NEAR EAST UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES
APPLIED (CLINICAL) PSYCHOLOGY MASTER PROGRAM

MASTER THESIS

THE PREVALENCE OF INTIMATE PARTNER VIOLENCE AMONG WOMEN IN TRNC AND RELATED RISK FACTORS AND PSYCHOLOGICAL SYMPTOMS

MERYEM KARAAZİZ
20070176

SUPERVISOR
ASSOC. PROF. DR. EBRU TANSEL ÇAKICI

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Prepared by: Meryem Karaaziz

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ÖZET

KKTC'de Kadınlar Arasında Eş İlişkilerinde Şiddetin Yaygınlığı, Risk Faktörleri ve Psikolojik Belirtiler

Hazırlayan : **Meryem Karaaziz**

June, 2014

Eş şiddeti kadına yönelik şiddet çeşitlerinden en yaygını ve önemli bir sağlık sorunudur. Bu çalışmanın amacı eş ilişkilerinde kadına yönelik şiddetin KKTC'deki yaygınlığı tespit etmek, ilgili risk faktörleri ve psikolojik belirtileri belirleyerek bu problem azaltmaya yönelik gelecekteki önleme çalımaları için veri oluşturmaktır.

Çalışmaya KKTC'de 18 yaş üstü kadınları temsil eden 497 kadın katılımcı alınmıştır. Kadına yönelik eş şiddetini değerlendirmek amacıyla (WAST) ölçeği kullanılmıştır. Çalışmada sosyo-demografik değişkenleri öğrenmek amacıyla araştırmacılar tarafından hazırlanan sosyo-demografik bilgi formu, psikolojik belirtileri tespit etmek amacıyla Belirtileri Tarama Listesi (SCL- 90-R) kullanılmıştır.

KKTC'de %14.3 kadının eş ilişkilerinde şiddette maruz kaldığı bulunmuştur. Kadın İstismarı Tarama Aracı'nın psikolojik, fiziksel ve cinselliği ölçen alt ölçeklerinden eş ilişkilerinde şiddet yaşayan kadınların anlamlı derecede yüksek puan aldığı tespit edilmiştir. 35 yaştan küçük, boşanmış ya da ayrı yaşıyan kadınlar, ortaokul mezunu ve okur-yazar olan ve çalışan kadınlar eş ilişkilerinde şiddete daha fazla maruz kalmaktadır. Ancak, eşin yaşının ve eğitim seviyesinin eş ilişkilerinde kadına dönük şiddetle ilişkisi olmadığı saptanmıştır. SCL-90-R'ın somatizasyon dışındaki tüm alt ölçeklerinde eş ilişkilerindeki şiddet yaşayan kadınların anlamlı derecede yüksek puan aldığı, daha sıklıkla psikolojik sorunlar yaşadığı tespit edilmiştir. .

Çalışma sonuçları KKTC'de kadına dönük eş şiddetinin boyutlarını ve kadın sağlığı üzerinde olumsuz etkilerini göstermektedir. Toplumda farkındalığı arttırmak ve tedbir alınması amacıyla önleme programları geliştirilmelidir.

Anahtar Kelimeler: Kadın, Yakın partner şiddetti, Psikolojik belirtiler, Risk faktörleri, KKTC, Yaygınlık

ABSTRACT

The Prevalence Of Intimate Partner Violence Among Women In TRNC And Related Risk Factors And Psychological Symptoms

Prepared by **Meryem Karaaziz**

June, 2014

Intimate partner violence (IPV) is the most common type of violence applied to women and it causes important health problems. The aim of this study is to show the prevalence of IPV against women in TRNC, related risk factors and psychological symptoms hence to form data for future prevention studies which aim to decrease this problem.

The present study included 497 female participants representing women aged older than 18 years in TRNC. To assess IPV against women, Women Abuse Screening Tool (WAST) is used. In this study socio-demographic information form was used to learn socio-demographic variables, SCL-90-R was used to show the psychological symptoms.

The prevalence of IPV was found 14.3%. Findings indicated significant differences for all WAST subscales between non-abused and abused participants. Women who are younger than 35, who are seperated or divorced, who have secondary education or leterate, and who have occupation were exposed to IPV more. However, partner's age and educational level did not indicate significant associations with women's IPV scores. Women exposed to IPV had significantly higher scores for all subscales of SCL-90-R except somatization indicating higher prevalence of psychological problems.

This study shows dimensions of IPVagainst women in TRNC and its negative consequences on women's health. Prevention programs should be planned to increase public awareness and take precautions.

Key words: Women, Intimate Partner Violence, Risk Factors, Psychological Symptoms, TRNC, Prevalence.

