significant economic, social, and cultural impacts (Uzunoglu, 2021: 124). Like the behaviors of other addicts, children addicted to video games

may isolate themselves from real life, reject the real world, and turn to video games as a way to escape the pressures of the real world (Lee & Morgan, 2018: 12).

According to the DSM-V, digital game addiction is considered a compulsive-impulsive spectrum disorder that includes both online and offline gaming. Individuals who become addicted often exhibit poor self-control, play for extended periods, neglect their daily responsibilities, and may not even stop playing to eat. When digital games are interrupted or cannot be played, these individuals tend to display irritable and aggressive behavior (Şenol, et al., 2023: 1)

2.4. Digital Game Addiction in Children

Game addiction, which starts in childhood, continues in adolescence and then in adulthood. Unfortunately, game addiction, which is also seen in adult individuals, has started to be

Tablo 1. DSM-5 - Suggested Criteria for the Condition of Internet Gaming Disorder

<p>Internet Gaming Disorder</p> <p>Proposed Criteria</p> <p><i>Persistent and recurrent use of the Internet to engage in games, often with other players, leading to clinically significant impairment or distress as indicated by five (or more) of the following in a 12-month period:</i></p> <ol style="list-style-type: none"> 1. <i>Preoccupation with Internet games. (The individual thinks about previous gaming activity or anticipates playing the next game; Internet gaming becomes the dominant activity in daily life).</i> <p><i>Note: This disorder is distinct from Internet gambling, which is included under gambling disorder.</i></p> <ol style="list-style-type: none"> 2. <i>Withdrawal symptoms when Internet gaming is taken away. (These symptoms are typically described as irritability, anxiety, or sadness, but there are no physical signs of pharmacological withdrawal.)</i> 3. <i>Tolerance—the need to spend increasing amounts of time engaged in Internet games.</i> 4. <i>Unsuccessful attempts to control the participation in Internet games.</i> 5. <i>Loss of interests in previous hobbies and entertainment as a result of, and with the exception of, Internet games.</i> 6. <i>Continued excessive use of Internet games despite knowledge of psychosocial problems.</i> 7. <i>Has deceived family members, therapists, or others regarding the amount of Internet gaming.</i> 8. <i>Use of Internet games to escape or relieve a negative mood (e.g., feelings of helplessness, guilt, anxiety).</i> 9. <i>Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of participation in Internet games.</i> <p><i>Note: Only nongambling Internet games are included in this disorder. Use of the Internet for required activities in a business or profession is not included; nor is the disorder intended to include other recreational or social Internet use. Similarly, sexual Internet sites are excluded.</i></p> <p><i>Specify current severity:</i></p> <p><i>Internet gaming disorder can be mild, moderate, or severe depending on the degree of disruption of normal activities. Individuals with less severe Internet gaming disorder may exhibit fewer symptoms and less disruption of their lives. Those with severe Internet gaming disorder will have more hours spent on the computer and more severe loss of relationships or career or school opportunities.</i></p>

seen in children from a very young age. Digital game addiction, which is accepted as a type of technology addiction and also a subheading of internet addiction, leads to maladaptive and problematic behaviors in children. Especially in recent years, screen usage times, which have reached very high rates in children and adolescents, have increased the research on this subject. (Baldemir & Övür, 2021: 143).

Problems such as sedentary behavior, screen addiction, increased obesity, metabolic problems, insufficient sleep and visual impairment may occur in children who spend too much time playing digital games (Unicef, 2017).

Reduced areas where children can do social activities that allow them to spend time outside. For these reasons, the use of virtual screens, which started slowly in childhood, continues until adolescence and adulthood, leaving its place to addiction as age progresses. Children's use of the internet and screen at the level of addiction in the developmental age negatively affects both psychological, physical and mental development of children (Baldemir & Övür, 2021: 143).

A meta-analytic review of the video game research literature indicates that violent video games are associated with an increase in aggressive behaviors among children and young adults. Both experimental and non-experimental studies conducted with male and female participants in laboratory and field settings support this conclusion. Furthermore, analyses reveal that exposure to violent video games enhances physiological arousal and increases aggression-related thoughts and feelings, while also diminishing prosocial behaviors. For instance, considering that the students responsible for the Columbine High School shooting frequently engaged with violent video games, it has been suggested that such games possess the potential to lead individuals toward criminal behavior and violent acts (Anderson & Bushman, 2001: 353). One of the most striking consequences of digital gaming addiction is that it drives people to crime or suicide. As it has emerged within the scope of this study, digital games can cause a person to commit acts of violence against himself or others

(Erdoğdu, et al., 2022: 42)

2.5. The Concept of Child

According to Article 1 of the United Nations Convention on the Rights of the Child, every person is considered a child until the age of eighteen, except for the case of coming of age at an earlier age according to the law that can be applied to the child (United Nations, 1989).

In terms of Turkish Law; According to Article 3 of the Child Protection Law (CPL) No. 5395, even if he/she is an adult at an earlier age, the person who has not reached the age of eighteen has been accepted as a child (Republic of Turkey Official Gazette, No. 25876, 2005). In Article 6 of the Turkish Penal Code (TPC) No. 5237, it is accepted that the person who has not completed the age of eighteen is a child (Republic of Turkey Official Gazette, No. 25611, 2004). In Article 11 of the Turkish Civil Code (TCC) No. 4271, it is regulated that the person will become an adult when he/she reaches the age of eighteen and it is stated that getting married will make the person an adult (Republic of Turkey Official Gazette, No. 24607, 2001). In Article 12, it is regulated that the child can be made an adult by the court with his/her own will and the consent of his/her parent when he/she reaches the age of fifteen. However, since every individual who has not reached the age of eighteen is considered a child, whether they are an adult or not, they will benefit from all the rights of a child in criminal proceedings (Yıldırım, 2023: 6).

2.6. The Concept of Juvenile Pushed to Crime

According to Article 2 of the Code of Criminal Procedure numbered 5271 (CPC); The person who is under suspicion of crime during the investigation phase is called "suspect" (m.2/1-a). The person who is under suspicion of crime from the beginning of the prosecution until the judgment is finalized is called "defendant" (m.2/1-b) (Republic of Turkey Official Gazette, No. 25673, 2004). In terms of children, no distinction has been made in this context, and only the concept of "juvenile pushed to crime" is used in both the investigation and prosecution stages (Metin, 2019: 23).

The Child Protection Law (CPL) used the concept of “**juvenile pushed to crime**” by introducing a new approach for children who committed crimes, and in this context, it accepted that the child was juvenile pushed to crime, not as a criminal (Aslan, 2014: 23). This situation is expressed in the Doctrine, as a juvenile pushed to crime instead of a delinquent child because the conditions push and direct children to commit a crime (Polat, 2022b: 233).

The concept of juvenile pushed to crime is defined in Article 3 of the Child Protection Law (CPL). Accordingly, it refers to “any juvenile about whom an investigation or prosecution is carried out on the allegation that he/she has committed an act which is defined as a crime in the Laws, or any juvenile about whom a security measure has been decided due to an act he/she has committed.”

It is recognized by the Convention on the Rights of the Child and other international treaties that children who are pushed into crime should be tried in a justice system separate from adults. This system, called the “Juvenile Justice System”, aims to reintegrate children into society rather than punishing them (Kösesoy, 2019: 257).

In the Turkish Penal Code, there is a criminal system according to age groups. This issue is explained in the Law’s preamble follows: *“In parallel with the physical development of the person, the ability to perceive the value judgments of the society, their meaning and content is developing. In addition to the ability to perceive in this development process, the ability to direct their actions (will) in line with the requirements of the code of conduct in society is also developing.”*

The effect of children’s underage and defect ability on criminal responsibility is regulated in Article 31 of the Turkish Penal Code and children are divided into three categories. The defect ability of children in each age group and the criminal responsibility arising from this defect ability are clearly regulated (Koca & Üzülmöz, 2023: 320). Thus;

- The children having not attained the full age of twelve on the commission date of the offense, may not have criminal responsibility. Besides, no

criminal prosecution may be commenced against such persons; but, it may be deemed necessary to take certain security precautions specific to children.

- For children who have reached the age of twelve but have not reached the age of fifteen when they commit the act, it is checked whether they perceive the legal meaning and consequences of the act they commit and whether their ability to direct their behavior is sufficiently developed.

1. In case a person who attained the age of twelve but not yet completed the age of fifteen on the commission date of the offense does not have the ability to perceive the legal meaning and consequences of the offense, or to control his actions, he may not have criminal responsibility for such behavior. However, security precautions specific to children may be adopted for such individuals.

2. If he has the ability to perceive the legal meaning and consequences of the act he has committed and to direct his behavior in relation to this act, if the crime requires aggravated life imprisonment, from twelve years to fifteen years; if it requires life imprisonment, it is sentenced to imprisonment from nine years to eleven years. Half of the other sentences are reduced and in this case, the prison sentence for each act cannot be more than seven years

If a person has the ability to apprehend the offense he has committed or to control his actions relating to this offense, then such person may be sentenced to imprisonment from twelve years to fifteen years if the offense requires heavy life imprisonment; from nine years to eleven years if the offense requires life imprisonment. Half of the other sentences are reduced and in this case, the prison sentence for each act cannot be more than seven years.

- A person who attained the full age of fifteen but not yet completed the age of eighteen on the commission date of the offense is sentenced to imprisonment from eighteen years to twenty-four years if the offense requires heavy life imprisonment; and from twelve years to fifteen years if the offense requires life imprisonment. One third of the other punishments is abated and

in this case, the imprisonment to be imposed for each offense may not be more than twelve years.

Rapid changes in social structures have significant effects on juvenile delinquency. In our country, there is a rapid transition from agricultural society to industrial society and then to the information society with the globalization process. In this process, radical changes have occurred at economic, social, cultural and individual levels. While such social structure transformations take place in developed countries in the long term and gradually, these transformations take place quickly, unprepared and problematically in developing countries such as our country. As a reflection of these rapid changes, the phenomenon of crime also differs in various ways (Polat, 2021b: 436-437).

Suicide is also a common problem in children who are juvenile pushed to crime. According to a study conducted by Vermeiren in 2003, 30% of children who have been juvenile pushed to crime have attempted suicide at least once in their lives, while 14% to 22% of children have found that they have suicidal ideation (Polat, 2022a: 244). Children who constantly commit crimes are twice as likely to harm themselves as children who have been juvenile pushed to crime for the first time (Polat, 2022a: 244).

2.7. The Concept of Suicide and the Crime of Encouraging Suicide

The World Health Organization (WHO, 1974) considers the concept of suicide as *“self-harm with the intention of ending one’s life with awareness of one’s purpose and to varying degrees”*. According to Emile Durkheim (1987), suicide is a death that occurs as a result of a positive or negative action of the victim, which the victim knows directly or indirectly will lead to this result. Suicide is the greatest act of violence against oneself (Polat, 2022b: 235).

If death occurred as a result of the attempted action, these events are called *“completed suicide”*, while situations that are prevented without resulting in death are called *“suicide attempted”* or *“try to commit suicide”* (Polat, 2024: 251). It is known that approximately 2% of

suicide attempts of adolescents result in death (Polat, 2021a: 47).

Suicide is not regulated as a crime in the systematic of Turkish Criminal Law nevertheless the crime of encouraging suicide is regulated in Article 84 of the Turkish Penal Code. According to the article;

(1) Any person who instigate, encourages a person to commit suicide, or supports the decision of a person for suicide or helps the suicide action in any manner whatsoever, is punished with imprisonment from two years to five years.

(2) In case of commission of suicide, the person who is involved in such act is sentenced to imprisonment from four years to ten years.

(3) Any person who openly encourages others to commit suicide is punished with imprisonment from three years to eight years.

(4) Persons who encourage others, lack of ability to understand the meaning and consequences of the executed act, to commit suicide, or force a person to commit suicide under threat, are convicted of crime of deliberate killing.

The legal benefit protected by this crime is the right to live. In order for this crime to occur, the perpetrator must have the behaviors of *“instigating”, “encouraging”, “strengthening someone else’s suicide decision”* or *“helping someone else’s suicide in any way”*.

Instigation: to make the victim who has no suicidal ideation take the decision to commit suicide,

Encouragement: to strengthen or support this decision of the victim who has suicidal ideation and intentions but has not yet made a definite decision,

Helping: refers to actions aimed at facilitating the victim’s suicide action.

The decision to commit suicide should be based on the free will of the victim, otherwise, if the person helping has established actual control over the suicide or has also carried out the executive action that caused the death, then the

crime of intentional killing will no longer be the crime of directing suicide (Tezcan et al., 2023: 165).

In the decision of the Assembly of Criminal Chambers of the Court of Cassation based 2016/1323 and numbered 2021/314 and dated 29.06.2021;

“Although it was understood that the child who was juvenile pushed to crime who decided to commit suicide... also mentioned this decision to the victim..., it was understood that the child and the victim who were dragged to the crime agreed to commit suicide together and encouraged each other in this regard, in order for the crime of directing suicide to occur, the actions of the perpetrator who instigated or encouraged suicide should be limited to these actions only and should end his/her own life with his/her own movement. In other words, suicide must be carried out by the author himself. The child who was dragged into the crime... in line with the suicide decision taken with the victim... In addition to the movements to instigate and encourage the victim to commit suicide by driving towards the river, it should be accepted that the act of the child dragged to the crime constitutes the crime of intentional killing, since his consent to end the life of the victim is not legally valid due to the fact that he performs the execution movement that causes death alone by continuing to drive the vehicle towards the river despite giving up the idea of suicide at the last moment, and his consent to end the life of the victim is not aimed at a right he can absolutely dispose of.”

As can be seen, suicide incidents should be evaluated in every concrete case and an evaluation should be made according to whether the crime of directing suicide or the crime of intentional killing has occurred.

The regulation in Article 84/3 of the Turkish Penal Code constitutes an independent crime. In the case of “publicly encouraging” in this paragraph, there is a public call and the addressee is not clear (Tezcan et al., 2023: 170).

On m.84/4, the Turkish Penal Code regulates that those who force people to commit suicide by using force and threats will not be prosecuted for the crime of directing them to suicide, but for the crime of intentional killing. The important thing

here is that force and threat force the victim to commit suicide, so the severity and nature of the force and threat applied will be certain (Tezcan et al., 2023: 171).

