

The frequency of violence against women and the factors affecting this: a study on women who applied to two primary health care centers

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Summary

Gender-based violence is being increasingly recognized as a major public health concern and a violation of basic human rights. This is not only a social problem but also a significant burden on the public health. We have determined the frequency of and factors affecting the violence against women in Konya in this study. This descriptive study was carried out at two primary health care units selected randomly between 15th January and 15th February 2005. We evaluated domestic violence among 405 cases. Women were asked about their socio-demographic characteristics and experiences about violence. The median age of the respondents was 32.0 (15-77) years. Eighty four (20.7%) of the women experienced violence at least once in their life. Low economic position was a significant factor contributing to the increase in violence against women ($p=0.004$). Whilst low education levels of husbands ($p=0.040$) and mothers ($p=0.002$) and high numbers of sibling ($p=0.032$) were significantly associated with violence, the woman's own education level was not a significant factor ($p=0.850$). The following feelings were statistically significant among battered women: disappointment with marriage ($p<0.001$), suicide idea ($p<0.001$), leaving home ($p<0.001$) and feeling insecure ($p<0.001$). Consequently, low economic position, low education levels of husbands and mothers and high numbers of offspring have been found as risk factors among battered women.

Key words: Domestic violence, psychological abuse, violence against woman

Özet

Kadına yönelik şiddet sıklığı ve bunu etkileyen faktörler: iki sağlık ocağına müracaat eden kadınlarda yapılan bir çalışma

Cinsiyete dayalı şiddet giderek artan bir hızda büyük bir halk sağlığı problemi ve insan haklarının ihlali olarak tanımlanmaktadır. Bu sadece sosyal bir problem değil, aynı zamanda toplum sağlığı açısından da önemli bir sorundur. Bu çalışmada Konya'da kadına yönelik şiddet sıklığı ve etkileyen faktörleri araştırdık. Tanımlayıcı tipte olan bu çalışma 15 Ocak-15 Şubat 2005 tarihlerinde randomize olarak seçilen 2 sağlık ocağında yapıldı. Aile içi şiddet 405 olguda değerlendirildi. Kadınlara sosyodemografik özellikleri ve şiddetle ilgili deneyimleri soruldu. Katılanların ortalama yaş değeri 32 (15-77) yıl idi. Kadınların 84'ü (%20.7) hayatları boyunca en az bir kez şiddete maruz kalmışlardı. Ekonomik seviyenin düşük olması kadına yönelik şiddeti artırıcı anlamlı bir faktördü ($p=0.004$). Eşlerin ($p=0.040$) ve annelerin ($p=0.002$) eğitim düzeyinin düşük olması ve kardeş sayısının fazlalığı ($p=0.032$) kadına karşı şiddette önemli iken, kadının kendi eğitim düzeyi anlamlı bir faktör değildi ($p=0.850$). Şiddete maruz kalan kadınlar arasında aşağıdaki duygulanımlar istatistiksel olarak anlamlı idi: evlilikten umduğunu bulamama ($p<0.001$), intihar düşüncesi ($p<0.001$), evi terk etme ($p<0.001$) ve kendini güvende hissetmeme ($p<0.001$). Sonuç olarak ekonomik durumun, eşlerin ve annelerin eğitim düzeyinin düşük olması ve çocuk sayısının fazlalığı şiddete maruz kalan kadınlarda risk faktörleri olarak bulundu.

Anahtar kelimeler: Aile içi şiddet, psikolojik suistimal, kadına yönelik şiddet

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Introduction

Domestic violence, also called intimate partner violence (IPV), spouse abuse or battering, is a pattern of behaviors manifested primarily against women by an intimate partner or spouse, usually male. The behaviors include physical and sexual violence, emotional abuse

and neglect, threats and spontaneous behaviors (1).

Around the world at least one woman in every three is battered, coerced into sex, or otherwise abused in her lifetime. Mostly, the abuser is a member of her own family. Increasingly gender-based violence is recognized as a major public health concern and a violation of human rights (2).

In the last two decades, many in the medical professional have become increasingly aware that domestic violence is not only a social problem but also a significant burden on the public health system (3). Amnesty International describes violence against women as "today's most pervasive human rights challenge". Studies have reported that abused women have poorer physical and mental health status than non-abused women (4).

