

# Married Adult's Attitude Towards Domestic Violence: Turkish Experience

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## ABSTRACT

**Introduction:** Domestic violence (DV) is a global problem with drastic effects on social life, representing a public health problem. The aim of this study is to evaluate the attitudes of married women and men towards DV in Turkey.

**Method:** Attitude questions were directed to a group of male and female married individuals as a part of the Turkish Demographic and Health Survey (TDHS) in 1998. Participants were asked to express their opinions and attitudes about certain pre-determined scenarios, in an effort to ascertain whether violence against married women is justified or not by these individuals.

**Results:** The TDHS 1998 included 5893 married women and 1971 married men. DV was approved by 50.7% and 56.9% of the married women and men, respectively. Approval rates of DV for any reason were highest among the youngest group of married individuals (male and female) and among the oldest married men. In addition, there was higher rate of approval for DV among married women from central and eastern Turkey, and from married men from eastern and southern Turkey. Higher level of education was associated with less approval for married men and women. Certain expressed views on social norms were associated with a significantly higher rate of approval for DV among married men and women.

**Conclusion:** This study underscores the need for adequately identifying and assessing DV in Turkey. The victim blaming attitudes were common. Determining an individual's disposition to commit DV by health care professionals would allow proactive preventive measures to be taken and to assess the risk level. This also will help sensitize the concerned agencies to implement and impose the necessary laws related to DV.

**Key words:** Domestic violence, victim blaming attitude, married adult

## EVLİ YETİŞKİNLERİN AİLE İÇİ ŞİDDETE YÖNELİK TUTUMU: TÜRKİYE DENEYİMİ

### ÖZET

**Giriş:** Aile içi şiddet (AİŞ), sosyal hayat üzerinde ciddi etkileri olan küresel bir halk sağlığı sorunudur. Çalışmanın amacı Türkiye'de evli kadın ve erkeklerin AİŞ'ye yönelik tutumlarını değerlendirmektir.

**Yöntem:** Tutum soruları, 1998'de yapılan Türkiye Nüfus ve Sağlık Araştırması (TNSA) kapsamında evli erkek ve kadınlara yöneltildi. Katılımcılara önceden belirlenmiş senaryolar üzerinden evli kadına yönelik şiddeti onaylayıp onaylamadıkları soruldu.

**Bulgular:** TNSA 1998, 5893 evli kadın ve 1971 evli erkeğin verilerini içeriyordu. AİŞ, evli kadınların % 50.7'si, evli erkeklerin % 56.9'u tarafından onaylandı. AİŞ senaryolarından herhangi birini en yüksek oranda onaylayanlar, evli bireylerin (erkek ve kadın) en genç grubunda olanlar ve evli erkeklerin en yaşlı grubunda olanlardı. Türkiye'nin orta ve doğusundan evli kadınlar, doğu ve güneyinden evli erkekler AİŞ'yi daha yüksek oranda onayladılar. Daha yüksek eğitim düzeyindeki evli erkek ve kadınlar, AİŞ'yi daha az oranda onayladılar. Sosyal normları benimsediğini ifade eden evli erkek ve kadınlar AİŞ'yi anlamlı olarak daha yüksek oranda onayladılar.

**Sonuç:** Bu çalışma, Türkiye'de AİŞ'nin belirlenmesi ve değerlendirilmesi gereğinin altını çizmektedir. Kurbanı suçlayan tutum yaygındır. AİŞ'e ele alınırken sağlık profesyonellerinin bireysel duruşunun netleşmesi, proaktif önlemler alınmasına ve risk düzeyi değerlendirilmesine olanak sağlayabilir. Çalışma aynı zamanda AİŞ ile ilgili gerekli yasaları yapıp uygulayacak kurumların duyarlılaşmasına yardımcı olabilir.

**Anahtar sözcükler:** Aile içi şiddet, kurbanı suçlayan tutum, evli yetişkin

**D**omestic violence (DV), a global problem with drastic effects on social life, in our view may well be regarded as a public health problem. Previous studies have clearly established the devastating psychological effects of physical abuse on women including depression, anxiety, somatization disorder, and suicide (1,2). DV is a serious public health problem in Turkey with high rates of intimate partner violence (3-5). Understanding beliefs and attitudes of adult men and women regarding DV is an important step to alleviate the associated consequences. The present study was designed to highlight the situations leading to rationalization of DV by married adults and factors affecting the justification process.