Another regulation in Article 84/4 of the Turkish Penal Code is aimed at “those who lead people who have not developed the ability to perceive the meaning and consequences of the act they commit or who have been eliminated to suicide”. Here, children and mental patients who do not have the ability to distinguish are referred to with the expression of undeveloped perception (Tezcan et al., 2023: 173).

This paragraph is important for our research. Because, as will be explained in detail below, some digital games are designed only for children to commit suicide, and in children who commit suicide as a result of these games, whether the perpetrator will be punished for the crime of directing suicide or will be punished for the crime of intentional killing will be evaluated in the light of the concrete event.

3. LEGAL STATUS

Juvenile pushed to crime and suicide through information systems is not regulated as a separate type of crime in Turkish Law. Likewise, although digital/cyber violence is not regulated as an independent crime type in the TPC, in some cases such attacks carried out online may be punished. In this respect, acts that constitute digital violence are not considered as a whole in terms of criminal law and are considered separately from the whole (Maviş, 2021: 2476). For example, TPC art. 81 deliberate killing and art. 84 directing to suicide are like this. However, these regulations are not sufficient. If juvenile pushed to crime and suicide through information systems, the penalties to be imposed should be increased and the crime should be accepted as a serious crime. For example, in Belgium, the Blue Whale game and similar games that cause the death of people are included in the scope of grave crime. Many countries have taken various measures to combat suicide-directing games. For instance, content that encourages suicide on the internet has been banned in Australia since 2006. In the UK, websites with such content are

constantly monitored. In Israel, a large-scale suicide prevention program for internet users is underway. In Japan and South Korea, access to websites containing harmful content is blocked (Kantar Özkes et al., 2019: 217).

Since the legal regulations on cyber crimes are not sufficient in our country, it is necessary to supervise the risky digital games we mentioned in this study and to regulate the sanctions in this regard.

4. METHODOLOGY

News analysis method was used in the research. In this context, first of all, keywords were determined by literature review. Accordingly, the word groups “digital game”, “computer game”, “game addiction” and “juvenile pushed to crime” were determined. News were examined by filtering “Google News” from the search engine between 01.05.2023 - 01.05.2024 with the determined keywords. A total of 368 news were reached, including 156 news on the keyword “digital game”, 136 news on the keyword “computer game”, 38 news on the keyword “game addiction” and 38 news on the keyword “juvenile pushed to crime”. Out of 368 news items, 3 cases of children being pushed into crime or suicide due to digital games were identified. These 3 cases were transferred to a chart and examined by classifying them in terms of “game name”, “game content”, “victim gender”, “victim age”, “juvenile age pushed to crime”, “juvenile gender pushed to crime”, “type of violence”, “type of occurrence”, “place of occurrence”, “who the violence is directed to”, “instrument of crime”, “type of crime”, and “whether the victim is alive or not”.

5. FINDINGS

In the findings section of the research, 3 cases determined from 368 news examined with the keywords “digital game”, “computer game”, “game addiction” and “juvenile pushed to crime” will be examined.

5.1. Case Stories and Game Features

Case1: [https://www.milliyet.com.tr/gundem/cinayete-neden-olan-oyun-mavi-bebek-](https://www.milliyet.com.tr/gundem/cinayete-neden-olan-oyun-mavi-bebek-iddiasi-7049033)

[iddiasi-7049033](https://www.milliyet.com.tr/gundem/cinayete-neden-olan-oyun-mavi-bebek-iddiasi-7049033) Date Accessed: 01 July 2024).

The fact, took place in Kayseri province on December 12, 2023. According to the news report, the 13-year-old boy T.Ş., who was juvenile pushed to crime, stabbed and killed the 12-year-old victim H.D. in the construction. “I had to kill a friend in the game,” the juvenile pushed to crime said in a statement made at the police station. It is claimed that the game he played was the Blue baby game.

The game, called Blue Baby, has similar features to other games such as Blue Whale and Momo, and its main purpose is to reach families’ personal information through children. Unlike other games, the Blue Baby game targets children between the ages of 12 and 15 and is easily spread through social media platforms such as Facebook or Instagram, which means that the harm to children on the internet increases (*Safe Web - New Danger for Children: Blue Baby!*, 2020). In the game, children are told to say “blue baby” in front of the mirror for a long time in the bathroom and a kind of hypnosis and illusion method is used. In this way, suggestions are made to the minds of children and the minds of children are tried to be taken under control for cyberbullying purposes by giving the desired instructions. In this process, personal information such as parents’ credit card information and identity are tried to be accessed (Çoban, 2022: 56).

The blue baby game is a game made by a person named Jonathan Galindo. Researchers state that there is typical hypnosis and illusion in the game and that children become addicted to the game after a while (*A Dangerous Game Targeting Children with Hypnosis and Illusion: Blue Baby*, 2020)

According to the legend of the game, you start waving an invisible baby in your hand by turning off the bathroom lights and saying “baby blue” or “blue baby” in front of the mirror. When you repeat this process 14-15 times, you really start to feel a baby in your hand as your arm gets heavier. The invisible baby starts to act as if it will hurt you over time; when he scratches your arm with his nails, the child is frightened by the sound effects that his mother calls “leave the

baby". If the game is continued, the person may face the risk of going crazy or losing his/her life. (<https://onedio.com/haber/hipnoz-ve-illuzyon-ile-cocuklari-hedef-alan-tehlikeli-bir-oyun-mavi-bebek-910812> Date Accessed: 01.07.2024).

Case 2: <https://www.cumhuriyet.com.tr/turkiye/samsunda-korkunc-olay-ailesi-pubg-oynamasina-izin-vermeyince-2175121> Date Accessed: 01 July 2024).

The fact, took place in Samsun province on February 14, 2024. The 12-year-old, who allegedly did not allow his parents to play the game called PUBG, was seriously injured by shooting himself with a gun found in the house. There is no information on whether he is alive or not.

Player Unknown's Battleground (PUBG) is an online war game released in 2017. It encourages violence. The aim of the game is to be the first among 100 people who enter the game by destroying your opponents. You can do this as a team too. You start the game unarmed and have to find weapons and various equipment to survive. You are forced into conflict within a space that is automatically narrowed by the game, and if you stay outside the narrowed area, you die. As the playing field narrows, the likelihood of encountering your opponents increases and the stress level of the game increases. As a result, addiction occurs and outbursts of anger are experienced.

Case 3: <https://www.sozcu18.com/mavi-balina-ismli-sanal-olum-tuzagi-cankirida-can-aldi-44422h.htm> Date Accessed 01 July 2024).

The fact, took place in Çankırı province on March 11, 2024. It is stated that the 12-year-old victim child played a blue whale game and committed suicide as a result of the instruction given in the game.

Blue Whale Challenge is a game based on a challenge, consisting of 50 episodes spread over the social network, which tells the player to commit suicide at the end of the game and causes the player to end his/her life (Yılmaz and Candan, 2018: 276). The phenomenon of 'challenge culture' is deeply entrenched in

the online environment. In addition to highly dangerous challenges like suicide games, there are other challenges that may appear less hazardous, such as the salt and ice challenge, the cinnamon challenge, and more recently, skin embroidery. Irrespective of the inherent risk posed by these challenges, young individuals are particularly inclined to participate, likely driven by a need for attention and social validation (Bada & Clayton, 2020: 1). The Blue Whale game first started to spread in 2013 through the social networking platform V Kontakte. The first suicide case in the world caused by the game called Blue Whale took place in Russia in 2015.

The creator of the game is former psychology student Philipp Budeik, a Russian citizen. As a result of the suicide cases caused by the game, the creator of the game, Philipp Budeikin, was arrested in November 2016 and at the hearing, the society described the game as biological waste – those who played the game as biological waste.- he accepted his crime by saying that he designed it to clean up ("Russian 'suicide game' organizer accepted his crime <https://www.bbc.com/turkce/39892509> Date Accessed 29.06.2024", 2017) The tasks given to the players in the Blue Whale Challenge game are listed below (Yücel, 2019: 345).

1. Draw "f57" in your hand with a razor blade and take a photo and send it.
 2. Wake up at 4:20a.m. and watch creepy and scary videos sent to you.
 3. Cut your arm with your veins 3 times so that it is not deep and take a photo and send it.
 4. Draw a picture of a whale on a piece of paper and send it.
 5. If you're ready to be a whale, cut off your leg and draw yes. Otherwise, cut yourself to punish yourself many times.
 14. Cut your lip.
 22. Climb onto a roof and sit for a while, shaking your legs in the corner of the roof.
- Wake up at 4:20a.m. every day until the 31st-50th day as on the 30th mission and watch the music and scary videos sent to you.

50. "The end of the game, your time is up' ' You are now a whale" commit suicide by jumping off a high roof or ground.

Throughout the game, the controls of children/players regarding the perception of reality are significantly destroyed by the managers with the above tasks, and the perception of young people is managed by these game managers and forced to fulfill some instructions that cause harm to the person himself. Vulnerable young people also receive threats that they do not perform these tasks and that they or one of their families will be harmed if they mention the game to anyone else (Yılmaz & Candan, 2018: 276). For these reasons, players who are weakened by destroying their perception and who are afraid of harming their family and themselves have to fulfill the duties assigned to them by the game manager.

5.2. Case Studies

The cases whose stories are given above were transferred to the table below and examined in terms of "game name", "game content", "victim gender", "victim age", "juvenile age pushed to crime", "juvenile gender pushed to crime", "type of violence", "type of occurrence", "place of occurrence", "who the violence is directed to", "instrument of crime", "type of crime", and "whether the victim is alive or not".

- In all three cases, the victim was a 12-year-old boy. In the first case, the juvenile pushed to crime the crime was a 13-year-old male.

- All three types of violence are physical violence.

- The type of violence was murder in the first case and suicide in the second and third cases.

- In the first case, violence is directed at the friend; in the second and third cases, violence is directed at the person himself.

- In the first case, a knife was used as a criminal tool, while in the other two cases, a firearm was used.

- As a type of crime, the crime of intentional killing occurred in the first case, but since suicide was not regulated as a crime in the Turkish Penal Code in the other two cases, there was no crime

for the victims. However, in the third case, the issue of which of the crimes of intentional killing and directing suicide may occur in terms of the perpetrator is discussed in the discussion section.

- The victim died in the first case. In the second case, there is no information about whether the victim is alive or not. If the victim is alive, suicide attempt will be mentioned, and if the victim has lost his/her life, it will be mentioned that the suicide has been completed. In the third case, suicide occurred because the victim lost her life.

Table 2. Case studies

	CASE 1	CASE 2	CASE 3
Game Name	Blue Baby	PUBG	Blue Whale
Game Content	Digital Illusion	Battle/Fight	Challenge / Strategy
Victim Gender	Boy	Boy	Boy
Victim Age	12	12	12
JPC Gender	Boy	-	-
JPC Age	13	-	-
Type of Violence	Physical Violence	Physical Violence	Physical Violence
Type of Occurrence	Murder	Suicide	Suicide
Place of Occurrence	Construction	Home	Home
Who the violence directed to	To a friend	Himself	Himself
Offensive Weapon	Knife	Firearm	Firearm
Type of Crime	Deliberate Killing	No Crime	It will be discussed.
Victim: Alive or not	Died	No Information	Died

6. DISCUSSION

It is a fact that many areas are facilitated by the introduction of technology into our lives. There has been a lot of innovation and convenience in academic life as well as in our social life. However, like everything else, excessive and unconscious use of technology negatively affects individuals and children. In addition, it is

possible for children to encounter problems that they do not normally encounter in daily life in the virtual environment and to take advantage of the convenience of the internet environment and take people who commit crimes as role models. For this reason, children in need of protection against the negative effects of the information world are the most innocent victims of information technologies, even if they have committed crimes. (Ateş & Saluk, 2018: 16)

According to the data of the "Survey on the Use of Information Technologies in Children" conducted by the Turkish Statistical Institute in 2021, internet use for children aged 6-15 is 82.7%. When we look at it by gender, 83.9% of boys access the internet, while this rate was 81.5% for girls. While 36.0% of children play digital games, this rate is 32.7% for children in the 6-10 age group and 39.4% for children in the 11-15 age group. When the rate of playing digital games is examined according to gender and age group; while the rate of playing digital games for boys in the 6-15 age group is 46.1%, the rate of playing digital games for girls is 25.4%. This rate is 38.7% for boys aged 6-10, 26.4% for girls, 53.7% for boys aged 11-15, and 24.4% for girls (TURKSTAT, 2021).

When we evaluate the TURKSTAT data together with the data obtained within the scope of this study, as a result of the common findings obtained from 3 cases, it is revealed that boys between the ages of 11-15, who are determined to be the group that plays digital games the most, are more likely to be driven to crime or suicide as a result of digital games.

When we look at the game content, the content of the game in the first case is the digital illusion, the second case is the war/fighting game, and the third case is the challenge/ strategy game. In the TURKSTAT data, the types of games played by children who play digital games regularly according to their gender are given in the table below. According to the table, the most played games are war, adventure/action and strategy. The fact that the game content subject to the cases and the most played game types are in parallel with each other reveals that the most played game types can lead children to crime or

suicide by creating addiction over time.

In the study conducted by Baldemir and Övür (2021) on PUBG mobile game, an examination was made on whether individuals in the 10-18 age group developed addictive behavior against PUBG game. In the examination made with the semi-structured interview technique, answers were obtained to support the hypothesis that the PUBG game leads to digital game addiction behaviors.

As can be seen from here, PUBG, which is a game that causes addiction, can cause outbursts of anger on children with the addiction it creates, and as a result, lead to crime and suicide.

Some recent reports support the studies that PUBG game is addictive. In particular, the attack carried out with an axe and knife in Eskişehir province on August 13, 2024 is striking. An 18-year-old youth who was affected by the PUBG game put on a mask, helmet and assault vest, went out on the street with an axe and a knife, and stabbed the person who came in front of him as the characters in the PUBG game did. The child who is juvenile pushed to crime defines himself as a 'cleanser, saint'. The juvenile age pushed to crime, which prepared a 17-page manifest before the attack, took note of the preparations before the attack, the moment of the attack and what it would do if it was caught. This proves that computer games have a great effect on children's perception of reality, which we mentioned above when talking about the negative effects of computer games. (Horror on the street like playing a video game: 5 injured , <https://www.hurriyet.com.tr/gundem/bilgisayar-oyunu-oynar-gibi-sokakta-dehset-sacti-7-yarali-42503249> Date Accessed: 19.08.2024)

If we look at the data obtained within the scope of this study, knife was used as a tool in the first case and firearm was used in the other two cases. Both of the cases where firearms are used take place at home. According to researches, having a gun at home increases the risk of suicide five times and the risk of murder three times. The reason for this is that young people can easily access firearms (Polat, 2021a: 24). When we

look at the cases, both suicide cases occurred at home and firearms were used. This situation is in line with the researches and shows that firearms in the house have a high effect because they facilitate children's drift towards crime or suicide.