ACKNOWLEDGEMENT

Firstly, I would like to thank my supervisor Assoc. Prof. Ebru Tansel Çakıcı for her advices and useful directions that made me work on this dissertation more effectively and motivated, I am grateful she was my supervisor. I would like to thank my dear teachers, Prof. Dr. Mehmet Çakıcı, Dr. Deniz Karademir, Assoc. Prof. Dr. Ülgen H. Okyayuz, Assist. Prof. Dr. Zihniye Okray and Assist.Prof. Dr. İrem Erdem Atak for the support, understanding, concern and motivation that they provided me during my whole university and master educations. They have always been a model for me. I would also like to thank Prof. Dr. İlkay Salihoğlu for believing that i could succeed and guiding me throughout this process. I am very grateful and thank him from the bottom of my heart. In addition, I would like to thanks my family to believe my achivement. Also I want to thank my office mates, Msc. Fahriye Boran, Msc. Şerif Hubeyli, Msc. Buse Keskindağ, Msc. İpek Özsoy, Msc. Bilge Küçük, Msc. İbrahim Bahtiyar, Msc. Sözen İnak, Msc. Utku Beyazıt, and Msc. Eşmen Tatlıcalı. They always support and motiveted me. I also would like to thank Near East University senior Psychology students who helped me to collect my data, Hazar Çoli, Halide Erkıvanç, İzlem Doygun, Hatice Kutbay, Büşra Reyhan, Safiye Taçoy, Çiğdem Uzun, Figan Kepenek, Emine Mısırlıoğlu, İldenay Yükler, Ebru Çorbacı, Seda Çoli, Özge Kırlar, Firuz Doggün, Şacan Canan, Pelin Kanan, Ayşe Buran, Özge Atasoy.

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ABBREVATION

IPV : Intimate Partner Violence

VAW: Violence Against Women

WHO: World Health Organization

TRNC: Turkish Republic North Cyprus

WAST : Women Abuse Screening Tool

SCL-90 : The Symptom Checklist-90-Revised

GSI: Global Symptom Index

PST: Positive Symptom Index

PSDI: Positive Symptom Distress Index

SOM: Somatization

OC: Obsessive Compulsive

INS: Interpersonal Sensitivity

DEP: Depression

ANX: Anxiety

HOS: Hostility

PHO: Phobic Anxiety

PAR: Paranoid Ideation

PSY: Psychoticism

PTSD: Post Traumatic Stress Disorder

1.INTRODUCTION

1.1. Violence

World Health Organization (WHO) defined violence as an act of aggressive behavior which results in hurts, injuries or physical harm, death or psychosocial problems against an individual or a group of people (WHO, 2013). In other words, violence is the behavior or an act which is characterized by aggressiveness and confrontation from an individual or a group of people and unequal relationship between sexes, psychological, economical, legal or sexual and use of unequal power which results inbodily harm or injures (Al-adayleh & Nabulsi, 2013, 257).

1.2. Violence Against Women

The United Nations Declaration on the Elimination of violence against women is defined as any behavior or act of gender-based violence which results in, physical, sexual or mental harm or suffering to women, including risk of such acts, under pressure, limitation of freedom, whether occurring in public or private life (UNGA, 1993; Mertan et. al., 2012, 1). According to WHO's report intimate partner violence is the most common type of violence against women (WHO, 2013). When we talk about a health problem effecting 30% of women in the world, and a cause of 38% of women murdered, this attracts attention but when we mention this health problem is a partner violence, people tend to regard it as a private issue rather than a health problem. Partner violence is a major contributor to women experiencing health problems and women who experience partner violence show a 16% important risk of having a low birth-weight baby. In addition, women who have experienced partner violence have higher risk of being in depression and usage of alcohol than women who have not experienced any violence (WHO, 2013). Everyone will agree that it is an important and serious health problem within the world. However, intimate partner violence against women is accepted as an issue problem in the world. Violence against women or intimate partner violence (IPV) is a significant social and health problem in most countries and cultures (Diez et. al., 2009, 411). Violence against women is one of the most important problems of the world. Violence against women remains an important factor which is undermining women's ability to have base freedoms (Abramsky et. al., 2011, 109). In addition, it represents all serious violations of human rights. This factor also shows the inequality between men and

women in all societies (Krantz & Garcia-Moreno, 2005, 818). Intimate partner violence is one of the most common types of violence against women. It occurs in all societies independent of social and economic systems, religion and culture. IPV against women is a growing problem of public health (Tjaden, Thoennes, 2000; Statistic Canada, 2002). The problem is related to some factors such as psychosocial, cultural, psychological, mental and economic problems (Garcia-Moreno et. al., 2006, 1260). Women especially suffer from physical, sexual, economical and psychological violence (Zorrilla et. al., 2010, 169). Women who suffer from violence have an increased risk for psychological, mental problems and decreasein quality of life and increased use of health centers. The experiences of violence among women also cause negative effects on their children's development (Subaşı, 2001). Violence against women includes all kinds of behaviors which is based on gender. Çakıcı et. al. (2007) conducted a study with 500 women indicating that VAW is common in TRNC which also shows that 86% of female participants suffered from psychological and 75% of them suffered from physical abuse.