## Method

Raw data used for this study was abstracted from the Turkish Demographic and Health Survey (TDHS). Pre-structured questionnaires focusing on approval of DV in certain situations or scenarios were used to elicit answers from 5893 married women and 1971 married men. The age range was 15-49 years among married women and 15-89 years among married men. The study design was based on multi-stage cluster sampling, using strata for rural and urban areas and from different regions of Turkey. A standardized questionnaire was administered by interviewers. Data on attitudes towards DV were included in this study. (Hacettepe University Institute of Population Studies database usage permission number: 2010-05)

Turkish Demographic and Health Survey was initiated in 1993 and further data collections were done in 1998, 2003, 2008 and 2013. However, in only 1998 version attitude questions were directed to both sexes. Therefore, data from 1998 version were used in this study.

### Main outcome measures

To obtain data reflecting the level of acceptance of DV by married women and men, respondents were asked the following question: "A woman can make things that may annoy her husband or make him angry. Now I will describe certain situations. Can you please tell me if the husband can be considered to have the right to beat his wife in those situations?" The six scenarios presented to the respondents for their opinions were: 1. "If wife burns the food", 2. "If wife refuses to have sexual intercourse", 3. "If wife spends the money needlessly", 4. "If wife neglects the care of children", 5. "If wife talks with other men" and 6. "If wife argues with the husband". Information was collected from all married women and men. Agree coded as 1, disagree coded as 2. A binary outcome variable was created for acceptance of

DV which was coded as '1' if the respondent did not agree with any of the situations and coded as '2' if the respondent agreed with at least one situation.

Demography was assessed using the following indicators: married women (divided into age groups of 5-year intervals), married men (divided into age groups of 5-year intervals), geographical region (west, south, central, north, east), place of residence (urban or rural area), childhood place of residence (city, town, countryside, abroad), education (no education, primary, secondary or higher).

Respondents were also inquired in the following manner for their views about social norms: "Now I will read you a few sentences. I would like to learn your opinion on the views expressed in these sentences. Do you think they are right or wrong?" 1. "The important decisions in the family should be made by the male family members," 2. "Men are usually wiser than women," 3. "A woman should not argue with her husband even if she does not share the same views with him," 4. "It is always better for the male child to have education than the female child". Information was collected from all married women and men.

### Statistical analyses

The SPSS statistical package (version 16.0) was used for statistical analysis. The distribution of data was expressed as frequencies and percentages. For analyzing contingency tables of categorical variables, Pearson's chi-squared test was used. A  $p$  value of less than 0.05 was accepted as statistically significant.

## Results

This questionnaire study included a total of 5893 married women and 1971 married men. Table 1 demonstrates the approval rates for individual scenarios. The rate of approval among-married females towards beating women for any reason cited in the questionnaire was 50.7% as compared to 56.9% among married-men (Table 1), the difference being statistically significant ( $p=0.004$ ).

Table 2 demonstrates the approval rates of violence against women for any reason among the age groups. As can be seen from the table, a significantly higher proportion of married women between 15-19 years of age approved domestic violence under certain circumstances (66.2%) ( $p=0.01$ ). No difference in approval rates were noted between age groups among male study participants ( $p=0.42$ ).

**Table 1.** Married adults' attitude towards domestic violence

<i>Scenarios (has the right for beating wife if she....)</i>	<i>Approval rate</i>	
	<i>Females % (n)</i>	<i>Males % (n)</i>
Burning the food	7.7 (453)	5.0 (98)
Refusing to have sexual intercourse	17.4 (1020)	15.7 (309)
Spending the money needlessly	23.1 (1359)	16.9 (332)
Neglecting the care of children	24.8 (1458)	23.0 (452)
Talking with other men	25.2 (1479)	37.3 (732)
Arguing with the husband	36.5 (2148)	37.4 (734)
Approval of beating for at least one reason	50.7 (2989)	56.9 (1122)

**Table 2.** Distribution of the approval rates of violence against women for any reason by sociodemographic parameters

<i>Age groups</i>	<i>Approval rate</i>	
	<i>Females % (n)</i>	<i>Males % (n)</i>
15-19	66.2 (176)	100.0 (3)
20-24	50.9 (464)	62.9 (66)
25-29	47.9 (560)	62.7 (197)
30-34	47.4 (512)	55.2 (200)
35-39	49.2 (512)	54.1 (198)
40-44	53.8 (432)	53.5 (184)
45-49	53.4 (333)	52.2 (128)
50>	0 (0)	62.9 (146)
<b>Place of residence</b>		
Urban	44.6 (1768)	51.3 (673)
Rural	63.4 (1221)	68.1 (449)
<b>Childhood place of residence</b>		
City	34.8 (476)	46.6 (174)
Town	44.5 (531)	51.1 (208)
Countryside	60.2 (1961)	62.8 (736)
Abroad	27.1 (19)	11.8 (2)
<b>Education</b>		
No education	69.3 (936)	78.5 (106)
Primary	55.3 (1827)	70.4 (651)
Secondary	22.1 (219)	48.6 (327)
Higher	2.8 (7)	16.0 (38)
Total	50.7 (2989)	56.9 (1122)

The approval rate of violence against women among married women residing in rural areas was statistically higher than those residing in urban locations (63.4% vs. 44.6%,  $p < 0.001$ ). Married women who had their childhood in the countryside were more likely to show approval for violence as well (60.2%) ( $p = 0.021$ ).