When we look at it as a type of crime, in the first case, the crime of intentional killing regulated by Article 81 et al. of the Turkish Penal Code occurred. Since the juvenile pushed to crime is between the ages of 12-15, it will be evaluated whether he/she understands the legal meaning and consequences of the act committed by the juvenile age pushed to crime, within the scope of Article 31 of the Turkish Penal Code or whether his/her ability to direct his/her behavior has developed sufficiently. If the juvenile age pushed to crime cannot understand the legal meaning and consequences of the act or does not have the ability to direct their behavior, they will not be punished, but child-specific security measures will be applied. However, if the juvenile age pushed to crime has the ability to perceive the legal meaning and consequences of the act it commits and to direct its behavior in relation to this act, it will be sentenced to a reduced penalty.

In the second and third cases, there is a suicide case. Since the act of suicide is not regulated as a crime in the Turkish Penal Code, no crime will occur for the victims. In the second case, the victim child had an burst of anger and committed suicide because he was not allowed to play PUBG game. Although it encourages violence on a game basis, we can say that there is no crime within the scope of the Turkish Penal Code in terms of the founder of the game since there is no material element in the crime of directing suicide. However, this situation should be evaluated specifically for each concrete event.

In terms of the third case, there is also a suicide case, and the game that causes suicide here is the Blue Whale game. The game's creator is a Russian citizen and old psychology undergraduate Philipp Budeikin. As a result of the suicide cases caused by the game, the game's creator, Philipp Budeikin, was arrested in November 2016. He said at the trial that he designed the game to cleanse society of biological waste- he described

the gamers as biological waste. ("The Russian 'suicide game' organizer admitted his crime <https://www.bbc.com/turkce/39892509> Date Accessed: 29.06.2024", 2017).

In this case, the crime occurs. However, the issue of whether the resulting crime is a crime of encouraging suicide regulated by Article 84 of the Turkish Criminal Code or a crime of premeditated murder regulated by article 81 of the Turkish Criminal Code should be discussed. Although there is a crime here, it should be discussed whether it is the crime of encouraging suicide regulated in Article 84 of the Turkish Penal Code or the crime of intentional killing regulated in Article 81 of the Turkish Penal Code. That is to say, as explained in detail above, according to Article 84/4, Persons who encourage others, lack of ability to understand the meaning and consequences of the executed act, to commit suicide, or force a person to commit suicide under threat, are convicted of felonious homicide. Therefore, too, it should be discussed whether the victim child is 12 years old and has developed the ability to perceive the meaning and consequences of his/her action here. If the instructions given in the game were given to the children by force and threat, we believe that the game creator will be prosecuted for intentional killing. Although it is known that the creator of the Blue Whale game was tried in Russia for these reasons and sentenced to 3 years in prison, it is not known under which crime the punishment was given (Survivors of the suicide game Blue Whale tell: 'Virtual death trap ' 2017 <https://www.bbc.com/turkce/41281200> Date Accessed: 01.07.2024).

7. CONCLUSION

Today, with the rapid development of technology, the age of access to the internet is gradually decreasing. Studies show that 82.7% of children between the ages of 6-15 use the internet regularly, and 66.1% of these children prefer the internet to play games (TURKSTAT, 2021). In addition to the benefits provided by digital games, the emergence of risks such as digital game addiction in children is worrying. In particular, digital games, where themes such as violence, crime, and robbery are common,

can lead children to delinquency or encourage suicide. Based on findings from literature and media analyses, we can assert that one of the environments through which violence is conveyed is online gaming (Sezgin, 2021: 46).

In this context, Awareness and education efforts should be made to ensure that young people can cope with online risks (Bada & Clayton, 2020: 6). It is necessary to supervise risky digital games and regulate sanctions. In particular, aggravating circumstances should be regulated within the scope of our criminal laws. It should be in cooperation with educational and health institutions, the use of controlled technology should be ensured, and support should be obtained from pedagogues and psychologists. At this point, parents have important duties; parents should be aware of the current dangers and act consciously. Parental protection systems should be strengthened, restrictions should be placed on games with known harmful effects, and trainings on internet use should be organized. In addition, awareness should be raised with information activities and public spots for parents and educators, and children should not be left alone while spending time with digital content. At the same time, private sector employees have a great responsibility because they need to ensure that children can use the internet safely and access child-friendly games during the construction of games. National and international guidelines for media and social media reporting on suicides are essential to promote responsible coverage. These guidelines should be updated regularly to align with advancements in suicide prevention strategies and community response plans (Bada & Clayton, 2020: 6). It is also important to increase research in this area and to carry out more comprehensive investigations so that existing hazards can be better identified and measures can be taken.

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RESEARCH ARTICLE/ARAŞTIRMA MAKALESİ

Attitudes of healthcare professionals toward individuals with substance use disorders

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Abstract

Introduction and Objectives: This research project aims to gain insight into the attitudes of health professionals towards individuals with substance use disorders, and to examine the impact of these attitudes on various aspects of healthcare, including treatment processes, the physician-patient relationship, and social interactions.

Materials and Methods: The scientific research on the awareness of health personnel towards substance addicts included medical professionals such as doctors, pharmacists, nurses, midwives and medical secretaries, as well as other similar health personnel. A total of 69 health personnel participated in the research. The questionnaire comprised demographic questions, questions about their professional behaviours and their thoughts about substance addicts in their social lives.

Findings: The many of participants (73.9%) were doctors, while a smaller proportion were pharmacists (5.8%), nurses (5.8%), pharmacist journeymen (5.8%), medical secretaries (4.3%), and individuals from other occupational groups (4.3%). A total of 27.9% of the participants were between the ages of 35 and 44, while 25% were between the ages of 45 and 54. Three individuals reported encountering substance addicts on a daily basis within the workplace. Seven individuals indicated that they had been subjected to violence by individuals with substance use disorders. Twenty health care personnel reported that they had been forced to procure drugs illegally. Among those who were subjected to violence, 10.1% experienced verbal violence, while 6% experienced physical violence. Additionally, 42% of respondents perceived the applicability of preventive measures against substance addiction in society to be low.

Conclusion: Substance addiction can be defined as a life-threatening condition that needs to be treated. Increasing the level of education and awareness of health personnel in substance addiction should be considered to have a positive effect on the addicts who receive and want to receive treatment.

Keywords: Substance Addiction, Health Worker, Awareness, Behaviour, Violence.

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1. INTRODUCTION

Substance addiction represents a significant threat to an individual's health and well-being, necessitating prompt and effective intervention. The current prevalence of addictive substances, facilitated by their increased accessibility, is contributing to an elevated number of patients undergoing treatment in healthcare facilities. Nevertheless, healthcare professionals may hold negative views regarding this patient group. Healthcare professionals may exhibit behaviours that are perceived as harsh, ascribe irresponsibility to the addicted person, and exhibit fear of potential harm or stigmatisation (Van Boekel *et al.*, 2014) healthcare professionals often have negative attitudes towards this patient group. Healthcare professionals' regard for working with patients with substance use disorders was examined and three sectors in which professionals are working were compared. Methods: General practitioners (GPs; N= 180). The study revealed that a significant number of healthcare professionals acknowledge substance addiction as a brain disease, yet they exhibit reluctance in disclosing the role of the social environment. It is hypothesised that the correlation between substance abuse and criminality is intensifying in parallel within society. The findings indicated that health personnel who had undergone training in substance abuse held more positive views (Sasman Kayli *et al.*, 2020). In a study involving individuals with substance addiction, it was observed that these individuals exhibited low self-esteem and experienced depression, anxiety, and sleep problems as a result of stigmatisation (Birtel, Wood and Kempa, 2017). In the report of the Department of Combating Narcotic Crimes, approximately 30 per cent of substance addicts attempted to quit on their own, and 35 per cent expressed a desire to be treated (Turkey Drug and Narcotics Directorate, 2023). In a separate study, 51% of healthcare professionals surveyed reported that they believed substance addicts to have low motivation, while 59% stated that they considered substance addicts to be dishonest and anti-social (Cazalis, Lambert and Auriacombe, 2023). While the individual with substance use disorder seeks treatment, they may be influenced

by the negative attitudes and behaviours of their surrounding environment. Conversely, healthcare providers may experience feelings of insecurity or engage in stigmatizing behaviours towards the individual in need of care. Such circumstances have the potential to exert a detrimental impact on both the health personnel and the individual seeking treatment.

In a meta-analysis study, 51% of healthcare professionals stated that they held the view that individual with a tobacco use disorder lack motivation that those with a substance use disorder (SUD) are manipulative, irritable and lacking in motivation, that individuals with an alcohol use disorder are difficult to treat and are not honest about their alcohol use. A significant proportion of nurses hold the view that individuals who engage in substance use may be prone to violence and that those who utilise intravenous substances may pose a threat due to the potential for HIV infection (Cazalis, Lambert and Auriacombe, 2023).

Furthermore, racial disparities in the management of opioid use disorder (OUD) represent a significant concern. In the United States, the rate of opioid-related overdoses among Black individuals has increased at the fastest rate of any demographic group. The situation has been further exacerbated by the advent of the global pandemic caused by the SARS-CoV-2 virus. Nevertheless, a lower proportion of Black individuals than White individuals commence treatment with the gold standard medications for OUD. The utilization of any OUD treatment service among Black OUD patients is approximately 50% less prevalent compared to their white counterparts. Furthermore, Black individuals who present to the emergency department for an overdose are less likely than their white counterparts to receive follow-up care and behavioural counselling or to be referred to a treatment programme (Khatri *et al.*, 2023).

The objective of this research is to examine the attitudes, awareness and thoughts of healthcare professionals towards individuals with substance addiction disorders, and to evaluate the ethical aspects of these attitudes. In addition,

the research will assess the extent to which these attitudes comply with ethical principles in healthcare service delivery. The objective of this research is to gain insight into the attitudes of healthcare professionals towards substance addiction and to ascertain the impact of these attitudes on treatment processes, the physician-patient relationship and social interactions. In this process, adherence to ethical standards, including confidentiality and informed consent, is fundamental to ensuring the integrity and reliability of the research findings.

2. MATERIALS AND METHODS

The objective of this research is to examine the attitudes, awareness and thoughts of healthcare professionals towards individuals with substance addiction disorders, and to evaluate the ethical aspects of these attitudes. In addition, the research will assess the extent to which these attitudes comply with ethical principles in healthcare service delivery. The objective of this research is to gain insight into the attitudes of healthcare professionals towards substance addiction and to ascertain the impact of these attitudes on treatment processes, the physician-patient relationship and social interactions. In this process, adherence to ethical standards, including confidentiality and informed consent, is fundamental to ensuring the integrity and reliability of the research findings.

The research was conducted on a sample of employees aged 18 or over, employed in the health sector. The questionnaires were administered via a face-to-face interview method. A total of 69 health personnel participated in this preliminary study. The questionnaire comprises three sections: demographic information, questions about professional behaviours, and questions about attitudes towards substance addicts in the social context. The questionnaire comprises a series of questions pertaining to the health personnel's habits with regard to the monitoring of current information pertaining to substance addiction, the frequency of their encounters with substance addicts, whether they have ever been subjected to violence by substance addicts, whether they have ever been compelled to supply illicit drugs, their general level of knowledge about addictive

substances, their willingness to interact in a social environment with individuals struggling with addiction, their level of knowledge about addiction, and their awareness of the institutions that combat addiction. The frequency with which they follow current treatment approaches is also assessed. Additionally, the evaluation of addiction as a moral or voluntary problem, the association of addiction with personality weakness, thoughts about drug treatment and rehabilitation interventions, thoughts about marrying addicts, thoughts about living next door or in the same neighbourhood, thoughts about tending to crime, thoughts about getting a job and working, and thoughts about emotional states such as humiliation, stigmatisation and embarrassment are explored. In the study, the opinions and attitudes of health personnel regarding individuals with substance use disorders were evaluated and compared with demographic data and a series of propositions.

The survey was prepared by the author based on a literature review. It consisted of a total of 41 questions: 10 questions focused on demographic characteristics and knowledge level, while 31 questions addressed attitudes, opinions, and behaviors. The results were analyzed using SPSS Statistics Version 22 in this research.

3. FINDINGS

A total of 69 individuals participated in the study. The demographic characteristics of the participants are outlined below: The many of participants (73.9%) were doctors, while 5.8% were pharmacists, 5.8% were nurses, 5.8% were pharmacist journeymen, 4.3% were medical secretaries, and 4.3% were from other occupational groups. The age distribution of the participants was as follows: 27.9% were between 35 and 44 years of age, and 25% were between 45 and 54 years of age. The male employee cohort comprises 35 individuals, representing 50.7% of the total number of employees. The female employee cohort comprises 34 individuals, representing 49.3% of the total number of employees. A total of 31 employees have been in the profession for at least 20 years, representing a rate of 44.9%. A total of 48 individuals possess a medical specialisation.

An evaluation of the knowledge and experiences associated with substance addiction.

The many of participants demonstrated awareness of AMATEM, Green Crescent and CEMATEM, which are among the organisations that address substance addiction. A total of 39 individuals indicated that they encountered individuals struggling with substance addiction three to four times per year. The number of individuals who encounter substance addicts on a daily basis in a professional setting is 3. The number of participants who reported experiencing violence from substance addicts is 7. The number of healthcare professionals who were compelled to obtain drugs through illicit means was identified as 20 (29%). The prevalence of violence experienced was 10.1%, with the majority of incidents involving verbal violence (10.1%) and physical violence (8.7%).

Table 1. Demographic characteristics of healthcare personnel.