1.3. Different Types of Violence Against Women

1.3.a. Physical Violence

Physical violence is the use of power by hands or legs as slapping, kicking, beating, arm twisting, stabbing, biting, strangling, burning, chocking, punching and pulling hair, threats with an object or weapon, and murder (Al-adayleh & Nabulsi, 2013, 257; Mertan et. al., 2012,1).

1.3.b. Psychological Violence (Emotional Violence)

Psychological violence is any behavior which affects women's self confidence and self-esteem or her sense of value negatively. One of the threats to experience this is unjustified criticism, persecute and ridicule or sarcasm and the form of threats of divorce or not allow tomeet her children and public humiliation (Al-adayleh & Nabulsi, 2013, 257).

1.3.c. Sexual Violence

Sexual violence is an act such as under pressure sex through threats, use of physical power or threatening including forcing unwanted sexual acts or use unequal power to sex with others (Mertan, 2012,1).

1.3.d. Other Types of Violence

Social Violence

The kind of violence, the authoritative figure who is the applicator of violence, prevents the woman from being aware of her social and personal rights. The women submit to the men and this time, the woman accepts what he wants. For example, the men disallowing visitation with her family and friends start to interfere with her personal relationships and the women accept all of these (Al-adayleh & Nabulsi, 2013, 257).

Economical Violence

Economical violence defined as economic resources and money are consistently used as a tool for punishment, threat, and domination of his intimate partner (Öyekçin et. al., 2012, 75). Women who do not have problems about working usually get overloaded by the intensity of responsibility with work and home, and eventually had to prefer to become “housewives” therefore women lose their economic liberty (Tatlıcalı, 2009).

1.4. Intimate Partner Violence

The definition of intimate partner shows a discrepancy between surroundings and involves partner’ relationships which are formal, such as marriage, in addition to partner relationships which are informal, this also includes flirt (dating) relationships such as boyfriend/girlfriend and unmarried sexual relationships. In some various surroundings, intimate partners inclined to be married, while in others more informal partnerships are more common.

Intimate partner violence depends on the complaint by the women who suffer from violence. In addition, self-reported experience of one or more than one action of physical and/or sexual violence by a current or previous partner since the age of 15

years. The age of 15 years is positioned as the lower age range for partner violence and non-partner sexual violence.

Intimate partner violence has only been considered for women who have reported being in a partnership, as they are within the “at-risk” group. So, for women between the ages of 15 and 18 years, only those who have been in a partnership, involving flirt relationships and marital relationships where marriage happens in this age group, might potentially report intimate partner violence. Young women in the age group 15–18 years experiencing non-partner sexual violence can also be measured, by some lawful definitions, to have experienced child sexual abuse, as these are not equally private grouping (WHO, 2013).

All in all, intimate partner violence has various definitions such as physical, psychological, sexual, social, economic etc.

1.5. Degrees Of Intimate Partner Violence

1.5a. Severe Intimate Partner Violence

Severe intimate partner is one of the terms which is the foundation of the severity of the behaviors of physical violence: being beaten up, strangled or burnt on goal, and/or being endangered or having a weapon used against women is regarded severe. Any sexual violence is also considered severe (WHO, 2013).

1.5.b. Current Intimate Partner Violence

Intimate partner violence which is not self-reported and experienced in current life but is self-reported experience within the past year (WHO, 2013).

1.5.c. Prior Intimate Partner Violence

Intimate partner violence, which is self-reported, experienced earlier than the past year (WHO, 2013).

1.5.d. Non-Partner Sexual Violence

When aged 15 years or over, experience of being strained/forced to perform any sexual act that women did not prefer/permit to by someone other than her husband/partner (WHO, 2013).