There was also a higher approval of violence among married men living in rural areas as compared to their counterparts residing in urban areas (68.1% vs. 51.3%,  $p < 0.001$ ). Similar to the observations among women, married men who had spent their childhood in the countryside showed a significantly higher rate of approval for domestic violence (62.8%)

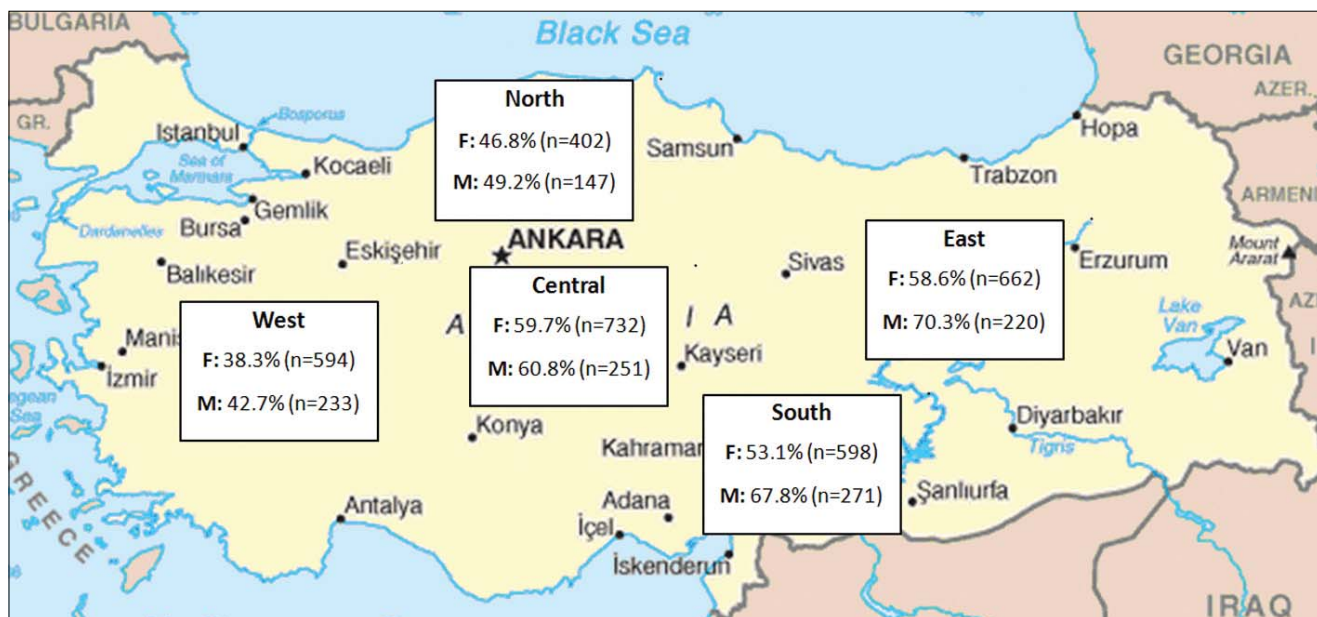


Figure 1. Map showing the geographical distribution of the approval rates for violence against women.

Table 3. Married adults' attitudes towards domestic violence according to certain social views.

View	Females Approval rates for DV			Males Approval rates for DV		
	No	Yes*	p	No	Yes*	P
Important decisions in the family should be made by the male family members	24.4%	75.6%	<0.001	26.1%	73.9%	<0.001
Men are usually wiser than women	22.1%	77.9%	<0.001	24.8%	75.2%	<0.001
Women should not argue with her husband even if she does not share the same views	30.7%	69.3%	<0.001	28.7%	71.3%	<0.001
It is always better for the male child to have education than the female child	21.8%	78.2%	<0.001	18.4%	81.6%	<0.001

\*Yes denotes that the subject shares the belief

(p=0.011). Both in men and women, lower education level was associated with a tendency for higher approval rate.

The distribution of the approval rates for violence against women in different geographical locations is shown on a map in Figure 1.