Number and percentage	N	%
Gender		
Female	34	49,30%
Male	35	50,70%
Profession		
Doctor	51	73,90%
Pharmacist	4	5,80%
Pharmacist Journeymen	4	5,80%
Nurse	4	5,80%
Medical Secretary	3	4,30%
Other	3	4,30%
Marital Status		
Married	36	52,90%
Single	29	42,60%
Other	3	4,40%
Education		
Medical Specialization	48	69,60%
Master's/ PhD	3	4,30%
University Degree	10	14,50%
Associate Degree	3	4,30%
High School	5	7,20%
Children		
Yes	40	59,70%
No	27	40,30%
Years in Profession		
20 years and over	31	44,90%
10-20 years	17	24,60%
1-3 years	14	20,30%
4-10 years	7	10,10%

3.1. Assessment of Attitudes Towards Substance Abuse

A total of 42% of the participants expressed the view that preventive measures against substance abuse are less applicable in society. Upon inquiry regarding their general level of knowledge, 20% of the participants indicated that they possessed sufficient knowledge, 3% stated that they had very sufficient knowledge, and 51% indicated that they had a moderate level of knowledge. With regard to the practice of monitoring developments in the field of treatment, 55% of the participants indicated that they do not engage in such monitoring, 33% stated that they do so on an annual basis, and 11% stated that they do so on a monthly or weekly basis. It is noteworthy that only 12 participants reported having received training on substance addiction.

3.2. Evaluation of Beliefs About Substance Addiction

A total of 42% of the participants indicated that they believe that preventive measures against substance addiction are less applicable. The proportion of respondents who strongly agree that substance addiction is a mental disorder is 9%. 26% of respondents strongly agree, 35% moderately agree, 13% very slightly agree and 17% strongly disagree. The rate of agreement with the idea that substance addiction is caused by the weakness of personality structure is as follows: 17% strongly agree, 31% strongly agree, 19% moderately agree, 17% very slightly agree and 16% strongly disagree.

3.3. Evaluation of Substance Addiction And Social Perception

A total of 44% of participants indicated that they strongly agreed with the statement, "Some substances that cause substance addiction are drugs and some have stimulant properties." A further 36% of participants indicated that they strongly agreed with the statement, while 12% indicated that they moderately agreed with the statement, 7% indicated that they very slightly agreed with the statement, and 1% indicated that they strongly disagreed with the statement. A total of 42% of respondents indicated that they believe smoking and its derivatives (e.g., pipes,

hookahs) can lead to addiction. Additionally, the many of participants (93%) agreed that environmental factors, psychological reasons, and parental influence can contribute to the development of addiction. Notably, none of the respondents selected the option indicating strong disagreement with this assertion.

3.4. Evaluation of Attitudes Towards People with Substance Addiction

The proportion of respondents who agreed with the statement that substance addicts can recover with treatment was 33%. Of these, 42% strongly agreed, 13% moderately agreed, 10% very slightly agreed, and 2% strongly disagreed. The proportion of respondents who agreed that rehabilitation is an important addition to treatment was 32%. Of these, 49% strongly agreed, 16% moderately agreed, 16% somewhat agreed, and 3% very slightly agreed. With regard to the statement that the most effective treatment method is one that is provided in the community, 6% disagreed, 9% indicated a very slight agreement, 24% expressed a moderate agreement, 51% a strong agreement, and 10% a complete agreement.

3.5. Assessment of Relationships with Substance Addicted Persons

The proportion of individuals who express complete agreement with the notion that an individual with a substance addiction can marry is 6%. The proportion of respondents who expressed disagreement or only limited agreement was 62%. Moderate and strong agreement was expressed by 32% of respondents. Nineteen individuals did not agree at all, 19 people agreed very little, 16 people agreed moderately, 11 people agreed very much, and only 4 people agreed completely. Of those who provided a response, 19 strongly agreed, 18 moderately agreed, 14 very slightly agreed, and 11 strongly disagreed with the suggestion of living in the same neighbourhood.

3.6. Evaluations on the Place of Substance Addicts in Work and Social Life

A total of 30 respondents indicated that individuals with substance addiction disorders

should not be permitted to work, while 23 respondents advocated for their acceptance in the workforce. A total of 16 individuals abstained from voting. The proportion of respondents who indicated that co-existence in the same social environment would not be problematic was 4%. Of those who provided a response, 16% strongly agreed, 33% moderately agreed, 31% slightly agreed, and 16% strongly disagreed. A total of five individuals expressed strong agreement with the assertion that individuals with substance use disorders are less likely to engage in criminal behaviour. Of these five individuals, ten indicated strong agreement, 26 indicated moderate agreement, 19 indicated very slight agreement, and nine indicated strong disagreement.

3.7. Evaluation of the Relationship Between Stigmatisation and Substance Abuse

The respondents who indicated a strong agreement with the statement that a person's status as a substance addict should not influence their behaviour towards that person included 20 individuals who strongly agreed, 21 who moderately agreed, 16 who very slightly agreed, and 5 who strongly disagreed. The number of respondents who strongly agreed with the statement that learning that someone from the family or the environment is addicted to substances does not humiliate the person was 11. The number of respondents who strongly agreed was 20, those who moderately agreed were 18, those who very slightly agreed were 14, and the number of respondents who strongly disagreed was 6. Of the respondents, 18 (26%) indicated that they strongly agreed with the proposition that individuals with substance use disorders should not be excluded from social interactions, while 7 (10%) expressed that they agreed with the idea of exclusion.

A total of 56 respondents indicated that they believe the orientation of substance-addicted individuals towards their goals and objectives will contribute positively to the treatment process. A total of 13 individuals indicated that they believe the impact will be neutral. The proportion of respondents who strongly agree that individuals with substance use disorders

can assume their responsibilities is 4%. The proportion who strongly agrees is 32%. The proportion who moderately agrees is 35%. The proportion who slightly agrees is 23%. The proportion who strongly disagrees is 6%. The proportion of respondents who strongly agreed, agreed, moderately agreed, and strongly disagreed with the statement "It is wrong to take a person's opinions seriously because he/she is a substance addict" was 17%, 20%, 17%, 23%, and 28%, respectively. While six respondents indicated that they completely agreed with the assertion that substance addicts may not exhibit aggressive behaviour, four respondents stated that they would, in fact, display such behaviour. A total of 30 individuals expressed strong agreement, 22 indicated moderate agreement, and seven indicated very slight agreement with the statement, "They may not always show aggressive behaviour."

In conclusion, 27 individuals expressed complete agreement, 27 individuals indicated strong agreement, eight individuals indicated moderate agreement, and seven individuals indicated slight agreement with the proposition that individuals with substance use disorders should be encouraged to seek treatment independently, but may be compelled to do so if their capacity to evaluate reality is compromised. No respondents indicated a strong disagreement with the statement.

4. DISCUSSION AND CONCLUSION

The study conducted on health personnel revealed that it may be challenging to assert that the thoughts and attitudes towards substance-addicted individuals are inherently positive and constructive. This finding aligns with the existing literature (Sasman Kayli et al., 2020). Another noteworthy aspect of the research is the lack of interest among health personnel in pursuing careers in the field of substance addiction. It may be posited that the aforementioned situation is the result of stigmatisation of those afflicted by addiction and a perceived lack of benefit to be derived from treatment. A review indicated that between 20% and 50% of health personnel held negative attitudes towards substance addiction. However, this perception shifted positively

following training on addiction. Additionally, there were notable differences in behaviour and attitudes between personnel who interacted with individuals with substance use disorders and those who did not (Cazalis, Lambert and Auriacombe, 2023).

In our study, the level of knowledge was evaluated, with only 20% of respondents indicating that it was very sufficient and 50% indicating that it was moderate. In a separate study conducted for physicians, 80% of respondents indicated that they believed training on substance use was important (Narasimha et al., 2022).

In the survey conducted among different segments of society, 48% of respondents indicated that they view substance addiction as a genuine medical condition. In the same survey, among respondents who disagreed that SUD was not a real disease, only 31% expressed willingness to cohabit with a person with SUD, 20% asserted that individuals with SUD should be afforded the same right to employment as the general population, and 61% indicated concern regarding the potential dangers posed by such individuals. The group that considers substance use disorder (SUD) to be a genuine illness exhibits markedly disparate attitudes. Only 54% of respondents in this group were amenable to residing in the same neighbourhood as an individual with SUD, and only 59% concurred that individual with SUD should be entitled to gainful employment. Less than a third of respondents in this group believe that people with SUDs are dangerous (Lanzillotta-Rangeley et al., 2021).

In our research, the responses of the health personnel were found as follows: 30 people stated that substance addicted individuals should not be accepted to work and 23 people argued that they should be accepted to work. The number of respondents who completely agreed with the statement that addicted individuals may not show a tendency to commit crime was 5, the number of respondents who strongly agreed was 10, the number of respondents who moderately agreed was 26, the number of respondents who slightly agreed was 19 and the number of respondents who strongly disagreed was 9.

Mixed answers were given to the questions about stigmatisation. Emotions felt by health personnel may be in the form of uneasiness and feeling insecure. There are 7 people who completely agree, 20 people who strongly agree, 21 people who moderately agree, 18 people who very slightly agree and 5 people who strongly disagree with the statement that a person's substance addiction should not change the attitude towards him/her. Those who strongly agree with the statement that learning that someone from the family or the environment is addicted to substances does not humiliate the person are 11, those who strongly agree are 20, those who moderately agree are 18, those who very slightly agree are 14 and those who strongly disagree are 6. Those who strongly agreed that addicted people should not be excluded were 18 (26%), while those who agreed that they should be excluded were 7 (10%). Stigmatisation was consistent with the literature. People with substance addiction are stigmatised by both health personnel and society (Skinner et al., 2007; Van Boekel et al., 2013; Lanzillotta-Rangeley et al., 2021; Narasimha et al., 2022). The research findings on nurses emphasise the importance of regular training in preventing stigmatisation. This can lead to an improvement in the quality of healthcare services and a change in behaviours towards substance-addicted people from negative to positive (Lanzillotta-Rangeley et al., 2020). A comparable outcome was observed in a study conducted in China. A total of 418 clinical staff were included in the study, which revealed that these individuals engage in the stigmatisation of substance users, a practice that has a detrimental impact on the treatment process for those struggling with addiction. It has been demonstrated that this situation has become more positive with the implementation of regular training programmes (Luo et al., 2019). A similar feature is observed in the research conducted in the USA. It was asserted that individuals who inject substances are subjected to stigmatisation and exclusion within pharmacies and clinics (Paquette, Syvertsen and Pollini, 2018).

A substantial body of research on stigmatisation and exclusion has been conducted in a number of countries, including the USA (Paquette, Syvertsen

and Pollini, 2018; Carson, 2019; Bielenberg et al., 2021), China (Luo et al., 2019) and the Canada (Meyers et al., 2021). Our research findings are in alignment with those presented in the existing literature on this topic. Gunn et al. (2016) emphasise the role of policy and societal norms in perpetuating social stigma, which in turn discourages individuals with OUD from seeking treatment. The study was conducted on Russian immigrants residing in the USA, and the researchers observed that disparate attitudes towards excessive alcohol consumption and substance abuse were shaped by cultural norms that were influenced by past Soviet policies (Gunn and Guarino, 2016).

The study conducted by Bearnot (2019) emphasised that stigmatisation and discrimination represent significant barriers to the provision of care for individuals with opioid use disorder (OUD). As reported by both patients and healthcare providers, this resulted in delayed care and discriminatory treatment. The participants indicated that they were perceived as "second-class citizens" by the healthcare providers when seeking treatment, which had a detrimental impact on their decision to seek medical assistance (Bearnot et al., 2019).

Hewell et al. (2017) emphasised the detrimental impact of negative community perceptions of individuals engaged in long-term opioid use disorder (MOUD) treatment on their prospects for sustained recovery. The participants indicated that the stigmatisation they experienced impeded their ability to advance in their treatment processes (Hewell, Vasquez and Rivkin, 2017).

Hatcher and colleagues (2018) discussed the impact of socio-economic status and ethnicity on the social needs of individuals seeking treatment for opioid use disorder (OUD) and emphasised the importance of these factors in improving medication adherence and treatment outcomes (Hatcher, Mendoza and Hansen, 2018).

It was highlighted that the 150 doctors participating in another study held disparate views regarding individuals with substance abuse disorders (Narasimha et al., 2022). Prior

research indicates that the many of medical professionals espouse the view that individuals with substance use disorders (SUD) are deserving of the same level of medical care. However, they also adhere to the notion that personal responsibility is a primary contributing factor to the development of SUD. Furthermore, they posit that unfavourable living conditions may also bear some responsibility. However, they expressed considerable exasperation and moderate indignation towards substance users (Linn, Yager and Leake, 1990).

In conclusion, the findings of this study indicate that negative attitudes, stigma and exclusionary practices directed towards individuals with substance use disorders may have a detrimental impact on those seeking treatment and those attempting to cease substance use. In order to overcome this situation, it is essential to minimise negative attitudes and thoughts, raise awareness, and encourage the performance of supportive behaviours for individuals seeking to overcome addiction. For this awareness, it may be important for both health personnel and all segments of the society to receive awareness training. Trainings that can be given to combat addiction can be done in cooperation with non-governmental organisations, health institutions and universities with a multidisciplinary approach.

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RESEARCH ARTICLE/ARAŞTIRMA MAKALESİ

Deferment of the filing of a public lawsuit and the treatment measure in the context of using narcotic or stimulant substances

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Abstract

In this study, the institution of postponement of public prosecution and the treatment measure envisaged in terms of the crime regulated in Article 191/1 of the Turkish Penal Code (TPC) No. 5237 will be addressed in the context of the "use" alternative action of the crime. According to Article 191/2 of the TPC, at the end of the investigation carried out in terms of the crime regulated in Article 191/1 of the TPC, a decision will be made to postpone the public prosecution for five years without seeking the conditions in Article 171 of the Criminal Procedure Code (CPC) No. 5271 regarding the suspect, and the public prosecutor does not have the discretion to make a decision not to issue this decision. In this respect, Article 191/2 of the TPC comes to the fore as an exception to the institution of postponement of public prosecution regulated in Article 171 of the CPC. In terms of investigations carried out pursuant to Article 191/6 of the TPC, such a decision cannot be made. According to Article 191/4 of the TPC, if the suspect insists on not complying with the obligations imposed on him or the requirements of the treatment applied during the postponement period, if he purchases, accepts, possesses, or uses drugs or stimulants again, an indictment will be issued and a public prosecution will be initiated. With the provision of Article 191/2 of the TPC, the suspect is given the opportunity to benefit from the possibility of treatment and to get rid of being a substance addict without waiting for the prosecution phase. The treatment measure can only be applied to a suspect who has reached sufficient suspicion of using substances. Other probation measures will be applied to a suspect who does not need treatment. If necessary, it is also possible to apply the treatment measure together with other probation measures. How the treatment measure will be implemented is regulated in Article 71 of the Probation Services Regulation. Accordingly, it is possible for the treatment to be carried out on an outpatient or inpatient basis. Pursuant to Article 191/3 of the TPC, a suspect in need of treatment during the postponement period will undergo treatment for a minimum of one year, and this period can be extended for a maximum of two more years in six-month periods.