Violence against women has become a research priority for a wide variety of disciplines because of its broad scope and negative health consequences for its victims (5). Despite growing support and recommendations for domestic violence screening, most physicians do not screen their patients. Recent studies found that only one physician in ten asked patients about domestic violence, and only one third of managed care organizations had policies, guidelines, or materials on scanning for domestic violence. Despite the lower scanning rates and potentially inhibiting beliefs regarding domestic violence, the great majority of physicians believe that domestic violence intervention is an essential part of their role. More and more evidence is accumulating to support scanning practices for domestic violence. In addition, studies have suggested that scanning for partner abuse can be a powerful intervention in and of itself. Direct asking in a nonjudgmental, compassionate manner could facilitate patient-physician communication about the abuse, create openings for future disclosure, and send the message to the public and to victims that violence is wrong and help is available (6).

Interpersonal violence, especially spousal violence, remains hidden and underreported least because it occurs within the family, precisely the institution that is conventionally assumed to be driven by altruism, and instrumental in enhancing rather than diminishing human well-being. Worldwide, IPV by husbands against wives is estimated to range from 25% to 54%. Psychological abuse is even more common, and often, physical, psychological, and sexual abuse overlap (7).

Understanding the causes of IPV is substantially more difficult than studying a disease. For example, diseases usually have a biological basis and occur within a social context, but IPV is entirely a product of its social

context (8).

In the cycle of violence, victims of partner abuse will often be told (by the batterer) that the violence is their fault or that they have somehow provoked the violence through an offensive action or inaction (9).

Although IPV is known to occur among all social classes, individuals from lower socio-economic status (SES) strata may have greater exposure to childhood violence, have higher rates of depression, experience more alcohol-related problems, have poorer coping mechanism, and more commonly endorse the use physical aggression as a tactic in marital disputes (10).

In this study, we aimed to evaluate the frequency of the violence against women and the factors affecting this.

Material and Methods

With the aim of examining the prevalence and affecting factors of domestic violence, this descriptive study was conducted between 15th January and 15th February 2005, in Konya, a metropole city of Turkey. By the permission of the Provincial Health Administration, two primary health care units were selected randomly. This study included 405 women who were at the age 15 and over and who applied to these primary health care units with any complaints during this period. Informed consent was obtained before recruitment. Those who were not willing to take part and refused were excluded. A questionnaire was applied in the private rooms of the primary health care units. In our country, 15 years old is regarded as the beginning of the fertility period, so we selected women whose ages were 15 years and over. We conducted the study with the respondents at busy hours every day and face-to-face interviews were carried out. In the questionnaire, characteristics such as age, native place, living place, occupation, education, income, marital status, demographics of husbands, features of their marriage and their family were asked. These characteristics are the factors affecting the violence among women. Moreover, they were asked whether they were exposed to violence, the type, frequency and cause of the violence and how long it lasted. The battering status of women is the result. Violence experiences during their childhood, pregnancy and at present were asked. Domestic violence was defined as psychological abuse by an intimate partner or another person from their families (father, mother, siblings, parents-in-law, and siblings-in-law). The demographics of perpetrators and their perception of violence were examined by using open ended questions. Additionally, the questions about finding expectations

from marriage, idea of committing suicide or leaving home, any corporation to help and feeling security at home or not were asked.

The SPSS 13.0 statistical software package was used in data entry and analysis. The statistical analysis and evaluations were carried out by the authors. The variables were described by median, frequency and range. To compare the statistical significance between groups, chi-square test was used. Statistical significance was defined as $p < 0.05$.

Results

Characteristics of the women

The median age of respondents was 32.0 years (ranged 15-77). Sociodemographic features of women with or without violence exposure are shown in Table I. Throughout their life time, 20.7% (n=84) of the reported women experienced violence at least once. Birth place of the most respondents (70.6%, n=286) was Konya, and 70.4% (n=285) were living in the city since their childhood. The percentage of housewives was 95.8% (n=388), 88.6% (n=359) were never occupied, 8.9% (n=36) had a work in the past. Eighty eight of them (21.7%) were illiterate, 22 (5.4%) were literate, 257 (63.5%) had primary school education, and only 5 (1.2%) had university degree.