Figure 1.Pathways And Health Effects On Intimate Partner Violence

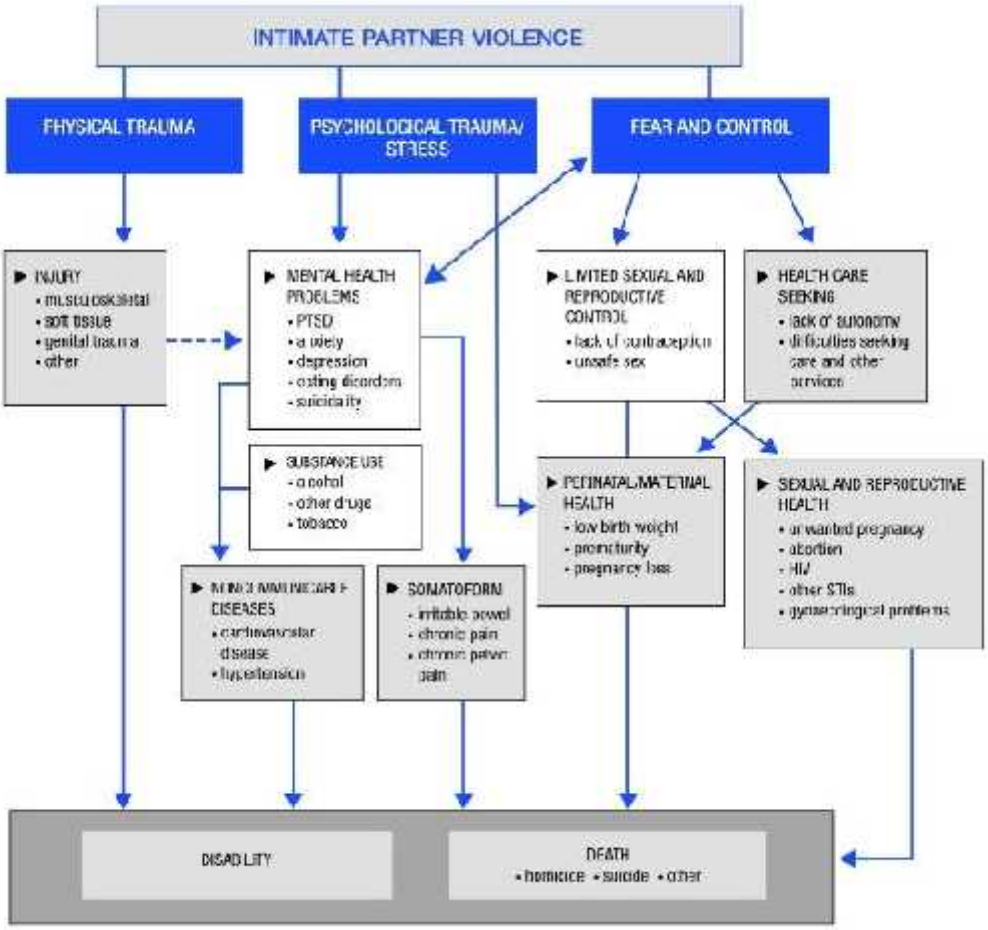

Table by WHO, 2013, 8.

There are multiple midways through which intimate partner violence may be possible to direct to harmful health conclusions. The figure emphasizes three important apparatus which can be called key mechanisms and midways that describe most of these results. Mental health problems and substances used might have outcomes directly from whichever of the three mechanisms, which might in turn, increase health risks. However, mental health problems and substances used are not essentially a prerequisite for subsequent health impressions. Moreover, it will not always occur in the midway to unpleasant health (WHO, 2013, 8).

1.6. Risk Factor For IPV

Wide variations in the prevalence of IPV have many factors which are effective on the IPV risk factors. Secondary education, and formal marriage is accepted as more protective, while alcohol abuse, cohabitation, young age, attitudes supportive for wife beating, having outside sexual partners, experiencing childhood abuse, growing up with domestic violence, and experiencing or perpetrating other forms of violence in adulthood establishes a higher risk for IPV (Abramsky et. al., 2011, 109). The effects, causes and risk factors of the different forms of violence on women are varied. Lots of researches show that being a woman is the principal risk factor for the experience of violence, especially being pregnant, has a higher risk for the experience of violence against women (Bailey, 2010, 183; Ayrancı et. al., 2002, 75).

Figure 1 clearly illustrates the relationship between victims who experience violence by their intimate partner and health composite. Essentially, most of these hypothesized relations are in the belief that there are midway lanes, such that violence can be possible to increase the inclinations to exacting risk behavior, and that risk behavior in rotate on increases the probabilities of a harmful health result. The statistics are to date, but are incomplete; they are mostly cross-sectional and do not tolerate for a temporality or causality to be measured. Other and altered types of investigation, such as longitudinal studies, addition of biomarkers to determine health results, and correctly domineering for possibility of confusing variables moving the relationships established, are needed to be able to explain these midways and relationships more decisively.

1.7. Psychological Symptoms Related With Intimate Partner Violence

Some psychological and behavioral consequences have also been observed among victims of IPV. Some researchers have presented higher rates of chronic stress (Campell et. al., 2002, 1157; Ref; Diez, 2009, 411), depression and depressive symptoms, anxiety, sleep problems (insomnia; hypersomnia), suicidal ideation, posttraumatic stress disorder and chronic mental illness (Amor et. al., 2002, 227; Ref; Diez, 2009, 411). In addition, these women have experienced more frequently chronic health worries such as lower energy levels, lower sense of wellbeing, less self-confidence, and less social support (Davis et al., 2002, 429; Hathaway et al.,

2000, 302; Hurwitz et al., 2006, 251; Ref; Diez, 2009, 411). IPV is also a risk factor for substance use (Davis et al., 2002, 429; Lown, 2006, 1409; Ref. Diez, 2009, 411), specially for alcohol addictions (Diez, 2009, 429).