**(Central:** Cankiri, Corum, Yozgat, Tokat, Amasya, Bilecik, Eskisehir, Usak, Kutahya, Afyon, Ankara, Kirsehir, Nevsehir, Bolu, Konya, Kayseri, Nigde, Aksaray, Karaman, Kirikkale.

**East:** Mardin, Diyarbakir, Siirt, Hakkari, Bitlis, Van, Batman, Sirnak, Kars, Bingol, Agri, Mus, Erzurum, Ardahan, Igdir, Urfa, Malatya, Adiyaman, K.Maras, Sivas, Tunceli, Elazig, Erzincan, Gumushane, Bayburt.

**South:** Mugla, Burdur, Isparta, Antalya, Hatay, Adana, Icel, Gaziantep.

**North:** Trabzon, Rize, Giresun, Ordu, Artvin, Samsun, Kastamonu, Zonguldak, Sinop, Bartin. **West:** Edirne, Istanbul, Kirklareli, Tekirdag, Balikesir, Kocaeli, Sakarya, Canakkale, Bursa, Izmir, Denizli, Manisa, Aydin.)

The approval rate of violence against women among married women residing in Central (59.7%) and Eastern (58.6%) Turkey was higher as compared to other geographical locations. On the other, higher approval rates among men were observed in Eastern (70.3%) and Southern (67.8%) Turkey.

Married women and men who agreed with the views that "important decisions are given by men"; "men are wiser, women should not argue with men"; and "better for male child to have education than female child" were

significantly more likely to approve violence against women ( $p < 0.001$ , for both) (Table 3).

## Conclusions

Violence against women is internationally recognized as a violation of the human rights. Higher tolerance towards DV in a society implies less freedom, power and autonomy for women. Our results point out to the effect of victim blaming in Turkey, as reflected by the responses to the scenarios presented.

It was found that nearly half of the women (47.7%) report partner abuse, albeit without any apparent reaction to it (6). The higher approval rate of married men for DV probably reflects the fact that violence acts as a form of communication in the family.

Previously reported approval rates of violence against women was 29% in Nepal, 57% in India (women only), 26% in Kazakhstan (men only), and men were significantly more likely to justify wife beating in Armenia, Nepal and Turkey (7). Similar to the abovementioned findings and contrary to reports from Sub-Saharan African countries(8), in our study women were less likely to justify DV. The justification of violence by women is associated with higher rates of husband violence in societies (9).

Being raised in families where violent acts are routinely committed can also be associated with higher women approval of violence. In turn, by approving violence and by committing violence against their own children, women may contribute to the vicious cycle in a given society, helping normalize the violence (9).

Although age has been put forward as a risk factor for DV with a greater risk attached to younger individuals, most studies failed to detect a clear association between DV and the age of either partner (10). Older men and women were less likely to justify wife-beating in Sub Saharan African Countries. The acceptance of wife-beating for transgressing certain gender roles is also a widespread attitude across many countries (11). Although that was not the case in our study, it was shown in this study that the youngest women and the youngest-oldest men were more likely to justify wife-beating. The approval rate of violence against married women for any reason was higher among the younger group of married individuals in both sexes.

Certain socio-economic characteristics of women have been shown to bear significant implications in terms of

the occurrence of DV. Urban residence, older age, lower education, and lower family income are some of the attributes that have been associated with increased rates of DV (11,12). The first step for a personal, relational, social and general behavioral change for DV is to accept that this is an unwanted-unapproved problem (13).

Married women holding the views that "important decisions are given by men, men are wiser, women should not argue with men, and it is better for the male child to have education than the female child" were significantly more likely to exhibit approval for DV against women. Such views are clearly representative of social barriers against the education of female children that should be eliminated to decrease the rates of violence. The proportion of individuals considering DV as an unacceptable act was higher among educated women than among educated men, underscoring the importance of the education of females in reducing violence rates. The observed difference between educated females and males in terms of their attitude toward DV could have its roots in the patriarchal characteristics of the sample population.

The approval of norms implying men's superiority over women (16.4%-26.7%), even by those individuals from both sexes who do not approve DV, again may be considered as a reflection of the patriarchal family structure.

The ecological model widely used in public health settings classifies various and interacting domains lying behind those factors at an individual, familial/relational, local community and societal level. Documented examples of individual potential causes for DV are young age of the perpetrator and alcohol consumption, while marital instability and economic stress are acknowledged family-related potential causes. Supportive social norms, weak sanctions against perpetrators, low social capital, traditional gender norms and poverty are considered as societal and community-related potential causes (14). Obviously, a problem that has its roots deep in the cultural and social history of a community cannot be dealt with by legislative regulations only. Focusing on the relationship between power hold by an individual and the role of the society can be a fundamental starting point. Approval of violence within the context of cultural norms is a major factor responsible for the continued acts of violence against women. General level of societal awareness should be improved as to increase the number of individuals viewing DV as an unacceptable human rights violation which also requires legal action.