Mostly, women were coming from large families and the number of siblings was 1 to 3 in 13.8% (n=56), 4 to 6 in 51.4% (n=208), 7-9 in 26.7% (n=108), 10 and above in 8.1% (n=33), respectively. Of the total subjects, 61.5% (n=249) described their economic status as normal, while 22.2% (n=90) defined as bad, and 16.3% (n=66) defined as good. However, more than half (53.1%, n=215) were in debt. One point seven percent (n=7) of the women were divorced and 8.1% (n=33) had never married, 84.9% (n=344) married and 5.2% (n=21) reported being a widow. Almost all of them (97.9%, n=334) had civil marriage, 247 (71.8%) married traditionally, and of 96.2% (n=331) was the first marriage. The duration of the marriage was 0-4 years (20.1%, n=69), 5-9 years (19.5%, n=67), 10-14 years (16.6%, n=57), 15-19 years (12.5%, n=43), and 20 years and above (31.4%, n=108), respectively. While 68.6% (n=236) married women reported that they had nuclear families, 30.2% (n=104) had large families, and 1.2% (n=4) family was dispersed.

In this study, the age distribution, birth place, living place, occupation, social security, education, marital status, civil marriage, husband jobs, duration of marriage, ways of marriage, number of marriage, type of family, father's education and job, migration, and contribution to family income were not significantly higher among

Table I. Sociodemographic characteristics of abused and non-abused women

	Abused women (%) (n=84)	Non-abused women (%) (n=321)	p value
Age (years)			
15-24	19.0	28.3	
25-34	40.5	28.7	0.208
35 and over	40.5	43.0	
Birth place			
In Konya	65.5	72.0	
Out of Konya	34.5	28.0	0.304
Living place			
City and country	77.4	83.2	
Village	22.6	16.8	0.284
Occupation			
Housewife	98.8	95.0	
Working	1.2	5.0	0.217
Social security			
Yes	77.4	81.3	
No	22.6	18.7	0.513
Education			
Uneducated	28.6	26.8	
Educated	71.4	73.2	0.850
Economic status			
Good	10.7	17.8	
Moderate	53.6	63.6	
Bad	35.7	18.6	0.004
Debtor			
Yes	59.5	51.4	
No	40.5	48.6	0.184

to be continued

continuing	Abused women (%) (n=84)	Non-abused women (%) (n=321)	p value
Marital status			
Married	97.6	90.3	0.052
Single	2.4	9.7	
Civil marriage			
Yes	83.3	82.2	0.205
No	6.0	2.5	
Divorced/widowed	10.7	15.3	
Husbands' occupational status			
Yes	92.0	94.8	0.400
No	8.0	5.2	
Husbands' education			
Uneducated	13.3	5.5	0.040
Educated	86.7	94.5	
Duration of marriage			
1-9 years	38.1	32.7	0.227
10-19 years	28.6	23.7	
20 years and above	33.3	43.6	
Way of marriage			
Traditionally	79.5	71.0	0.176
Being in love	20.5	29.0	
Number of marriage			
One	91.7	86.3	0.141
Two	4.8	3.4	
Number of siblings			
1-3 sibling	6.0	15.9	0.032
4-14 sibling	94.0	84.1	
Type of family			
Nuclear	65.5	68.5	0.523
Disperse	3.6	1.6	
Wide	31.0	29.9	
Fathers' education			
Uneducated	34.5	29.6	0.460
Educated	65.5	70.4	
Mothers' education			
Uneducated	81.0	62.3	0.002
Educated	19.0	37.7	
Fathers' job			
Yes	89.3	92.5	0.458
No	10.7	7.5	
Migration			
Yes	21.4	15.6	0.265
No	78.6	84.4	
Contribution to family income			
Yes	28.6	23.1	0.364
No	71.4	76.9	
Number of children			
1-3	96.3	87.1	0.031^a
4-6	3.7	12.9	

Chi-square or Fisher exact test were used.

a: There was no significant ($p=0.201$) relation between the number of children and being exposed to violence when the duration of marriage (1-9 years and 10 years and over) was used as a control variable

battered women. Economic status was a contributing factor to violence in this study, too ($p=0.004$). While women ($p=0.850$) and her fathers' education ($p=0.460$) were not significant factors, her mothers' ($p=0.002$) and husbands' education ($p=0.040$) were considerable effective factors on violence. Presence of childhood abuse was found to be significantly higher among battered women in this study as a contributing

factor to violence ($p<0.001$). Being exposed to violence was significantly higher ($p=0.032$) among the women who had 4 and more siblings. Violence among the women with 1-3 children was considerably higher compared to the women with 4-6 children. This result may be related with another variable such as the duration of marriage. However, there was no significant ($p=0.201$) relation between the number of children and

being exposed to violence when the duration of marriage (1-9 years, 10 years and over) was used as a control variable.