1.8. IPV Against Women in TRNC and Other Countries

The first study about violence against women in TRNC was made by Çakıcı and his colleagues and it was carried out in 2001. This research included participants who deal with individuals who suffer from domestic violence like medical doctors, advocates. The participants were chosen from six different towns; Nicosia, Famagusta, Güzelyurt, Karpaz, Iskele and Kyrenia. The data was collected by interviewers. As a result, it was found out that verbal abuse against women was much more common than the other forms of abuse in most of these areas and physical abuse was mostly observed in Güzelyurt and Karpaz areas. It was also reported that VAW was more common in areas other than Nicosia and Famagusta. However, it is estimated that VAW could be more common than it was reflected, because despite being a health problem, people tend to regard VAW as a private issue. It was observed that VAW has been increasing gradually in Girne. On the other hand, it is considered as a part of daily life in Karpaz (Çakıcı, 2001, 4). This qualitative study conducted in TRNC with key persons related with family VAW showed that in some areas family VAW seem to be normal. The neighbours do not want to show any reactions because the humans accept it as a private issue rather than a health problem, even the attitude of the police is to calm the couple and send them back to their homes without any legal procedure (Çakıcı et. al. 2001, 4).

Another study which demonstrated that VAW is common in TRNC included 500 female participants who were within the age quotas of 18-25, 26-35, 36-45, 46-55, 56 and above; the second quota included rural and urban areas and finally the third quota included geographic regions; Kyrenia, Morphou, Famagusta, İskele and Nicosia. Participants recruited from residential places of Northern Cyprus and had a fluent knowledge of the Turkish language and data was collected as household survey study. This study shows that 86% of female participants suffered from psychological and 75% of them suffered from physical abuse (Çakıcı et. al., 2007).

The other study on violence against women in TRNC was made by Düşünmez in 2005. The research aimed to examine the differences about VAW between employed

women and unemployed women in TRNC. The study included 200 Turkish women whose age was 18 and above. The results of this study have shown that there are no significant differences between employed and unemployed women in their exposure to psychological abuse, negligence, physical abuse, and sexual abuse by their spouses and their families. However, it was also stated that people who were experiencing the psychological abuse and neglect by families and spouses were more than the ones experiencing physical and sexual abuse. Nevertheless, it was found out that when physical abuse is harmful, it brings along embarrassment, hurtful language, and blaming the individual that she has deserved this kind of behavior. There was no difference between the rates of employed and unemployed women seeking treatment in hospitals because of physical abuse by their husbands. In addition, it was also reported that women in both categories above prefer to keep quiet and hide the abuse they have suffered instead of applying to the police (Düşünmez, 2005).

Another study was made among 305 women (170 university students from faculty of law, nursing and psychology and 135 police officers) in TRNC by Mertan et. al. (2012). The aim of the study was to evaluate how knowledge and attitudes toward domestic VAW would vary between professionals and students from different disciplines, knowledge and attitudes toward domestic VAW would differ as a result of previous training and contact with a domestic violence case and investigate also whether knowledge and attitudes toward domestic VAW would change based on varying demographic characteristics of the participants. The results of the study indicated that knowledge and attitudes toward domestic VAW are related to the area of study or occupation and previous training and/or previous contact with a domestic violence. However, the study stated that knowledge and attitudes toward domestic VAW are not related with age, gender, nationality or marital status. The study also reported that VAW is more prevalent among immigrants. The result can be related with the economic problems and less social support immigrants might have.

VAW is a very common public health issue in Turkey, but it is believed that this health problem is considered as a private issue rather than a health problem so this problem is kept as a secret within the traditional family structure, and there are limited studies.

According to the data of Human Right Association of Turkey, in the first 9 months of 2013, 199 women were killed and 182 women were wounded as a result of attempted murder. In addition, 162 of the perpetrators of these women murders turn out to be the husbands, both civil and religious, and husband/partner that live with them (Human Right Association, 2013).

A research about IPV consisted of 306 female participants who were chosen randomly in Edirne, Turkey. The result of the study stated that 54.5% participants suffered from psychological violence, 30.4% participants suffered from physical violence, 19.3% participants suffered from economic violence, and 6.3% participants suffered from sexual violence. In addition, the study also reported that significant relationship with partner's age and the duration of marriage and IPV. The study also stated that a significant relationship between marital relations, marriage by family decision, marriage against family consent, and the presence of a violent history against women in a partner's family and IPV. The duration of marriage, suffering from violence during childhood had incremental effects with physical violence. Additionally, low family income, high economic violence, worsening of marital relations, and low social support network increased sexual VAW. Risk factors of different types of IPV differ. The study's results showed that any kind of violent behavior increases IPV against women (Öyekçin et. al., 2012, 75).