Keywords: Narcotic Substance, Stimulant Substance, Postponement of The Filing of A Public Lawsuit, Probation, Treatment Measure.

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1. ENTRANCE

The offense of using narcotic or stimulant substances, as intended in Article 191/1 of the TPC, refers to the elective actions of “purchasing, accepting, or possessing narcotic or stimulant substances for personal use or using such substances,” which are punishable by imprisonment for a term of two to five years. These elective actions were added to the text and title of the article through Article 68 of the Law No. 6545, dated June 18, 2014, which amends the TPC and certain other codes.

Before the amendments made to Article 191 of the TPC by Law No. 6545, the reason for not criminalizing the use of narcotic or stimulant substances was stated as “the crime policy pursued” in the rationale of Article 191. In the general rationale of Law No. 6545, the criminalization of narcotic or stimulant substance use is justified as follows: *“In order to combat more effectively the offenses of manufacturing and trading in narcotic or stimulant substances, as well as their use, the penalties for these offenses are increased to some extent through amendments made to Articles 188, 190, and 191 of the Turkish Penal Code, and the measures of treatment and probation applied to users of narcotic and stimulant substances are made more effective.”*

Before the amendment made in 2014, the Court of Cassation, in relation to the use of narcotic or stimulant substances, ruled that the offense was constituted and proceeded with sentencing on the grounds that, in order to perform the aforementioned actions, it was mandatory to carry out at least one of the acts of purchasing, accepting, or possessing listed in the article (Court of Cassation 10th Criminal Chamber, 10.07.2006, E.2006/4216, K.2006/9309). Following the amendment made by Law No. 6545, these discussions have come to an end (Çetin, 2016: 1387; Ateş, 2019: 84; Gök, 2023: 58).

2. THE OFFENSE OF USING NARCOTIC OR STIMULANT SUBSTANCES (TPC ART. 191/1)

2.1. The Protected Legal Interest by the Offense

The purposes of regulating an act as a offense

constitute the protected legal interest by the crime, or in other words, the legal subject of the crime (Ünver, 2003: 115). For this reason, the place where the crime is regulated within the systematic structure of the law is important in determining the protected legal interest intended to be protected by the offense. Considering that the regulation of Article 191 of the TPC is located in the 3rd section titled “Offenses Against Public Health” of the 3rd part titled “Offenses Against Society” of the 2nd book titled “Special Provisions” of the TPC, it can be said that the purpose of penalizing the acts of using narcotic or stimulant substances is the protection of public health (Tezcan et al., 2023).

2.2. Elements of the Crime

2.2.1. Material Elements

2.2.1.1. Act

The provision of Article 191/1 of the TPC constitutes an offense composed of alternative elective actions (Gök, 2023: 50). These elective actions include purchasing, accepting, possessing, and using narcotic or stimulant substances for personal use. In this study, only the “use” action will be examined, and the other actions will not be discussed separately. It should also be noted that the offense will be committed with the execution of at least one of the elective actions listed in the provision of the paragraph. In the case of the execution of more than one elective action, only one offense will be constituted; however, this issue will be taken into account within the context of Article 61 of the TPC in terms of concretizing the penalty (Ateş, 2019: 69). Since the offense consists of elective actions, it is also considered to be a connected act offense (Çetin, 2016: 1378).

In the doctrine, it is argued that what should be understood by use is the intake of the narcotic or stimulant substance into the body (Çetin, 2016: 1388). At this point, the method of consumption of the substance is not significant. The substance can be consumed by eating, drinking, inhaling, sniffing, or injecting it into the bloodstream (Güngör & Kınacı, 2001; Kaya, 2011: 51; Akkaya, 2013: 339). However, it is necessary to explain situations where the method of use does not

correspond to the narcotic or stimulant effect of the substance. In our opinion, if the substance is used in a way that prevents its narcotic or stimulant effect, the offense will not be constituted as there is no subject matter of the act. Another point of note is the small quantity of the substance. In one decision, the Court of Cassation ruled that the fact that the substance could not produce a narcotic effect due to being used in an unmeasurable small amount meant that the substance was not suitable for use, and therefore, the perpetrator did not have criminal intent (Court of Cassation General Assembly on Criminal Matters, 25.06.1984, 5-128/40, see: Erman & Özek, 1995). However, unlike the method of use, the small quantity of the substance does not affect whether it is of a narcotic or stimulant nature (Yokuş Sevük, 2007: 159; Günay, 2017: 140; Öner, 2021: 124). The quantity of the substance does not change its nature. Although the quantity of the substance is important in terms of its effect on the individual, Article 191/1 of the TPC does not regulate the element of result. However, according to one view in the doctrine, the small quantity of the substance also affects its nature, and a substance that does not produce any narcotic or stimulant effect due to its small quantity is not defined as a narcotic or stimulant substance (Erman & Özek, 1995).

The small quantity of the narcotic or stimulant substance, the unsuitability of the substance for the act of use, and the lack of narcotic or stimulant effect when used are different matters (Ateş, 2019: 85-86). In our opinion, if the nature of the substance cannot be determined due to its small quantity, it should be accepted that the subject matter of the act does not exist in accordance with the principle that the doubt benefits the defendant (Güngör & Kınacı, 2001).

It is necessary to determine whether the substance, although known to be of a narcotic or stimulant nature, could be unsuitable for use due to its small quantity. In our opinion, in this case, it is not possible to speak of an unpunishable offense. This is because Article 191/1 of the TPC does not include any limitation on quantity and does not regulate how the act of use should be

carried out. Accordingly, even if the quantity of the substance is very small, the offense should be deemed to have been committed if it is consumed (Contrary opinion: Güngör & Kınacı, 2001). As explained above, the lack of narcotic or stimulant effect due to the small quantity of the substance will not prevent the formation of the offense since no such result is required.

2.2.1.2. Subject

The subject of all the elective actions regulated in Article 191/1 of the TPC consists of substances with narcotic or stimulant properties (Sevimli, 2019: 82). However, the article does not specify which substances possess narcotic or stimulant properties. In this regard, it must first be determined whether the substance considered to be the subject of the action truly possesses narcotic or stimulant properties (Yokuş Sevük, 2007). If it is determined that the substance in question does not have narcotic or stimulant properties, it will be concluded that the offense has not been committed on the grounds that the material elements are not constituted (Akkaya, 2013: 342).

2.2.1.3. Perpetrator

Since the offense defined in Article 191/1 of the TPC can be committed by anyone, it is not a specific offense (Ateş, 2019: 94). In this regard, there is no difference whether the perpetrator is a child, young, elderly, female, male, citizen, foreigner, first-time user of the substance, or an addict (Centel, 2001: 177).

2.2.1.4. Victim

It can be said that the victim element of the offense regulated in Article 191/1 of the TPC is society, considering the place where the offense is regulated in the law and the l protected legal interest intended to be protected by the offense (Yokuş Sevük, 2007: 131; Çetin, 2016: 1370). It should also be noted that since the perpetrator and victim elements of a crime cannot be the same person, the perpetrator who uses narcotic or stimulant substances cannot be the victim of the crime he commits (Gök, 2023: 46).

2.2.2. Mens Rea

The offense regulated in Article 191/1 of the TPC can only be committed intentionally since liability for negligence is not separately regulated (Ateş, 2019: 95). Although no specific intent is stipulated in the context of the elective action of using narcotic or stimulant substances, for the other elective actions mentioned in the paragraph to constitute an offense, the perpetrator must carry out these actions with the intent to use the narcotic or stimulant substance (Sevimli, 2019: 123). In our opinion, it is possible for the offense to be committed with probable intent in the context of the act of use; however, it is not possible for the other elective actions to be carried out with probable intent (Contrary opinion: Çetin, 2016: 1396).

2.2.3. The Element of Unlawfulness

The element of unlawfulness of the offense refers to the contradiction of the act, which conforms to the legal type, with the norms of the legal order (Artuk et al., 2022). In this regard, an act that conforms to the legal type is presumed to constitute an offense, and this presumption is rebutted by the reasons for lawfulness. Accordingly, any reason for lawfulness present in the concrete case prevents the formation of the offense, even if the act conforms to the legal type.

In the context of the regulation under Article 191/1 of the TPC, the reason for lawfulness that may come into question is the exercise of a right. The reason for lawfulness in the exercise of a right is regulated under Article 26 of the TPC: "No punishment shall be imposed on a person who exercises a right." In the context of using narcotic or stimulant substances, the right to treatment may come into play. Accordingly, the purchase, acceptance, possession, or use of narcotic or stimulant substances prescribed by an authorized physician as part of the treatment of certain ailments such as pain, crisis, and addiction will not constitute an offense (Güngör & Kınacı, 2001; Yokuş Sevik, 2007: 152).

2.3. Aggravated Elements of the Offense

The aggravated form of the offense is regulated in Article 191/10 of the TPC as follows: "If

the acts described in the first paragraph are committed in public or publicly accessible places within a distance of 200 meters from buildings and facilities such as schools, dormitories, hospitals, barracks, or places of worship where people gather for treatment, education, military, or social purposes, or within the boundaries marked by surrounding walls, barbed wire, or similar obstacles or signs, the penalty to be imposed shall be increased by half." This aggravated form has been introduced based on certain locations where the offense is committed (Ateş, 2019: 109).

The provision of this paragraph has been criticized for being contrary to the principle of legality within the framework of definiteness, with the argument that the expressions "buildings and facilities where people gather" and "public or publicly accessible places" need to be clarified (Özbek et al., 2023). The same issue applies to the fact that the places where the offense is committed are not exhaustively listed due to the use of the term "such as" (Sevimli, 2019: 148).

2.4. Culpability

In order for the perpetrator to be held responsible for an act that conforms to the legal type, they must possess the capacity for culpability (Alacakaptan, 1975). In this regard, culpability pertains to the ability to be punished and is not one of the elements of the offense (Koca & Üzülmöz, 2023). However, the sole issue concerning the ability to be punished is not just the capacity for culpability; it is also necessary to examine situations that remove or diminish culpability responsibility (Alacakaptan, 1975: 119). In the context of using narcotic or stimulant substances, the states of necessity and mistake of law are particularly noteworthy.

The state of necessity is regulated under Article 25/2 of the TPC, which states: "No punishment shall be imposed on a person for acts committed out of necessity to protect a right belonging to oneself or another from a severe and imminent danger that was not wilfully caused by the person and could not be averted by other means, provided that the act was proportionate

to the severity of the danger and the means employed.” However, it is debatable whether the state of necessity can be applied within the scope of Article 191/1 of the TPC. According to one view, no punishment shall be imposed on the perpetrator if the act of use is carried out to prevent a withdrawal crisis (Çetin, 2016: 1409). It is also argued that Article 25/2 of the TPC can be applied in situations where the perpetrator, due to their circumstances, cannot consult a doctor and cannot alleviate unbearable pain without using narcotic or stimulant substances (Zafer, 2007: 112). According to another view, if the crisis is caused by the perpetrator’s continuous use of the substance, the state of necessity cannot be applied (Çalışkan et al., 2023).

Mistake of law is regulated under Article 30/4 of the TPC, which states: “A person who makes an unavoidable mistake about the unlawfulness of the act committed shall not be punished.” The most common example given in the context of using narcotic or stimulant substances is the situation where a person who legally uses marijuana in their own country uses it in Turkey. In this case, if the mistake made by the person is unavoidable, no punishment shall be imposed pursuant to Article 30/4 of the TPC (Yokuş Sevük, 2007: 150).

2.5. Special Forms of Appearance of the Offense

2.5.1. Attempt

The offense regulated in Article 191/1 of the TPC is a mere conduct crime, as no result is required in addition to the execution of the elective actions listed in the paragraph. Although it is generally accepted that an attempt is not possible for mere conduct crimes, it is exceptionally possible to attempt these crimes if the execution acts can be divided into parts (Demirbaş, 2022: 493). In this regard, it can be said that an attempt to commit the act of use is possible. However, even if there is an attempt to use in the concrete case, the offense is considered to be completed since at least the act of possession, one of the other elective actions listed in the paragraph, has already been executed (Centel, 2001). In our opinion, elective actions other than the act of use may, in some cases, constitute separable parts of the act of use (In a similar vein: Çetin, 2016: 1379), and in some

cases, they may even constitute preparatory acts carried out before the execution of the act of use. However, this does not mean that Article 191/1 of the TPC is an offense of attempt. For example, it can be said that a person who enters an environment where a narcotic substance is used by inhalation with the intent to inhale the substance but fails to do so due to circumstances beyond their control has attempted the act of use without carrying out the acts of purchase, procurement, or possession (Gök, 2023: 82).

2.5.2. Participation

As a rule, it is possible to participate in the offense regulated in Article 191/1 of the TPC (Ateş, 2019: 123; Contrary opinion: Özdebakoğlu, 2007: 182). However, the actions of the participant must not constitute the offense of facilitating the use of narcotic or stimulant substances as regulated in Article 190/1 of the TPC. Otherwise, the person will be held responsible not for participating in the offense under Article 191, but for being the perpetrator of the offense of facilitating the use of narcotic or stimulant substances under Article 190/1 of the TPC (Çetin, 2016: 1415). Similarly, a person who sells or provides the narcotic or stimulant substance will be held responsible not for participating in the offense under Article 191, but for being the perpetrator of the offense of narcotic or stimulant substance trafficking as regulated in Article 188/3 of the TPC (Ateş, 2019: 123).

2.5.3. Concurrence

It was mentioned in the previous sections that the offense regulated in Article 191 of the TPC consists of alternative elective actions. In this regard, if more than one of the elective actions constituting the offense is carried out, this situation will be evaluated within the scope of apparent concurrence, and according to the principle of the consuming-consumed norm relationship, the elective actions carried out after the first elective action will be considered subsequent actions that are not punishable (Ateş, 2019: 129).

