

Contents lists available at ScienceDirect

Archives of Psychiatric Nursing



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The relationship between domestic violence against women and suicide risk

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ARTICLE INFO

Keywords: Suicide

Woman

Violence

ABSTRACT

Aim: The purpose of this study is to examine the relationship between domestic violence against women and suicide risk.

Methods: The population of the study consisted of married women aged 18 years and over in 10 Family Health Centers located within the boundaries of Yeşilyurt Municipality of Malatya Province. The study was completed with 1025 women. In the data collection, a 6-question questionnaire prepared by the researcher upon the literature review, Domestic Violence Scale, and Suicide Probability Scale were used. Percentage distribution, arithmetic mean, independent samples t test, and correlation were used to assess the data.

Results: In the study, it was found that domestic violence levels of the women were high and their suicide risks were moderate. A statistically positive correlation was determined between DVS subscale and total mean scores of the women and their suicide risk subscale and total mean scores (p < 0.05).

Conclusion: In the study, it was determined that as the women's exposure to domestic violence increased, their suicide risks also increased. It can be recommended to establish centers for women and organize trainings in order to prevent domestic violence and suicide risk in women.

INTRODUCTION

Domestic violence is one of major health crises in the world and in Turkey that threaten the physical and mental health (Erdoğan, Aktaş, & Onat Bayram, 2009). According to a report published by the World Health Organization (WHO) in, 2013, it is reported that the violence is mostly experienced at family environment and against women, one out of every three women in the world is exposed to physical or sexual violence or abused in another way (WHO, 2013).

In the studies conducted on domestic violence in Turkey, it has been determined that 32.4–61.4% of women are exposed to violence (Doğanavşargil & Vahip, 2007; Güler, Tel, & Tuncay, 2005; Kocacık & Doğan, 2006; Mayda & Akkuş, 2003; Naçar, Baykan, & Poyrazoğlu, 2009; Özyurt & Deveci, 2010; Şahin, Yetim, & Öyekçin, 2012; Yanikkerem & Saruhan, 2005). In the studies, when the types of violence to which women are exposed were examined, it was observed that the women were exposed mostly to physical violence with the rate of 38.3–64.8% (Doğanavşargil & Vahip, 2007; Kocacık & Doğan, 2006; Cengiz, Kanawati, Yıldız, Süzen, & Tombul, 2014; Şahin et al., 2012); and sexual violence with the rate of 6.3–36.4% (Şahin et al., 2012; Yanikkerem & Saruhan, 2005). Domestic violence against women not only affects the physical health of women but also causes the psychological problems. The most important mental problems seen in women after domestic violence are post-traumatic stress disorder, anxiety

disorder, and depression (Vahip & Doğanavşargil & Vahip, 2007; Cengiz et al., 2014). It is seen that women generally hide this situation after the violence, withdraw into themselves, and fall into depression. Women can think of suicide as an escape to get rid of this psychological situation. For this reason, it is known that women exposed to domestic violence are in a higher risk group in terms of attempting to suicide (Özyurt & Deveci, 2010; Şahin et al., 2012; Temiz et al., 2014; WHO, 2005).

According to the 2012 data of the WHO, 8 out of every 100,000 women committed suicide and ended their lives (WHO, 2012). According to the data of the Turkish Statistical Institute, 876 of 3211 suicide cases happened in 2015 were women (TUİK, 2015). In a limited number of study conducted throughout Turkey, it has been shown that suicide attempts related to family relations are higher in women (Alptekin, Duyan, & Demirel, 2006; Bağlı, 2004; Önsüz et al., 2012; Şengül, Serinken, Şengül, Bozkurt, & Korkmaz, 2008; Şenol, Ünalan, Avşaroğulları, & İkizceli, 2005; Tüzün, Polat, Vatansever, & Elmas, 2000; Yalvaç, Kaya, & Ünal, 2014).

In the study conducted by Temiz et al. with female patients whose treatment continued in psychiatric services, suicide attempt was found to be high in violence limiting the social relations (Temiz et al., 2014). In the studies conducted with married women in different provinces, it was revealed that all of the women who stated that they had attempted suicide were exposed to domestic violence, experienced domestic crisis

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https://doi.org/10.1016/j.apnu.2018.03.016

Received 7 November 2017; Received in revised form 5 January 2018; Accepted 11 March 2018 0883-9417/@ 2018 Elsevier Inc. All rights reserved.

and thus they had attempted to suicide (Özyurt & Deveci, 2010; Şahin et al., 2012; Yalvaç et al., 2014). In the study conducted by Gökalp et al., with women who were exposed to violence it was determined that the rate of suicide attempt was higher (Gökalp, Yuksel, & Kora, 1999). In the study conducted by Yaşan & Gürgen to evaluate the women who applied to a recently opened psychological counseling center, they determined that 65.4% of the women thought about suicide and/or attempted suicide at least once (Yaşan & Gürgen, 2004). Studies on violence against women abroad indicate that the rate of suicidal tendency is higher among women exposed to violence (Yang, Yang, & Chang, 2006; Tadegge, 2008; Hassanian-Moghaddam, Zamani, & Sarjami, 2016; Kuhlman, Wolford- Clevenger, Faulk, D'Amato, & Granato, 2016).

