



Original communication

## Risk factors for violence against women by intimate partners in Sakarya, Turkey



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### ARTICLE INFO

#### Article history:

Received 15 December 2014

Received in revised form

16 March 2015

Accepted 24 August 2015

Available online 2 September 2015

#### Keywords:

Intimate partner violence

Risk factors

Prediction

### ABSTRACT

**Objectives:** Intimate partner violence (IPV) is an important public health problem in many countries including Turkey, with serious short- and long-term physical and mental health consequences, as well as significant social and public health costs. To understand the violence characteristics and the individual risk factors for both the married women victims and the perpetrator partners are the objectives of this study.

**Methodology:** 243 married women, who have consulted to hospitals and village clinics between 2008 and 2009 with the mean age of 36.76 (SD = 11.59), accepted to participate in the study voluntarily. Participants were divided into two groups as “victimized” (58.8%, n = 143) and “non-victimized” (41.2%, n = 100) women. Victimized group consisted of women who have had any type of violence from their husbands during their life. A 61-item questionnaire was prepared that included items on demographics, IPV experience, attitudes about IPV and knowledge of legal rights.

**Results:** As compared to non-victimized group, women in victimized group mostly lived in villages than in town/city centers, were illiterate, had bride-price agreement and were younger when married. Place of accommodation, age and number of pregnancies were associated with the risk of victimization.

**Conclusions:** In order to prevent IPV, further qualitative research is required to evaluate the involved risk factors and training programs on how to behave against violence in association with the legal rights should be designed for poorly educated women in their natural settings and hospitals.

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## 1. Introduction

Intimate partner violence (IPV), defined as “behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours”,<sup>1</sup> is a form of violence against women.<sup>2</sup> IPV occurs in all countries despite socio-economic, religious or cultural differences. A worldwide study has indicated that 10%–69% of women population has reported to be physically assaulted by their intimate male partners at some point in their lives.<sup>3</sup> Turkey is one of the countries with the prevalence

rate of 39% for physical violence, 15% for sexual violence and 44% for emotional violence from the husband/partner.<sup>4</sup> Women were exposed to violence from their intimate partners even in the period of pregnancy<sup>5–7</sup> and might experience additional health problems.<sup>8</sup>

IPV has several long- and short-term unwanted consequences related to health. Either one form or combined forms of violence from partners have been related to mental disorders.<sup>9</sup> Victims have reported pain, memory loss, dizziness, suicidal thoughts or suicide attempts,<sup>10,11</sup> depressive symptoms, substance abuse, chronic diseases,<sup>12</sup> post-traumatic stress disorder, anxiety, self-harm, complicated reactions to trauma,<sup>13</sup> and sleep disorders.<sup>14</sup>

Seriousness of the problem in Turkey has urged the government and non-governmental organizations to take some precautions against IPV. The Turkish Parliament revised the Constitutional Law in 2001 and 2004 to strengthen gender equality. Especially 10th article of the Law indicates that government is the principal authority that is responsible to execute a policy on gender equality.

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Family Protection Law with the conduct number 4320 is a turning point in saving the women against domestic violence. It came into force in 1998 and was revised in 2007. Accordingly, the precautions to save the victims of domestic violence were regulated.<sup>15</sup> By Family Protection Law, the concept of domestic violence was firstly defined in a legal text and it became possible that police and justice mechanisms could intervene with the domestic violence cases even in the absence of the victim's complaint, which means that the reporting of a third person is sufficient to start the legal procedure. In addition, several crimes that were previously classified under the heading of *crimes against community* were resorted in 2005 as *crimes against individuals* and were given stronger punishments according to the new Turkish Criminal Law.<sup>16</sup>

In addition to its health- and life-threatening consequences, IPV has a recurring nature. Women are often emotionally and economically dependent to the perpetrator, which constitutes a barrier in breaking the violence cycle.<sup>3,13</sup> They also experience fear, which probably prevents them from reporting the violence and contributes to the higher rates of revictimization.<sup>17</sup> Thus, it is important to use all types of prevention strategies (primary, secondary, tertiary) from different aspects (health, law, community etc.) for saving the women against IPV. To do this, it is necessary to detect IPV risk factors at different levels, e.g. individuals, family, community and policy levels, and analyze them for prioritizing some of the risk factors. Region-based studies as the current study are important to be aware of the specific needs of the women in that area to intervene with them and to compare the results of different regions and/or countries to evaluate the common universal risky and preventive components of IPV. Thus, researchers that focus on these issues may enhance the understanding of the changing characteristics of the interaction between different risks and protective factors.

This study aims to understand the individual risk factors for both the victim and the perpetrator and violence-related characteristics by comparing victimized and non-victimized married women.