Pursuant to Article 43 of the TPC, if the offense is committed multiple times at different times as part of the execution of a decision to commit a

crime, the provisions of continuous offense will be applied, and a single penalty will be imposed, which can be increased by one-fourth to three-fourths. However, in the doctrine, the prevailing view is that the provisions of continuous offense cannot be applied to the act of use, as multiple instances of use constitute a single act in the legal sense (Güngör & Kınacı, 2001).

Another issue that needs to be addressed under the topic of concurrence is ideal concurrence. Although it does not seem possible for the offense to be committed within the scope of ideal concurrence of the same kind as regulated in Article 43/2 of the TPC, it is possible for it to be committed in such a way that it establishes a relationship of ideal concurrence of different kinds as regulated in Article 44 of the TPC. At this point, particularly the provisions of Articles 188/3 and 297/1 of the TPC come into play. It is possible for the perpetrator to possess the narcotic or stimulant substance both for the purpose of use and for the purpose of trafficking. In this case, the penalty will be imposed under Article 188/3 of the TPC, which requires a more severe punishment (Çetin, 2016: 1419). If the perpetrator brings the narcotic or stimulant substance into a penal institution or detention center with the intent to use it, in addition to the offense regulated in Article 191/1 of the TPC, the offense of bringing prohibited items into a penal institution or detention center as regulated in Article 297 of the TPC will also be constituted. In this case, the penalty determined according to the provisions of ideal concurrence will be increased by half in accordance with the last sentence of Article 297/1 of the TPC (Ateş, 2019: 136).

3. THE INSTITUTION OF DEFERRAL OF THE FILING OF A PUBLIC LAWSUIT AND THE OFFENSE OF USING NARCOTIC OR STIMULANT SUBSTANCES

3.1. Deferral of the Filing of a Public Lawsuit within the Context of Article 171 of the CPC

The deferral of the filing of a public lawsuit is regulated under Article 171 of the CPC, and according to the second paragraph of this article: "Except for the offenses subject to reconciliation

and prepayment, the public prosecutor may decide to defer the filing of a public lawsuit for a period of five years despite the presence of sufficient suspicion, for offenses that require a maximum imprisonment of three years or less."

As can be understood from the text of the paragraph, certain conditions must be met in order for a decision to be made to defer the filing of a public lawsuit. It should also be noted that even if these conditions are met, the public prosecutor is not obliged to decide on the deferral of the filing of a public lawsuit and has discretion in this matter (Yenisey & Nuhuğlu, 2023).

In order for a decision to be made to defer the filing of a public lawsuit, the investigation phase must be ongoing. According to Article 2 of the CPC, an investigation refers to "the phase from the moment the suspicion of a crime is learned by the competent authorities to the acceptance of the indictment." It should be noted that the phrase "despite the presence of sufficient suspicion" in Article 171/2 of the CPC indicates the degree of suspicion required for the drafting of an indictment. Therefore, it must be stated that the decision to defer the filing of a public lawsuit can be made at the end of the investigation, in other words, at the time when the indictment could be drafted (Şahin & Göktürk, 2023).

Another condition required for a decision to defer the filing of a public lawsuit is that the offense under investigation must not be subject to reconciliation or prepayment. However, if the fulfillment of the reconciliation obligation is postponed to a later date, divided into installments, or involves continuity, a decision to defer the filing of a public lawsuit will be made regarding the suspect without the need to meet the conditions under Article 171 of the CPC (Gökçen et al., 2024). Lastly, it should be noted that no deferral decision can be made regarding the offenses specified in Article 171/6 of the CPC, regardless of whether they are subject to reconciliation or prepayment.

The other conditions required for the deferral of the filing of a public lawsuit are regulated in Article 171/3 of the CPC. According to the text of the paragraph: "a) The suspect must

not have been previously convicted of an intentional offense, b) The investigation must provide the belief that the suspect will refrain from committing crimes if the filing of a public lawsuit is deferred, c) The deferral of the filing of a public lawsuit must be more beneficial for both the suspect and society than the filing of a public lawsuit, d) The damage caused to the victim or the public by the commission of the offense, as determined by the public prosecutor, must be fully compensated through restitution, restoration to the state before the offense, or compensation." These conditions must be met together (Yenisey & Nuhoğlu, 2023).

3.2. Deferment of the Filing of a Public Lawsuit in the Context of Article 191 of the TPC

In Article 191/2 of the TPC, it is stated: "In an investigation initiated for this offense, a decision shall be made to defer the filing of a public lawsuit for five years without the need to meet the conditions stipulated in Article 171 of the CPC, dated 4/12/2004. The public prosecutor shall warn the suspect that if they fail to comply with the obligations imposed on them or violate the prohibitions during the deferral period, the consequences for them may be severe. The deferral decision shall also be communicated to the law enforcement units." This regulation provides that a decision to defer the filing of a public lawsuit shall be made regarding the suspect, who is sufficiently suspected of having committed the offense regulated in Article 191/1 of the TPC, without the need to meet the conditions mentioned under the previous heading (Sevimli, 2019: 277).

Unlike the regulation in Article 171 of the CPC, the public prosecutor does not have the authority to decide not to defer the filing of a public lawsuit under Article 191/2 of the TPC. In this respect, it can be said that the regulation in Article 191/2 of the TPC constitutes an exception to the institution of deferral of the filing of a public lawsuit (Gök, 2023: 119).

According to the second sentence of Article 191/2 of the TPC, the public prosecutor shall warn the suspect about the obligations imposed on them during the deferral period and the consequences

of non-compliance. The form of this warning is not specified in the article. In our opinion, the form of the warning should be determined according to the specific circumstances of each case, taking into account the suspect's educational, social, cultural, and similar conditions (In a similar vein: Gök, 2023: 121).

In relation to the offense regulated in Article 191 of the TPC, it should first be determined whether there is another ongoing investigation regarding the same offense for the suspect who is being investigated and is sufficiently suspected of having committed the offense. If such an investigation exists, it must be established whether the date on which the offense is alleged to have been committed falls within the deferral period (Gök, 2023: 122). If it is understood that the date on which the offense is alleged to have been committed falls within the deferral period, this situation shall be considered a violation under Article 191/5 of the TPC, and no separate investigation shall be initiated. The explanations provided here are also applicable to the probation period determined within the scope of the decision to defer the pronouncement of the judgment and in terms of prosecution.

According to Article 191/6 of the TPC: "After the filing of a public lawsuit pursuant to the fourth paragraph, a decision to defer the filing of a public lawsuit cannot be made in investigations initiated with the allegation that the offense defined in the first paragraph has been committed again." In our opinion, this provision contradicts the presumption of innocence, as an acquittal decision may be rendered at the end of the prosecution. However, the Constitutional Court, when faced with the provision of Article 191/6 of the TPC within the scope of concrete norm review, ruled that: "In this respect, the rule stipulated by the legislature within the scope of its discretion in determining the tools of criminal policy and the conditions related to these tools does not have an aspect that violates the principle of the rule of law or the presumption of innocence," and thus found that it was not unconstitutional (Constitutional Court, 16/12/2021, E.2021/70, K.2021/98).

3.3. Probation and Mandatory Treatment Measure in the Context of Article 191 of the TPC

According to Article 191/3 of the TPC: "During the deferral period, the suspect shall be subject to a probation measure for a minimum of one year. This period may be extended for up to two more years, in six-month increments, upon the recommendation of the probation office or by the decision of the public prosecutor *ex officio*. The person subject to the probation measure may be required to undergo treatment during the probation period if deemed necessary. The public prosecutor shall decide to refer the suspect to the relevant institution at least twice a year during the deferral period to determine whether they have used narcotic or stimulant substances." Accordingly, a probation measure will be applied for at least one year during the five-year deferral period. It is regulated that the probation period may be extended by six-month increments for up to two more years, resulting in a maximum period of three years. As can be understood from the clear wording of the law, the extension periods cannot be less than or more than six months. In our opinion, this situation is not necessary for every concrete case and constitutes a violation of the principle of proportionality. Accordingly, while a maximum limit of six months for the period is appropriate, the possibility of determining a shorter period should also be provided.

The provision of the paragraph stipulates a treatment measure limited to the probation period for the suspect. In our opinion, the treatment measure may last as long as the probation period or be shorter, but it cannot exceed the probation period. The measure regarding a suspect whose treatment is successful will thus be terminated for this reason (Sevimli, 2019: 301). In our opinion, even for a suspect whose treatment is not successful despite complying with the obligations specified in Article 191/4 of the TPC, a decision of non-prosecution should be issued.

Although the provision of the paragraph mentions treatment, there is no determination regarding the form of the treatment. At this point, the regulation of Article 71 of the Regulation on

Probation Services is relevant. According to this article, treatment will be carried out either on an outpatient or inpatient basis. It should be noted that while the probation measure may come into play for each elective action regulated in Article 191/1 of the TPC, the treatment measure can only be applied in relation to the elective action of use. Furthermore, it is not mandatory to apply the treatment measure to every suspect who is sufficiently suspected of committing the elective action of use regulated in Article 191/1 of the TPC. What is important at this point is whether the person needs treatment (Gök, 2023: 128). It should also be noted that, unlike the former TPC No. 765, there is no requirement for the suspect to be an addict in order for the treatment measure to be applied (Ateş, 2019: 190).

Another issue that needs to be addressed is that probation and, consequently, the treatment measure are practices that violate the presumption of innocence. Additionally, since the treatment measure in particular results in the limitation of individual rights and freedoms, the fact that the public prosecutor can decide on this measure alone is contrary to Article 38 of the Constitution (Çetin, 2016: 1441; Sevimli, 2019: 293). In our opinion, obtaining a decision from the magistrate's court for the implementation of probation and treatment measures would not change the fact that this violates the presumption of innocence and the relevant constitutional principles.

Not everyone who uses narcotic or stimulant substances must be the perpetrator of the offense regulated in Article 191/1 of the TPC. At this point, the mistake of fact regulated in Article 30/1 of the TPC is particularly important. According to the text of the paragraph: "A person who does not know the material elements of the legal definition of the offense at the time of the act does not act intentionally. Liability for negligence due to this mistake is reserved." Consequently, even if the suspect has used narcotic or stimulant substances, they may not have acted intentionally. In this case, since the subjective element of typicity, that is, the *mens rea* of the offense, would not be present, the offense would not be committed. Imposing obligations with

penal sanctions for non-compliance on a person who is not the perpetrator of the offense violates the presumption of innocence and the right to protection from defamation. It is not possible to expect a person to deliberately fail to comply with the obligations and wait for an indictment to be prepared and a public lawsuit to be filed in order to be acquitted. In our opinion, in a possible amendment, the institution of deferral of the filing of a public lawsuit regulated in Article 191 of the TPC should be made applicable with the consent of the suspect.

It is also possible that a person may have used narcotic or stimulant substances under coercion, violence, intimidation, or threat in situations other than those listed above. In such cases, the capacity for culpability cannot be discussed. The same applies to cases such as mental illness and minority. In our opinion, in such situations, since the treatment measure cannot be considered a security measure, a deferral decision should not be made, and an indictment should be prepared. Although it seems possible to make a deferral decision on the condition that the treatment measure is not applied, it cannot be expected that a person who committed the offense under the circumstances listed would comply with the obligations listed in Article 191/4 of the TPC. This is because the deferral of the filing of a public lawsuit, probation, and treatment measures regulated under Article 191 of the TPC are, so to speak, opportunities given to the suspect by the legislature. Expecting a person who does not have the capacity for culpability or who committed the offense with their capacity for culpability removed to comply with these obligations would be inconsistent with the purpose of the regulation. At this point, the subgroup of children who have not yet reached the age of 12 is particularly noteworthy. Since prosecution cannot be conducted against them, it is accepted that a decision to defer the filing of a public lawsuit cannot be made either (Ayanoğlu, 2022: 51).

According to Article 191/9 of the TPC: "In cases where there is no contrary provision in this article, the provisions of Article 171 of the CPC regarding the deferral of the filing of a public

lawsuit or Article 231 regarding the deferral of the pronouncement of the judgment shall apply." Therefore, it must be accepted that appeals can be made against the decisions of deferral of the filing of a public lawsuit, probation, and treatment measures made within the scope of Article 191 of the TPC (Çetin, 2016: 1444-1445).

4. CONCLUSION

The institution of deferral of the filing of a public lawsuit, regulated under Article 191/2 of the TPC, is applied specifically to the offense of purchasing, accepting, or possessing narcotic or stimulant substances for use, or using such substances, as regulated in the first paragraph of the same article, and it constitutes an exception to the provisions of Article 171/2 and the following articles of the CPC. Accordingly, at the end of the investigation conducted concerning the offense mentioned in Article 191/1 of the TPC, a decision will be made to defer the filing of a public lawsuit for five years without the need to meet the conditions stipulated in Article 171 of the CPC. It should be noted that the legislature has not granted any discretion to the public prosecutor at this point. If the suspect fails to comply with the obligations specified in Article 191/4 of the TPC, an indictment will be prepared, and a public lawsuit will be filed.

The treatment measure can only be applied to a suspect for whom sufficient suspicion has been reached regarding the use of narcotic or stimulant substances and cannot be applied to a suspect who has committed the other elective actions without committing the elective action of use. However, in this case, other probation measures will come into play. It is also possible to apply the treatment measure together with probation measures, but limited to the elective action of use.

The manner in which the treatment measure will be applied is not regulated in Article 191 of the TPC. This issue is regulated in Article 71 of the Regulation on Probation Services, according to which treatment can be carried out on an outpatient or inpatient basis. According to Article 191/3 of the TPC, the duration of the treatment is at least one year, and this period

may be extended by six-month increments for up to two more years if necessary.

In our opinion, the mandatory decision to defer the filing of a public lawsuit and the application of the treatment measure for a suspect for whom sufficient suspicion has been reached regarding the use of narcotic or stimulant substances constitutes a violation of the presumption of innocence and the right to protection from defamation. This is because the suspect is treated as if the alleged offense has already been established, even though the prosecution phase has not yet begun. At this point, the mistake of fact, which negates intent and is regulated in Article 30/1 of the TPC, becomes particularly relevant. It cannot be expected that the suspect would fail to comply with the obligations specified in Article 191/4 of the TPC in order to facilitate the preparation of an indictment and the filing of a public lawsuit so that they can be acquitted. In a possible amendment, the application of the institution of deferral of the filing of a public lawsuit, as regulated in Article 191 of the TPC, should be made contingent upon the suspect's consent, and the decision should be made by a magistrate judge upon the request of the public prosecutor.