Contributing factors and outcomes of violence among women

Contributing factors and outcomes of violence among women can be seen in Table II. Of all married respondents, 68.6% (n=236) said that they could not find the expectations related love, respect, security, money etc. that they hoped before marriage. Most of the violence victims (81.0%, n=68) were abused after their marriage. The frequency of violence among perpetrated women was respectively as; every day (36.9%, n=31), once a week (13.1%, n=11), once a month (19.0%, n=16) and different times (31.0%, n=26).

Canada, 25% in England, 28% in Korea, 35% in Egypt, 32% in Israel, and 41% in Uganda (13,14). In a study of Mayda and Akkuş, in Düzce, Turkey, physical violence prevalence was 39.7% (14). These different percentages can be attributed to the study management. Because measurement of social conditions thought to be risk factors, such as the status of women, gender norms, and socioeconomic status poses difficulties, especially across cultures. Although a consensus has emerged on the need to explore male and female factors and aspects of the dynamics of relationships, this has been focused in very few studies. Additionally, the validity of research on sensitive topics is dependent on the context of the interview and good interviewer training (8). We

Table II. Factors affecting and outcomes of violence among the abused women

	Abused women (%) (n=84)	Non-abused women (%) (n=321)	p value
Finding expectations from marriage			
Yes	18.3	81.4	<0.001
No	81.7	18.6	
Idea of suicide			
Yes	57.1	14.6	<0.001
No	42.9	85.4	
Leaving home			
Yes	40.5	5.6	<0.001
No	59.5	94.4	
Receiving any help			
Yes	29.8	5.6	<0.001
No	70.2	94.4	
Feeling in security			
Yes	81.0	98.8	<0.001
No	14.3	1.2	
Sometimes	4.7	0.0	

Chi-square or Fisher exact test were used

In this study, disappointment of marriage (p<0.001), idea of suicide (p<0.001), leaving home (p<0.001) and not feeling security (p<0.001) were statistically higher among battered women.

Discussion

Worldwide, physical violence by husbands against wives is estimated to range from 10% to 50%. In our study, throughout their lives, 20.7% (n=84) of the women experienced violence at least once. Psychological abuse is even more common, and often, physical, psychological, and sexual abuse overlap (7). The life time prevalence of physical IPV alone was 13.3% and the prevalence of psychological IPV alone was 12.1% (11). Nationwide representative surveys of couples in the United States indicate 15-20% of dyads experience an incident of IPV each year (12). The prevalence of physical violence against women by an intimate or former partner was found as 29% in

encountered with the women for the first time, and asked questions about their private lives. In other conditions, we may find higher prevalence of violence.

In this study, the age distribution, birth place, living place, occupation, social security, education, marital status, civil marriage, husband's job, duration of marriage, way of marriage, number of marriage, type of family, father's education and job, migration and contribution to family income were not effective factors on violence (p>0.05). With the exception of men power, most demographic and social characteristics of men and women documented in this research are not associated with increased risk of IPV. For example age has occasionally been noted to be a risk factor for such violence, with a greater risk attached to youth, but in most researches a relation with the age of either partner has not been observed. Most household characteristics are not associated with intimate partner violence. These characteristics include living in large or crowded homes

and living with in-laws. Similarly, urban or rural residences are not factors (8).

Economic status was a contributing factor to violence in this study ($p < 0.05$). While women and their father's education were not significant factors ($p > 0.05$), their mothers' and husbands' education were apparent contributing factors to violence ($p < 0.05$). Cunradi et al. have reported that low SES links with increased risk of IPV and low income makes a greater contribution to the probability of IPV than education or employment status category (10). The same investigators found that annual household income had the greatest relative influence on the probability of partner violence (10). Unfortunately, these results may show the ineffectiveness of the women's status and the greater effect of mother in traditional learning than father. As can be seen in this study and other studies, violence against women is related to the subcomponents of SES such as low economic status, low education level and having multiple siblings.