Since there is a limited number of studies investigating suicide risks as a serious outcome of violence against women in Turkey, the aim of this study was to examine the relationship between violence against women and suicide risk.

In the study, the answers to the following questions were sought:

- Is there a relationship between the descriptive characteristics (age, duration of marriage, number of children, marriage type, income status, and age of the husband) and domestic violence in married women?
- Is there a relationship between the descriptive characteristics (age, duration of marriage, number of children, marriage type, income status, and age of the husband) and suicide risk in married women?
- Is there a relationship between domestic violence and suicide risk in married women?

MATERIAL/METHODS

DESIGN OF THE STUDY

This was conducted as a correlational descriptive study.

LOCATION AND TIME OF THE STUDY

The study was carried out between March 2017 and November 2017 in 3 Family Health Center regions affiliated with Yeşilyurt Municipality of Malatya Province.

THE POPULATION AND SAMPLE SELECTION OF THE STUDY

The population of the study consisted of married women aged 18 years and over in 10 Family Health Centers located within the boundaries of Yeşilyurt Municipality of Malatya Province. For the sample of the study, 3 Family Health Centers were determined among 10 Family Health Centers according to population density by the method of drawing. There are a total of 10,000 married women aged 18 years and over registered in 3 Family Health Centers. The sample size for the study was determined as 1000 married women as a result of the power analysis made at significance level of 0.05 and confidence interval of 0.95. The researchers reached up to 1050 married women. However, the study was completed with 1025 women because 25 women could not answer the questions completely. The names of married women in Family Health Centers were listed and selected by using simple random sampling method.

EXCLUSION CRITERIA OF THE STUDY

Having a disability to disrupt communication and having a mental disability.

DATA COLLECTION TOOLS

In the data collection, a 6-question questionnaire prepared by the

researcher upon the literature review, Domestic Violence Scale (DVS), and suicide probability scale were used

DOMESTIC VIOLENCE SCALE (DVS)

The Turkish validity and reliability study of the 30-question questionnaire prepared by Çetiner (2006) to determine the degree and types of violence in the family was conducted by İdiz in 2009 (Çetiner, 2006; İdiz, 2009). The Cronbach's Alpha coefficient of the scale was found as 0.95. The participants reported how often they experience the items mentioned in the Domestic Violence Scale (DVS) in 5-point Likert-type scale. In this scale, 1 signifies "never", 2 signifies "rarely", 3 signifies "sometimes", 4 signifies "usually" and 5 refers to "always". There is no reverse scored item in this scale. The scale has a total of 5 subscales as physical violence, verbal violence, sexual violence, emotional violence, and economic violence (Çetiner, 2006; İdiz, 2009). In the study, the Cronbach's alpha coefficient was found as 0.92. Scale point average varies between 30 and 150 points. High scores of the scale signify that domestic violence is high.

SUICIDE PROBABILITY SCALE

The scale developed by Cull and Gill (1982) to measure the probability of suicide is a 5-point Likert-type scale with 36 items (Cull & Gill, 1982). The Turkish reliability and validity study of the scale was conducted by Tuğcu in 1996 (Tuğcu, 1996). The scale has 4 subscales. These are "Hopelessness" (HP) including 12 items, "Suicide Ideation" (SI) including 8 items; "Negative Self-Evaluation" (NSE) including 9 items; "Hostility" (HS) including 7 items, respectively. The Cronbach's alpha coefficient of the scale is 0.98. In the study, Cronbach's alpha coefficient of the scale was determined as 0.95. While the highest score of the scale is 147, the lowest score is 31. The high scores on the scale signify that the probability of suicide is high.

DATA COLLECTION

The data were collected between March 2017 and November 2017. The data were collected by the research through face-to-face interview with the married women, registered at Family Health Centers, during home visits. It took approximately 15–20 min to apply the data collection form. Questions that women do not understand are explained without adding any comment.

THE ETHICAL PRINCIPLES OF THE STUDY

In order to conduct the study, approval was obtained from the Ethics Committee of the Inönü University Faculty of Health Sciences (2017/19-7) and legal permissions were obtained from the related institutions. The women included in the study were informed about the purpose of the study and their questions were answered. The women were informed about that the information they provide would be confidential, not be used elsewhere and that they have the right to withdraw from the study anytime they want.

ASSESSMENT OF THE STUDY DATA

The data obtained from the study were evaluated by using SPSS 18 statistical package program. Percentage distribution, arithmetic mean, *t*-test in independent groups and Correlation were used to assess the data.

RESULTS

It was found that 39.3% of the women who participated in the study were in the age range of 29–39 years, 26.7% were married for

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