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RESEARCH ARTICLE/ARAŞTIRMA MAKALESİ

The impact of sexual abuse on addiction: A case study on food addiction

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Abstract

Addiction, which is one of the major problems of society and is spreading severely day by day, is considered a complex process where an individual develops an uncontrollable desire for a substance or behavior, continues this desire, and has difficulty ending it despite both physical and psychological harm. Food addiction is a type of addiction where individuals consume food not only to meet their physiological needs but also uncontrollably for emotional and psychological satisfaction. Individuals with food addiction tend to eat to cope with emotional states such as stress, anxiety, and depression, leading to unhealthy eating habits and weight problems. In such addictions, the treatment process requires addressing not only the improvement of physical symptoms but also the emotional and psychological factors that trigger the addiction.

Although food addiction usually arises from depression or other psychological disorders, in some cases, individuals may feel the need to eat to feel better after experiencing abuse. This situation can become uncontrollable, leading to food addiction, which negatively affects both the mental and physical health of individuals.

This study is a case study of a 41-year-old woman named S.A., who developed food addiction as a result of sexual abuse by her parent at the age of 13. The gradual progression of the abuse and the subsequent development of food addiction are examined in detail, along with the effects of EMDR and CBT (Cognitive Behavioral Therapy) on overcoming the food addiction.

Keywords: Addiction, Food Addiction, Abuse, Sexual Abuse, Violence

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1. INTRODUCTION

Addiction is a complex phenomenon that describes situations where an individual continues to use a substance or engage in behavior despite its psychological, physical, or social consequences. In the case of addiction, the person continues to use the substance despite wanting to quit and finds it difficult to stop the behavior. The desire for addiction often exceeds the individual's control (American Psychiatric Association, 2013; Volkow et al., 2016).

According to the Turkish Language Association (TDK), the term "dependent" means "subject to the will, power, or help of something else, without freedom or autonomy." It also describes the condition of being overly attached to a person or object, either materially or emotionally. The concept of "addiction" refers to this state of dependency, meaning subjugation to an object or situation. In this context, addiction is seen as a condition that restricts the individual's freedom and negatively affects their quality of life (TDK, 2021).

Addiction is a physical or psychological condition that arises from the continuous use or engagement with a substance or activity. It involves an uncontrollable desire for a specific object, person, or entity, as well as being subject to an external will (West, 2001).

When examining the causes of addiction, it is usually difficult to pinpoint a single determining factor. On the contrary, the development of addiction is thought to involve a combination of genetic, environmental, psychological, and socio-cultural factors (Heilig et al., 2016). Addictions can generally be categorized into three main types: physical addiction, psychological addiction, and behavioral addiction.

According to the DSM-V criteria by the American Psychiatric Association, individuals with addiction exhibit seven distinct behaviors or habits:

1. Addicted individuals consume more of the substance to maintain its effect (tolerance).
2. These individuals experience withdrawal

symptoms when they do not use the substance.

3. Addicted individuals tend to consume more of the substance than they initially intended.

4. Addicted individuals constantly want to consume the substance and fail when they try to reduce or quit.

5. Addicted individuals spend more time obtaining the substance.

6. Addicted individuals experience a decrease in social, work, and recreational activities due to substance use.

7. Despite permanent physical or psychological problems caused or worsened by the substance, these individuals continue using it.

2. CONCEPTUAL FRAMEWORK

2.1. Physical Addiction

Physical addiction is characterized by biochemical changes in the body resulting from the regular use of a substance. When the individual stops using the substance for a certain period, withdrawal symptoms occur. These symptoms include physical discomforts such as tremors, sweating, nausea, and muscle pain (Koob & Le Moal, 2005). The basis of physical addiction lies in the adaptation of neurotransmitters in the brain's reward and motivation system, particularly the dopamine and opioid systems, to prolonged substance use (Volkow et al., 2004). When the substance is discontinued, imbalances in these systems lead to withdrawal symptoms that trigger the individual's desire to use the substance again.

2.2. Psychological and Behavioral Addiction

Psychological addiction is characterized by an intense desire for a substance or behavior and the discomfort experienced as a result of this desire. Trauma plays a significant role in the development of this addiction. Trauma is defined as events that cause extreme stress in an individual's life, which are difficult to cope with, and such experiences are among the factors that trigger psychological addiction (Brewerton, 2007; Felitti et al., 1998). Traumatic events can lead to psychological problems such

as anxiety, depression, and low self-esteem. These conditions may drive individuals toward addictive substances or behaviors because they provide temporary relief and escape (Hyman et al., 2006).

Trauma, particularly in childhood, significantly increases the risk of developing an addiction later in life. It has been observed that trauma weakens an individual's coping mechanisms, leading to substance use or addictive behaviors (Van der Kolk, 2006). From a forensic science perspective, understanding how trauma affects an individual's psychological state and how it triggers addictive behavior is an important area of research. Conditions such as post-traumatic stress disorder (PTSD) can disrupt an individual's coping mechanisms, leading to unhealthy coping strategies. For instance, individuals who have been sexually abused may turn to substance use or overeating to alleviate emotional pain (Brewin et al., 2010; Van der Kolk, 2014).

In conclusion, the relationship between psychological addiction and trauma is a complex interaction. Trauma negatively impacts an individual's psychological state, triggering addictive behaviors, and substances or behaviors become a temporary source of relief for the individual. Understanding the interaction between trauma and psychological addiction is crucial for developing addiction treatment processes.

2.3. Sexual Abuse

Sexual abuse refers to the use of a child who has not completed their psychosocial development by an adult, through force, threats, or deceit, to satisfy their sexual desires and needs (Polat, 2024). While sexual abuse typically involves sexual activities between a child and an adult, sexual activities between two children are also addressed. Sexual abuse usually occurs against children, adolescents, or individuals in vulnerable situations, but people of all age groups can be subjected to such abuse (Finkelhor, 1994). If the abuse is carried out by a person with a familial bond (first or second degree) or someone responsible for caring for the child or adolescent, this is referred to as incest

(Polat, 2021). The effects of sexual abuse are highly destructive (Cansız, 2023). Victims may face long-term psychological problems such as low self-esteem, depression, anxiety, and social adjustment issues (Rind & Tromovitch, 1997). This not only negatively affects the quality of life for individuals but also has wide-ranging societal impacts.

Sexual abuse involves various sexual acts toward children, which can be categorized into two main groups: non-contact and contact sexual abuse (Polat, 2021).

2.3.1. Non-Contact Sexual Abuse Types

- **Exhibitionism:** The abuser shows their private parts (breasts, penis, vagina, anus, etc.) to the victim or masturbates in front of the victim.
- **Voyeurism:** The perpetrator observes the victim while undressing, either openly or secretly.
- **Sexual Talk:** The abuser makes comments about the child's sexual characteristics. It also includes conversations about sexual activities the abuser wants to perform.

2.3.2. Contact Sexual Abuse Types Non-Penetrative Abuse Types

- **Sexual Touching:** Touching the private parts of the body (breasts, vagina, penis, buttocks, and anus).
- **Frotteurism:** A form of sexual touching where the abuser achieves sexual gratification by rubbing their private parts against the victim's body or clothing.
- **Oral-Genital Sex:** The perpetrator licks, kisses, or bites the victim's genital organs or forces the child into oral contact with them.
- **Interfemoral Sex:** A type of sexual activity where the abuser places their penis between the victim's legs.

2.3.3. Penetrative Sexual Abuse Types

- **Digital Penetration:** The insertion of fingers into the vagina, anus, or both.

- **Penetration with Objects:** The abuser inserts an instrument into the victim's vagina, anus, or in some cases, mouth.
- **Genital Intercourse:** Penetration of the vagina by the abuser's penis.
- **Anal Intercourse:** Penetration of the anus by the abuser's penis.

Child abuse can manifest in various forms, ranging from an adult using a child for sexual gratification to exploiting children for profit (Polat, 2021).

2.4. Food Addiction

The concept of food addiction was first defined by Theron Randolph in 1956, who suggested that the regular consumption of certain foods could create effects similar to addiction. In this type of addiction, the individual develops an uncontrollable craving for food, often as a result of psychological factors such as emotional emptiness, stress, or trauma (Randolph, 1956). Food addiction, like other types of addiction, is characterized by the individual's inability to control their behavior, which often leads to health problems (Hebebrand et al., 2014). People with food addiction tend to eat not only to satisfy physiological needs but also for emotional and psychological reasons. Key features of this condition include loss of control, emotional eating, cyclical behaviors, and low self-esteem (Gearhardt, Corbin, & Brownell, 2011). Individuals who experience a loss of control find it difficult to manage their desire to eat, which makes it hard to maintain healthy eating habits. Emotional eating arises when food is used to cope with negative emotions such as stress, anxiety, or sadness. Additionally, food addiction may lead individuals into a continuous cycle of craving and consuming certain foods, often triggering a preference for unhealthy foods (Galduróz, Noto, & de Andrade, 2021).

2.5. Eating Disorders

Eating disorders were first defined along with diagnostic criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric

Association (APA). In the DSM-IV version, eating disorders were classified into three main categories: anorexia nervosa, bulimia nervosa, and eating disorders not otherwise specified. Binge eating disorder was included in the eating disorders not otherwise specified category. The current DSM-5 version divides eating disorders into eight main categories. These categories are anorexia nervosa, bulimia nervosa, binge eating disorder, pica, rumination disorder, avoidant/restrictive food intake disorder, other specified feeding and eating disorders, and unspecified feeding and eating disorders. When examining the key characteristics of eating disorders, it becomes clear that these conditions cause significant changes in eating habits, weight control, body image, and cognitive and behavioral patterns. Moreover, these disorders are typically characterized by an overemphasis on weight and body shape. In the etiology of eating disorders, gender and age factors constitute significant risk factors, particularly for anorexia nervosa and bulimia nervosa. Research shows that eating behavior triggered by negative emotions most frequently occurs when individuals feel sad. Additionally, it has been noted that this behavior is more common in women than in men (Soylu et al., 2021).

2.5.1. Anorexia Nervosa

First introduced into the medical literature in 1874, anorexia nervosa is an eating disorder characterized by an intense desire to be thin and a fear of gaining weight. Individuals with anorexia nervosa engage in severe dietary restriction and often have a strong fear of gaining weight, along with distorted body image. This disorder is characterized by an excessive effort to control body weight and shape. Symptoms of anorexia nervosa include low body weight, significant restriction of food intake, and excessive exercise to prevent weight gain. This condition severely affects both physical and psychological health and can lead to life-threatening complications in the long term (American Psychiatric Association, 2013; Keel, 2007).

2.5.2. Bulimia Nervosa

Bulimia nervosa is an eating disorder where the individual engages in problematic behaviors to control body weight. This disorder involves uncontrollable binge eating episodes followed by compensatory behaviors such as self-induced vomiting, use of laxatives and diuretics, enemas, or excessive exercise to prevent weight gain. The cyclical effects of bulimia nervosa have serious negative impacts on both physical and psychological health (APA, 2013; Fairburn & Harrison, 2003).

2.5.3. Pica

Pica is an eating disorder characterized by the consumption of non-nutritive and non-food substances. This condition develops as a deviation in appetite and taste perception, often manifesting through the consumption of inedible materials. The diagnosis of pica requires the consumption of non-nutritive substances for at least one month (American Psychiatric Association, 2013). Although pica commonly begins in childhood, it can also occur in other age groups. Its etiology has not been definitively determined; however, factors such as parental neglect, stress responses, cultural influences, hunger, and micronutrient deficiencies are believed to contribute to this disorder (Faraji & Firat, 2022). Individuals diagnosed with pica often consume materials such as mud, dirt, chalk, starch, clay, as well as ice, soap, cigarettes, hair, baking soda, paper, and similar objects. These behaviors form characteristic eating patterns and can lead to significant health issues.

2.5.4. Rumination Disorder

Rumination disorder is an eating disorder characterized by the habitual or involuntary regurgitation of consumed food and drink, without vomiting, back into the mouth. This behavior repeats frequently for at least one month, with symptoms including the reappearance of ingested food in the mouth (American Psychiatric Association, 2013). During rumination, the food may be re-chewed, re-swallowed, or spit out. The occurrence of rumination disorder is rare and is typically diagnosed in infancy or childhood. This condition is often associated with negative and stressful life experiences, as well

as problems in the mother-infant relationship, inadequacies, neglect, or a lack of stimulation. These factors may lead to the development of rumination behavior as a coping mechanism during childhood (Faraji & Firat, 2022).

2.5.5. Binge Eating Disorder (BED)

The primary characteristic of Binge Eating Disorder (BED) is the individual consuming much more food than most people would eat in a similar time period (e.g., within two hours) and being unable to control this eating behavior. BED is associated with repeated episodes of consuming excessive amounts of food. Unlike other eating disorders, individuals with BED typically do not engage in compensatory behaviors such as vomiting, using laxatives or medications, or excessive exercise following binge eating episodes (Hudson et al., 2007; American Psychiatric Association, 2013).

2.5.6. Avoidant/Restrictive Food Intake Disorder

Avoidant/restrictive food intake disorder is an eating disorder characterized by avoidance or restriction of food intake for reasons other than food scarcity, psychological, medical, or cultural eating attitudes (Erol, 2018). Individuals with this disorder consistently avoid food without concerns about weight gain. This leads to significant weight loss, malnutrition, the need for nutritional supplements via oral intake, and severe impairment in psychosocial functioning (Ayaz, 2021). Symptoms include extreme disinterest in food, selective eating, and feelings of choking or vomiting. The literature indicates that this disorder can lead to developmental delays, social difficulties, family problems, and intellectual disabilities (Stand et al., 2019).

2.5.7. Other Specified Feeding and Eating Disorders (OSFED)

Other Specified Feeding and Eating Disorders (OSFED) are types of eating disorders that exhibit prominent symptoms, are serious and life-threatening, but do not fully meet the diagnostic criteria for other eating disorders. Compared to anorexia and bulimia nervosa, OSFED is the most commonly diagnosed eating

disorder (Nationaleatingdisorders.org, 2022). OSFED is often an ill-defined type and shares features similar to bulimia, anorexia, or binge eating disorders. In this disorder, medical and psychological symptoms are similarly severe and intense as in other types of eating disorders (Alp, 2018).