Unlike many health problems, there are few social and demographic characteristics that define risk groups for IPV. Power is the exception and increases risk through effects on conflict, women's power and male identity. Violence is used as a strategy in conflict. Relationships full of conflict and especially those in which conflicts occur about finances, jealousy, and women's gender role transgressions are more violent than peaceful relationships. Heavy alcohol consumption also increases the risk of violence. Women who are more improved educationally, economically, and socially are most protected, but below this high level, the relation between empowerment and risk of violence is non-linear. Violence is frequently used to resolve a crisis of male identity, at times caused by poverty or an inability to control women. Risk of violence is the greatest in societies where the use of violence in many situations is a socially accepted norm (8).

Although partner abuse does not exclusively involve abusing of women by men, clearly being female is a risk factor for becoming a victim of partner abuse (9). Perpetrators were husbands in 77.4% of the violence events in this study. The main factors contributing to violence like husbands' education and economic status may be the result of being a traditional family. Ninety five point eight percent ($n=388$) of women were housewives. Of the women, 88.6% were never occupied, 8.9% had a work in the past, and only 2.5% was working then. These results are similar to the results of Mayda and Akkuş. They reported that the absence of physical violence at home was significantly related to

the formal education of the husband compared to the education of women (14).

Gerbert et al. have stated that women make an estimated 694.000 visits to the healthcare institution per year as a result of injuries due to physical assault, most of which are related to domestic violence. The prevalence of domestic violence in primary care patients ranges from 8% to 14%. In addition to death and immediate trauma, domestic violence results in a number of chronic health problems, including chronic pain in any organ systems, depression, anxiety, alcohol and substance abuse (6).

In a study of Castro et al. 29.2% of women in California and 24.5% of women in Morelos reported at least one episode of violence during pregnancy (5). Mayda and Akkuş found 5.1% prevalence rate for experienced physical violence during marriage on 653 pregnant women (15).

Most women want the violence to stop but do not want to end the relationship. Major reasons why women stay while they are able to leave include: the perception that the violence is her fault; shame and denial; religious or cultural beliefs that such behavior must be endured to preserve the marriage or family. The welfare of any children is paramount and women often lack the financial means to support their children alone, or fear reprisal if they leave their partner. In fact, women are at much greater risk of serious violence if they indicate to the abuser that they intend to leave, so such fears are warranted (1).

In this study, the percentage of leaving home, idea of suicide, not finding expectations from marriage, not receiving any help was significantly higher among abused women compared to non-abused women ($p < 0.001$). Besides, abused women felt themselves in security less than the other group ($p < 0.001$).

Many researchers have discussed IPV as a learned social behavior for both men and women. The inter-generational cycling of violence has been documented in many settings. The sons of women who are battered in their childhood are more likely to batter their intimate partners. The daughters of women who are beaten are more likely to be beaten as adult (16). Women who are beaten in childhood by parents are also more likely to be abused by intimate partners as adults. Experiences of violence at home in childhood teach children that violence is normal in certain settings. In this way, men learn to use violence and women learn to tolerate it or at least tolerate aggressive behavior (8).

Limitations: The study samples comprised a group of women sharing their experiences. These results can not

reflect the whole society as it was carried out on the women who applied to two primary care units only in a month. All these results may differ from the others. The self-report design also warrants consideration. Fear of alienating or offending the woman are common concerns of medical professionals like us. We did not include the information except for education level and employment in our questionnaire. Inquiring the components such as abusing alcohol, tendency to crime, having been sentenced or not, defect in controlling impulse, using violence in other settings or not could have been more helpful to establish the settings where violence takes place. These points should be taken into consideration for the further studies.

Violence against women is one of the most major public health problems worldwide. Because of its social conditions and effects, this problem is becoming greater and greater. We believe that violence is a threat for each member of the family, for each family of society, and for each society of the world. Increasing the education level, thus improving the financial status are fundamental undertakings that can reduce violence against women both in childhood and adulthood.

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