## 2. Method

Participants were chosen among the women who have consulted with the doctors in village clinics or public hospitals about health care between 2008 and 2009 in Sakarya, Turkey. Two hundred forty three married women with the mean age of 36.76 (SD = 11.59) voluntarily accepted to participate in the study. Participants were divided into two groups as "victimized" (58.8%, n = 143) and "non-victimized" (41.2%, n = 100). Victimized group consisted of women who have had any type of violence from their husbands during their life. Groups were matched for age and employment status. A 61-item questionnaire, including demographics, IPV experience (types, frequency etc.), attitudes about IPV and knowledge of legal rights, was prepared. Written permissions of the Marmara University Ethical Committee, Local Health Authority and the related province were obtained.

Statistical analysis was performed using SPSS 19.0. Chi square and Student t-test analyses were used to compare the groups. Binary logistic regression was used to evaluate the specific demographic predictors for being a victim of any type of IPV.

## 3. Results

Number of children in the victimized group (mean = 2.65, SD = 1.47) was higher than that of the non-victimized group (mean = 2.24, SD = 1.07) [ $t = -2.37$ ,  $df = 200.59$ ,  $p < .05$ ]. Significant differences in some demographic variables were detected between study groups (Table 1).

There were no significant differences between some of the variables of two groups, such as marriage type (willingly or against the will of women, arranged etc.), having a consanguineous marriage or not and type of engagement (legal/religious) ( $p > .05$ ). However, marrying at younger ages and having a bride-price agreement were more common in the victimized group (Table 2).

Living with another relative in the family and total number of household did not have significant effect on victimization ( $p > .05$ ). Rate of having right to make decisions about the management of the household was higher in the non-victims (79%, n = 79) as compared to victims [ $X^2 = 58.47$ ,  $df = 3$ ,  $p = .000$ ]. Age gap between the partners was 3.70 (SD = 4.55) years for non-victims and 4.91 (SD = 4.70) years for victims [ $t = -2.02$ ,  $df = 217$ ,  $p < .05$ ].

Chi-square analyses yielded significant differences in some variables between victimized and non-victimized groups (Table 3).

Groups could not be compared in frequency and intensity of alcohol usage due to small sample size. However, data indicated that victimized women's husbands tended to drink more frequently. In addition, these women were inclined to perceive the drinking behavior of their husbands *too much*.

In the victimized group, rates of the violence type (participants could choose more than one answer) during their marriages were as follows: 72% (n = 103) physical violence, 97.2% (n = 139) emotional violence and 62.9% (n = 90) sexual violence. Most common combinations of the abuse types were physical and emotional (39.2%, n = 56), physical, sexual and emotional (30%, n = 44), while emotional abuse *per se* was lower (22.4%, n = 32).

Twenty-six percent of the victims (n = 34) reported that they were victimized physically and emotionally (n = 26, 19.3%) during their pregnancies. The victims indicated that sexual (67.2%; n = 37), physical (57.1%, n = 60) and emotional violence (73.0%; n = 108) had begun during the first 2 years of their marriage. Details of physical and emotional violence rates are demonstrated in Tables 4 and 5.

Most of the women in both groups agreed with the idea that *Husbands should not show violence against their wives* ( $p > .05$ ). However, in some conditions as follows, most of the women in victimized group agreed with the idea that a husband could show violence to his wife. For example when a wife *does not properly perform house works* [ $X^2 = 4.49$ ,  $df = 1$ ,  $p < .05$ ], when a wife is *rude to the older family members* [ $X^2 = 6.59$ ,  $df = 1$ ,  $p < .05$ ] and when a wife *does not meet the needs of children* [ $X^2 = 4.30$ ,  $df = 1$ ,  $p < .05$ ].

Most of the victims (86.6%, n = 123) did not go to the police officers because of the violence they have experienced. Seventeen (89.5%) of the women who went to the police reported that they had some difficulties during the reporting process. Twelve women (70.5%) indicated that these difficulties rose from the pressure shown by their family members or husbands. Among the women who did not report the violence to the police 93.6% (n = 88) were unemployed [ $X^2 = 11.34$ ,  $df = 1$ ,  $p < .01$ ], 77.5% women (n = 31) had already experienced violence from others [ $X^2 = 4.75$ ,  $df = 1$ ,  $p < .05$ ] and 73.2% (n = 90) women were married to husbands who did not drink alcohol [ $X^2 = 7.42$ ,  $df = 1$ ,  $p < .05$ ]. Women who had no idea about family protection law constituted 30.8% (n = 44) of the victimized participants [ $X^2 = 6.90$ ,  $df = 2$ ,  $p < .05$ ].

Due to the small sample size, only a few demographic variables which differed among two study groups at the significance level of  $p = .000$  and  $p < .01$ , were included into the logistic regression with backward elimination procedure. Accordingly, the place of residence, marital status, age at marriage, number of pregnancies, age of women and age difference between genders were put into the model. The significant variables in the last equation are presented at Table 6.

Results of regression analysis indicated that living in the city center decreased the risk of violence about 32 times (25%) than

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