Ayrancı et. al. (2002) made a research about VAW in Eskisehir in health services and reported that 36,4% of the female participants had complaints of physical abuse, and 71,4% have suffered from psychological, verbal, physical, or sexual abuse during their past or present pregnancy periods (Ayrancı et. al., 2002, 75) .

WHO (2013) reports that IPV is the most common type of VAW which results with a health problem effecting 30% of women in the world, and a cause of 38% of women murdered.

A study which was conducted among 333 Spanish women states that 18% of women were victims of IPV (Diez et. al., 2009, 411). Another research about IPV including 1152 female participants aged 18 to 65 years showed that 53.6% ever experienced any type of IPV (Coker et. al., 2000, 451).

A research about IPV among 373 female participants in Nigeria also illustrated that women graduated from secondary school were exposed to partner abuse more often than the other educational level of participants (Mapayi et. al., 2011).

The special report of USA bureau of justice showed among 671,110 violent crimes that women experienced from their current or former spouse in 1999 that younger women were exposed to higher rates of IPV (Rennison, 2001). IPV rates were found higher for younger women among 3568 English speaking women aged 18-64 who had applied to a US health maintenance organization (Thompson et. al., 2006, 447).

A research about VAW consists of 100.000 individuals in North America indicated that separated participants reported three times more IPV than divorced participants and 25 times more IPV than married participants (Bachman & Saltzman, 1995). Interestingly, Jewkes et. al. (2002) reported no significant associations between marital status and IPV among 1306 female participants in South Africa (Jewkes, 2002, 1423).

A study which was conducted among 333 Spanish women showed no significant difference between IPV and partners' age or partners' educational level and number of people living-with, but the study shows significant relationship between number of children and IPV (Diez et. al., 2009). Another study made in Philippines among 2050 participants indicates that partner's educational level does not affect IPV frequency significantly but partner's age being younger than 40 years old significantly increases IPV frequently and educational level was not significantly effective on the IPV (Hindin & Adair, 2002, 1358).

Bent-Goodley (2004) investigated about African American women's perceptions towards domestic violence and results suggested no significant relation between monthly income and IPV (Bent-Goodley, 2004, 307). Similarly, a study consisted of 143 economically disadvantaged African American women ranging in age from 21 to 64 years old who were receiving services at an urban public health system, found that there was not significant relationship between monthly income and IPV (Mitchell et. al., 2006, 1503). On the other hand, a research found women who had economical disadvantages to be exposed to partner abuse more often than the other women who had economically advantages (Hampton & Gelles, 1994, 105; Rennison & Welchans, 2000).

Rabin et. al. (2010) conducted a meta-analyses suggesting the WAST was associated with IPV highly in terms of physical, emotional and sexual violence. Furthermore, Vivilaki et. al. (2010) examined the significant correlation between WAST and IPV by using 579 Greek female participants in Athens, and their results identified the validitation of Greek version of WAST including postpartum emotional also physical abuse (Vilvilaki et. al., 2010, 467).

Partner violence is a major contributor to health problems and women who experience partner violence show a 16% increased risk of having a low birth-weight baby. In addition, women who have experienced partner violence have higher risk of being in depression and usage of alcohol than women who have not experienced any violence. A research about IPV includes of 1.442 female participants in Mozambique reported that there was a relationship between IPV and, depression and anxiety (Zacarias, 2012). Campell (2002) mentions at her review article that IPV increases the risk of health problems such as injury, chronic pain, gastrointestinal, PTSD and depression (Campell, 2002, 260). A study examining physical and mental health effects of IPV among 8001 men and 8005 women participants, both physical and psychological IPV are found to be related with significant physical and mental health consequences for both male and female victims (Coker et. al., 2002, 260). A study which was made in Maputo City, Mozambiqua among 1.442 female participants, somatization was found significantly more among women exposed to IPV. In addition, this study also reported that divorce and separation were important factors in explaining sustained IPV (Zacarias, 2012, 491).

2. METHOD OF THE STUDY

2.1. The Importance of the Study

Violence against women is an important health problem in the world. However, people do not prefer to talk about this problem and they choose to keep this problem as a private issue. This study was enabled us to see the dimensions of IPV in the Turkish Republic of Northern Cyprus (TRNC) and related risk factors so that effective prevention programs can be designed.

2.2. The Purpose and Problem Statements of the Study

The aim of this study is to show the prevalence of IPV against women in TRNC, and related risk factors and psychological symptoms.