2.5.8. Unspecified Feeding and Eating Disorders

Unspecified feeding and eating disorders refer to conditions where sufficient information for a clinical diagnosis is unavailable, causing significant distress, yet not fully meeting the criteria for any specific diagnosis (Yanık, 2017). These disorders may result in impairments in social and functional domains. Unspecified feeding and eating disorders cause severe impairments in psychosocial functioning; however, due to insufficient information, they do not meet the specific diagnostic criteria outlined in DSM-5 (Şengül & Hocaoğlu, 2019). Clinicians tend to avoid diagnosing these types of disorders, especially in emergency service settings, where criteria and causes of eating disorders cannot be fully determined (Yılmaz, 2017).

2.6. Causes of Food Addiction

Various factors are believed to play a role in the development of food addiction. The causes of eating disorders include biological, psychological, environmental, developmental, and socio-cultural factors (Hay & Touyz, 2021).

- **Biological Factors:** Food addiction is associated with genetic predispositions and neurobiological changes. Disruptions in the functioning of the brain's reward system can lead to an increased allure of foods, resulting in the development of addiction. Research indicates that individuals prone to food addiction may be genetically predisposed to this condition (Gearhardt et al., 2011).

- **Psychological Factors:** Emotional states and mental health issues are important factors that influence eating behaviors. In particular, conditions like depression, anxiety, and low self-esteem can drive individuals to turn to food to satisfy emotional hunger. The presence of psychological problems increases the risk of

developing food addiction (Davis et al., 2009).

- **Environmental Factors:** The environment in which individuals live significantly affects their eating behaviors. Family structure, social environment, and cultural norms are key elements that shape eating habits. Negative environmental influences can contribute to the development of food addiction (Hay & Touyz, 2021).

- **Developmental Factors:** Childhood and adolescence are critical periods that shape individuals' eating habits. Negative experiences or environmental influences during these times can contribute to the development of eating disorders later in life. Eating habits acquired early in life can persist throughout an individual's lifetime (Herman & Polivy, 2008).

- **Socio-Cultural Factors:** Societal norms regarding eating behaviors and the media's influence on body image are important elements that affect individuals' eating habits. Social interactions and cultural pressures can shape food preferences, and these factors can increase the risk of developing food addiction (Stice, 2002).

2.7. The Relationship Between Trauma, Sexual Abuse, and Food Addiction

According to Article 1 of the United Nations Convention on the Rights of the Child, adopted by the UN General Assembly on November 20, 1989, a child is defined as "every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier" (UNICEF, 2004). Trauma refers to the psychological or physical damage caused by an event that the individual has experienced or witnessed, which generates extreme stress or fear. While physical trauma can leave visible marks on the body, such as bruises, psychological trauma impacts the individual's mental state, leaving lasting scars. In all cases, the likelihood of psychological trauma is present, especially when it comes to sexual crimes, where the effects become more apparent (Polat, 2024). According to the World Health Organization (WHO), child abuse is defined as "any action or inaction by an adult, society, or nation that

knowingly or unknowingly negatively affects the health, physical development, or psychosocial development of a child" (WHO, 2002). Child abuse occurs in four types: physical abuse, sexual abuse, emotional abuse, and neglect (Polat, 2021).

Childhood traumas play a critical role in the development of food addiction. Traumas experienced during childhood, particularly sexual abuse, significantly increase the risk of developing food addiction in later years. Victims of sexual abuse often turn to eating as a way to alleviate the psychological pain they experience. In this process, food serves as a coping mechanism, and individuals attempt to suppress their emotional pain through food consumption (Felitti et al., 1998). The Adverse Childhood Experiences (ACE) study conducted by Felitti and colleagues showed a strong relationship between traumatic experiences such as childhood sexual abuse and obesity and eating disorders. In this context, food addiction may be closely related to conditions such as post-traumatic stress disorder (PTSD). Victims of sexual abuse may use food consumption as a means of escaping their traumatic experiences or temporarily suppressing the pain (Brewerton, 2007).

Severe traumas, such as sexual abuse, can disrupt an individual's psychological balance, weakening their capacity to cope with stress and leading them to unhealthy coping strategies (Van der Kolk, 2014). Food, as one of these strategies, may temporarily reduce stress but reinforces food addiction in the long term. From a forensic science perspective, food addiction observed in childhood sexual abuse victims is considered a behavioral disorder that develops post-trauma. Food addiction in these individuals is a reflection of the psychological effects of trauma and must be considered in both legal and rehabilitative processes during judicial proceedings (Brewin et al., 2010). Forensic psychologists play a critical role in assessing these types of addictions in victims and guiding them through rehabilitation processes.

A study by Davis and colleagues (2011) identified food addiction as a clinical syndrome

characterized by psychiatric comorbidity and psychosocial features. The study found that individuals with food addiction are frequently associated with psychiatric disorders such as depression and anxiety disorders. These individuals also face psychosocial factors such as low self-esteem, social isolation, and negative life events. These findings demonstrate that food addiction is a multifaceted issue that requires consideration of both biological and psychosocial aspects.

Mood disorders, the persistence of negative emotional states, and difficulties in emotional regulation are strongly linked to food addiction. Particularly in individuals with low self-esteem, eating can emerge as a coping mechanism for managing negative emotions. Literature often highlights that individuals with food addiction frequently struggle with psychiatric disorders such as depression and anxiety, face difficulties managing their emotions, and this negatively impacts their eating behaviors (Davis et al., 2009; Gearhardt, 2012). In this context, it is observed that negative emotional states increase the tendency for overeating and food addiction, and food addiction is directly related to psychological challenges.

3. METHODOLOGY

In this case study, a 41-year-old woman named S.A., who developed a food addiction as a result of sexual abuse she suffered at the age of 13 and who calmed herself down by constantly eating, was interviewed after completing therapy and agreeing to participate in the study. The content of the questions aimed to determine when and how she developed her food addiction, what she experienced during this process, how she maintained addictive behaviors, how she overcame the post-addiction period, and how she felt psychologically. During the detailed interview, the participant was informed that she could stop at any point where she felt uncomfortable or did not want to talk, and that the interview could be terminated if she wished. She was informed that the course of the interview would proceed entirely according to her own wishes and that she was not obligated to answer every question. In the study, it was

stated that all personal information would be kept confidential, that her personal information would never be shared, and that the study would be conducted using an anonymous identity. Additionally, with the permission of the participant, an interview was conducted with a friend from her circle to obtain more detailed information about the subject and to observe the impact of the participant's food addiction on her surroundings.

4. FINDINGS

This study is based on the story of S.A. who developed an eating addiction as a result of childhood abuse. S.A. lost her father when she was 11 years old and grew up with her stepfather after her mother remarried two years later. Since childhood, S.A. has been an active and sociable child who communicates well with her surroundings and is usually a successful and determined student at school. Although her communication with her stepfather is not very strong, she respects his opinions and disciplinary rules within the family. In addition, although S.A.'s communication with his stepfather was not very strong, the stepfather often made contact jokes to S.A., but this always made S.A. uncomfortable.

Over time, the dose of the stepfather's jokes to S.A. started to increase and the extent of contact extended to S.A.'s sexual areas. It was stated that the contact increased especially around the chest in the beginning and then towards the buttocks and waist of the case. Her stepfather sometimes jokes by touching S.A.'s breasts or hugging her waist tightly, but this physical contact has reached a level that invades S.A.'s personal space and makes her uncomfortable. S.A. could not share this situation with anyone and after a while she began to realize that these contacts were not just simple jokes. Over time, her stepfather's behavior went further and reached the level of sexual harassment, including touching the vaginal area.

S.A. did not know what to do in the face of this harassment and hesitated to share her experiences with her mother because she did not want to disrupt her mother's new marriage

and happiness. Instead, she started to experience the trauma within herself and suppressed her feelings. This suppression process also affected S.A.'s behavior and emotional reactions. Especially during her high school years, she started to feel worthless, guilty and lonely and turned to food to fill this emotional void.

S.A.'s eating addiction emerged when she started to gain weight rapidly at the age of 16 and noticed significant changes in her eating habits. She ate a lot of food when she was alone, especially carbohydrate and sugar-heavy foods. Eating became a kind of escape mechanism for her and the situation became more and more unmanageable. S.A. tried to suppress her emotional pain by eating and felt a temporary relief every time she overeat. However, this relief was short-lived because she felt even more guilty afterwards and her addiction to food increased.

As S.A. started to gain weight, she also withdrew from social life. Although she was once active and sociable, she now avoided seeing her friends and withdrew at school. The traumas she experienced within herself strained her both psychologically and physically. She started to show signs of depression along with her eating addiction, which negatively affected many areas of her life.

When S.A. reached the age of 30, she realized that her weight problems had evolved into a dangerous and serious situation and she consulted a dietitian to find a solution to this situation. Although she tried to follow the program given by the dietitian for a certain period of time, she had difficulty adapting to it most of the time and realized that she could not cope with her emotional hunger rather than physical hunger. The dietitian referred S.A. to a psychotherapist when she realized that S.A. was not only trying to lose weight but also had psychological problems underlying her eating behaviors.

During the sessions with the psychotherapist, it was realized that S.A.'s eating addiction was caused by the trauma she experienced in her childhood and thus sexual abuse. Although it was quite difficult to face the traumas she had

experienced, she gradually began to discover the emotional burden of the abuse and to understand how these pains created a void in her. The therapist tried to heal the traces of the traumatic past of the case with the EMDR method with S.A. At this point, S.A. stated that this method was very effective on her in a positive way. She also stated that the Cognitive Behavioral Therapy (CBT) method was also very effective on her in a positive sense in order to cope with difficulties such as anxiety in daily life.

As a result of the continuous continuation of the therapies and S.A.'s continuous attendance to the sessions, it was stated by the case that her self-awareness increased over time. The case stated that she felt better in terms of expressing herself better and recognizing her emotions with the support of the therapist in the following process. In addition, S.A. stated that she participated in collective psychology studies whenever she had the opportunity to contribute to the abuse she experienced and other problems that developed with it.

5. DISCUSSION

This study reveals how traumatic experiences in childhood, especially sexual abuse, can be determinant in the development of eating addiction. The findings are in line with other studies in the literature and support that traumatic experiences significantly increase the risk of developing addiction. It has been determined that childhood sexual abuse causes deep wounds in the psychological world of the individual and these wounds may result in harmful behaviors such as addiction over time. Researchers such as Brewerton (2007) and Van der Kolk (2014) have stated that trauma has a strong impact on addiction. The findings of this study help us to understand the complex relationship between trauma and addiction in more detail.

The fact that S.A. developed an eating addiction after the trauma she experienced reveals how trauma affects an individual's coping mechanisms. It has been observed that trauma disrupts the individual's self-perception and emotional processes, leading to unhealthy

coping strategies such as eating behavior. This is especially common in addiction types where emotional and psychological pain is tried to be suppressed with a temporary source of relief such as eating. Felitti and colleagues' (1998) ACE (Adverse Childhood Experiences) study revealed that childhood traumas, especially experiences such as sexual abuse, are strongly associated with behavioral disorders such as eating addiction that develop later in life.

Moreover, another noteworthy element in S.A.'s case is the role of the social environment in the development of eating addiction. After the sexual abuse, S.A. could not tell her mother and other family members about this situation, had difficulty in coping with the emotional burden she experienced and could not find enough support from her social environment. Lack of communication within the family weakened the individual's capacity to cope with such traumas and paved the way for the development of addiction. Lack of support within the family stands out as a critical factor in the development of psychological disorders such as eating addiction. This finding is consistent with previous research (Canetti, Bachar & Berry, 2002).

From a psychological perspective, the development of eating addiction is often associated with emotional eating, low self-esteem and escape mechanisms. These elements were clearly observed in S.A.'s case. S.A. tried to alleviate her emotional pain by eating, and in this process, eating addiction became an escape mechanism. Although the suppression of emotional pain through eating behavior caused the individual to feel temporary relief, it reinforced the cycle of addiction in the long run. Gearhardt et al. (2012) also emphasized that eating addiction is especially common in individuals with emotional traumas.

S.A.'s search for psychological support and treatment process after the trauma she experienced emphasizes the importance of addressing trauma in addiction treatment. Facing the traumas in childhood and understanding the effects of these traumas on addiction played a key role in the treatment process. The use of treatment methods such as EMDR (Eye

Movement Desensitization and Reprocessing) and Cognitive Behavioral Therapy (CBT) was critical for S.A. to process her emotional pain and break the cycle of eating addiction. This finding is consistent with the literature supporting the effectiveness of psychotherapies used in the treatment of addiction based on traumatic experiences (Van der Kolk, 2014).

6. CONCLUSION

This study details the critical role that traumatic experiences such as childhood sexual abuse play in the development of psychological addictions such as eating addiction. S.A.'s case clearly demonstrates how childhood traumas can increase the risk of developing addictions later in life. The deep scars left by sexual abuse on the individual's psychological world caused her to experience great difficulties both emotionally and socially, leading her to develop unhealthy coping strategies such as addiction. These findings are consistent with the literature on the effects of traumatic experiences on addiction (Felitti et al., 1998; Brewerton, 2007).

One of the most important results of this study is the importance of addressing the traumatic past in addiction treatment processes. As seen in S.A.'s case, traumas experienced during childhood can cause permanent emotional wounds in individuals, which may result in harmful behaviors such as addiction. The emotional emptiness and repressed emotions caused by trauma feed the cycle of addiction and negatively affect the quality of life of the individual. In this context, the effectiveness of psychological support and therapy methods in the treatment of individuals at risk of developing addiction after trauma is once again emphasized. Psychotherapy methods such as EMDR and Cognitive Behavioral Therapy enable the individual to process traumatic experiences and break this cycle in the process of coping with addiction.

In conclusion, addressing the traumatic past and enabling the individual to face these traumas in the treatment process of psychological addictions such as eating addiction is of great importance for both psychological and physical recovery. In

addiction treatment, not only biological factors but also psychosocial factors should be taken into consideration. This study contributes to a better understanding of the effects of trauma on addiction and to improve the treatment methods to be used in this process. In this context, future studies should examine the relationship between trauma and addiction in more depth and investigate new treatment approaches that can be used in this process.

The findings of the study are not limited to eating addiction, but also have important implications for other psychological addictions. Emphasizing the importance of a supportive social environment and appropriate psychological interventions in individuals at risk of developing addiction after trauma, this study contributes to draw attention to eating addiction and raise awareness.

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