Health care facilities for mothers and babies may provide a good interaction opportunity between healthcare professionals and potential victims of DV. However, it should be stressed that victim blaming attitudes are common even among health professionals(15), pointing out to the need for interventions targeting attitude changes and improved awareness levels among health professionals as well. In this regard, proper description of DV and training on interview skills with potential DV victims should probably be included in the medical school and residency curricula.

In Arab and Islamic countries, domestic violence is not yet considered a major concern despite its increasing frequency and serious consequences. Surveys in Egypt, Palestine, Israel and Tunisia show that at least one out of three women is beaten by her husband (16). The indifference to this type of violence stems from attitudes which imply that DV is a private matter and, usually, a justifiable response to misbehavior on the part of the wife.

Since there were no women over 49 years of age in our study, it was not possible to make a comparison between women in this age group and their age-matched male counterparts in terms of their attitudes toward DV, leading to a potential shortcoming for this study. On the other hand large sample size, structured study design to identify regional differences, and long duration represent the strengths of our study.

In conclusion, our findings underscore the importance of the identification and assessment of DV, which is a prevailing social problem in many countries. Interventions aiming at reduced rates of DV in societies in general, and in Turkey in particular, certainly require attitude-changing programs involving both sexes. Our data also is a reflection of the risk map for DV against married women in Turkey.

## References

1. Semahegn A, Belachew T, Abdulahi M. Domestic violence and its predictors among married women in reproductive age in Fagitalekoma Woreda, Awi zone, Amhara regional state, North Western Ethiopia. *Reprod Health* 2013;10:63.
2. Craparo G, Gori A, Petruccioli I, Cannella V, Simonelli C. Intimate Partner Violence: Relationships Between Alexithymia, Depression, Attachment Styles, and Coping Strategies of Battered Women. *J Sex Med* 2014;11:1484-1494.
3. Savas N, Agridag G. The relationship between women's mental health and domestic violence in semirural areas: a study in Turkey. *Asia Pac J Public Health* 2011;23:399-407.
4. Mayda AS, Akkus D. Domestic violence against 116 Turkish housewives: a field study. *Women Health* 2004;40:95-108.
5. Kocacik F, Dogan O. Domestic violence against women in Sivas, Turkey: survey study. *Croat Med J* 2006;47:742-749.
6. Ergin N, Bayram N, Alper Z, Selimoglu K, Bilgel N. Domestic violence: a tragedy behind the doors. *Women Health* 2005;42:35-51.
7. Rani M, Bonu S. Attitudes toward wife beating: a cross-country study in Asia. *J Interpers Violence* 2009;24:1371-1397.
8. Uthman OA, Lawoko S, Moradi T. Factors associated with attitudes towards intimate partner violence against women: a comparative analysis of 17 sub-Saharan countries. *BMC Int Health Hum Rights* 2009;9:14.
9. Hidroglu S, Topuzoglu A, Ay P, Karavus M. The assessment of the factors influencing physical violence against women and children: a primary health care center based study in Istanbul. *Yeni Symposium* 2006;44:196-202.
10. Jewkes R. Intimate partner violence: causes and prevention. *Lancet* 2002;359:1423-1429.
11. Rani M, Bonu S, Diop-Sidibe N. An empirical investigation of attitudes towards wife-beating among men and women in seven sub-Saharan African countries. *Afr J Reprod Health* 2004;8:116-136.
12. Babu BV, Kar SK. Domestic violence against women in eastern India: a population-based study on prevalence and related issues. *BMC Public Health* 2009;9:129.
13. Hamzeh B, Farshi MG, Laflamme L. Opinions of married women about potential causes and triggers of intimate partner violence against women. A cross-sectional investigation in an Iranian city. *BMC Public Health* 2008;8:209.
14. Hamzeh B, Garousi Farshi M, Laflamme L. Opinions about potential causes and triggers of intimate partner violence against women: a population-based study among married men from Kermanshah city, Iran. *Int J Inj Contr Saf Promot* 2008;15:253-263.
15. Aksan HA, Aksu F. The training needs of Turkish emergency department personnel regarding intimate partner violence. *BMC Public Health* 2007;7:350.
16. Douki S, Nacef F, Belhadj A, Bouasker A, Ghachem R. Violence against women in Arab and Islamic countries. *Arch Womens Ment Health* 2003;6:165-171.