2.3. Population and Sample

The present study was included 497 female participants who were within the age quotas of 18-25, 26-35, 36-45, 46-55, 56 and above; the second quota included rural and urban areas and finally the third quota included Kyrenia, Morphou, Famagusta, İskele and Nicosia. Participants recruited from within residential places of Northern Cyprus and had a fluent knowledge of the Turkish language.

2.4. Instruments and Measures

2.4.1. Socio-demographic Variables

The socio-demographic variables included, age, marital status, level of education, occupation, personal income per month, number of children, and number of people in the family unit. Socio-demographic form also included questions about participants nuclear family; it is asked if the members of nuclear family (mother, father, siblings) live in North Cyprus, if the answer is yes then it is asked if they usually meet each other. Another question is about the participant’s opinion if they consider their family members have moral and material support.

2.4.2.The Symptom Checklist-90-Revised (SCL-90-R)

The Symptom Checklist-90-Revised (SCL-90-R) is a 90-item self-report symptom inventory intended to show evaluation of common psychiatric symptomatology. Items contain proportions evaluating somatization, obsessive-compulsive, depression, anxiety, phobic anxiety, hostility, interpersonal sensitivity, paranoid ideation, and psychoticism. The global measures are report to as the Global Severity Index (GSI), the Positive Symptom Distress Index (PSDI), and the Positive Symptom Total (PST). Each of the 90 items is called on five points Likert style of distress, ranging from "not at all" (0) to "extremely" (4). Internal consistency of the cognitive/affective depression subscale is brilliant, (Buckelew et. al. 1988, 67). SCL-90-R subscales were concurrent with the Medically-Based Emotional Distress Scale (MEDS) which evaluated the similar structures; correlations were weak to strong for the SCL-90-R Depression subscale (r=0.15-0.72), SCL-90-R Hostility subscale (r=0.14-0.72), and adequate for SCL-90-R Anxiety subscale (r=0.48-0.59). In addition tolerable to brilliant for the SCL-90-R Interpersonal Sensitivity subscale (r=0.44-0.71) (Cronbach's α=0.89). Internal consistency of the somatic depression subscale is tolerable (Cronbach'sα=0.62) (Buckelew et. al., 1988, 67; Overholseret. al., 1993, 187). The Turkish adaptation of the scales was conducted by Dağ in 1991 which has a Cronbach's alpha of 0.97 (Dağ, 1991, 5).

2.4.3. Women Abuse Screening Tool (WAST)

To assess IPV against women, Women Abuse Screening Tool (WAST) which was developed for the family practice setting, was used. WAST (Brown et. Al, 2000) is consisted of 8 questions and has a high internal consistency among this sample (0.95). WAST's scores have a high correlation (r=0.96) with the scores of Abuse Risk Inventory (Brown et. al., 2000, 896).

In this study, Women Abuse Screening Tool (WAST), the Turkish version was used to assess IPV against women. The reliability and validity study of The Turkish version was made for Turkish speaking women living in the TRNC (Tatlıcalı, 2009).

WAST is an eight-item tool with three possible answers, ranging from 1 (*a lot*) to 3 (*nothing*), as follows: possible responses to the first and second items on the questionnaire range from 'no tension/difficulty' to 'a lot of tension/difficulty'. Items

3 through to 8, rate the frequency of the situations described in each item, being ‘never’, ‘sometimes’ and ‘often. The reliability is very high, reaching a Cronbach alpha of .81 in the Turkish validation study (Tatlıcalı, 2009).

2.4.3. Question Investigating Abuse in Previous Generation

Two additional questions related also asked in WAST in order to gather more detailed information about familial abuse history of the participants: «To your knowledge, did your father abuse your mother?» and «To your knowledge, in your partner’s home, did his father abuse his mother?» The possible responses are «yes», «no», or «I don’t know».

2.5. Procedure

In the present study, cross-sectional research design was used. Participants were reached according to the stratified random sampling method. Data collection was carried out by 30 survey workers who were given training for survey administration before data collection and a field supervisor. As starting points in urban areas, survey workers were started from a street randomly determined by using the researchers and for rural areas survey workers started from the center of the village and followed the north, east, south and west directions. Survey workers were also cover squares, that is to say they were start at the lowest number on the right-hand side of a street and visited every third house. At their first turn, they turned right and continue contacting households on the right hand side until they complete the square. Then they were crossed to the next square and continue the same way. This was enabled a uniformity of ‘pacing’ in order to eliminate interviewer bias. Therefore, this proposed research was covered every third household. At each house, survey workers were administered the questionnaires face to face with the participants. Caution was taken to keep within the age quotas. If there are more than one candidate at the house for the research, the one whose birthday the last was included in the sample. In order to minimize interviewer bias, each survey worker was only did 20 administrations in total.

An informed consent form was used to give the participants before the administration of the questionnaires. The study was carried out between March and April 2014 in TRNC.

2.6. Statistical Analysis

The participants were categorized into abused and non-abused subgroups according to WAST-short results. The first 2 questions of WAST is used as a screening tool and called WAST-short. The most negative choice for these 2 questions is scored 1 and the other choices as 0 and the participants with a total score of 1 and higher are categorized within abused subgroup.

The total score is computed as the sum of 8 items (ranged between 8-24), subscores for physical abuse (question 4,6), sexual abuse (question 8), and emotional abuse (question 3,5,7) are computed as the sum of related questions. Tatlıcalı found 2 factors at her study for Turkish translation and reliability-validity study of WAST in Turkish Cypriot community, these are emotional abuse (question 1,2,3,5,7,) and physical abuse (question 4,6,8) (Tatlıcalı, 2009).

The participants were categorized into somatization, obsessive-compulsive, depression, anxiety, phobic anxiety, hostility, interpersonal sensitivity, paranoid ideation, and psychoticism subgroups according to SCL-90. The subscores for somatization (questions 1, 4, 12, 27, 40, 42, 48, 49, 52, 53, 56, 58), obsessive-compulsive (3, 9, 10, 28, 38, 45, 46, 51, 55, 65), depression (questions 5, 14, 15, 20, 22, 26, 29, 30, 31, 32, 54, 71, 79), anxiety (questions 2, 17, 23, 33, 39, 57, 72, 78, 80, 86), hostility (questions 13, 25, 47, 50, 70, 75, 82), interpersonal sensitivity (questions 6, 21, 34, 36, 37, 41, 61, 69, 73), paranoid ideation (questions 8, 18, 43, 68, 76, 83), psychoticism (questions 7, 16, 35, 62, 77, 84, 85, 87, 88, 90) and additional items (questions 19, 44, 59, 60, 64, 66, 89) are computed as the sum of related questions. The subscales score consist of the average weighted score of items they cover, and they were given a value between 0-4.

Three global indexes were also calculated, Global Severity Index (GSI), Positive Symptom Total (PST) and Positive Symptom Distress Index (PSDI). Raw scores are calculated by dividing the sum score for a dimension by the number of answered

items in that dimension. Global severity index (GSI) was computed by summing the scores of the nine dimensions and additional items, then dividing by the total number of responses (between 0-4). Positive Symptom Total (PST) is computed by the count of the number of items supported at a level higher than zero (between 0-90). Positive Symptom Distress Index (PSDI) is computed by the sum of the non-zero scores divided by the PST (between 0-4) (Aydemir & Köroğlu, 2009).

3.RESULTS

The mean age of the participants were 37.80±14.31. Age interval of the participants was 18-82. The participants were divided into two groups as abused and non-abused according to scores of WAST-short as defined at material and methods.

Table 1. The Comparison Of The Mean Age Of Abused And Non-Abused Women

	m±sd	t df p
Non-abused	38,61±14,58	2,847 489 0.005*
Abused	33,40±11,38	

*p ≤ 0,05 **p < 0,001

When we compare the mean age of non-abused and abused women with Student's t-test, we found that non-abused participants were significantly older (p=0.005).

Table 2. Frequency of Nationality

	N	(%)
TRNC	348	70.3
Turkey	142	28.7
Other	5	1.0
Missing	5	0,0
Total	495	100.0

348 (70.3%) of the participants are from TRNC, 142 (28.7%) from Turkey and 5 (1.0%) from other nationalities and 5 (1.0%) did not mention their nationality.

Table 3. Comparison Of Age İntervals Between Abused And Non-Abused Women

	Non-abused n(%)	Abused n(%)	Total n(%)
18-25	102(82,3)	22(17,7)	124(100,0)
26-35	99(82,5)	21(17,5)	120(100,0)
36-45	92(86,8)	14(13,2)	106(100,0)
46-55	61(84,7)	11(15,3)	72(100,0)
56 and above	67(97,1)	2(2,9)	69(100,0)

x^2= 9,704 df=4 p=0,046

When distribution of age intervals of abused and non-abused women were compared with chi-square analysis, statistically significant difference was found (p=0,046). Women youger than 35 declared to be exposed to partner abuse more often than the participants older than 35.

Table 4. Comparison Of Nationality Between Abused And Non-Abused Women

	Non-abused n(%)	Abused n(%)	Total n(%)
TRNC	293(85,7)	49(14,3)	342(100,0)
Turkey	121(85,2)	21(14,8)	142(100,0)
Other	5(100,0)	0(0,0)	5(100,0)

x^2=0,861 df=2 p=0,650

When distribution of nationality of abused and non-abused women were compared with chi-square analysis, no statistically significant difference was found (p=0,650).

Table 5. Comparison Of Marital Status Between Abused And Non-Abused Women

	Non-abused n(%)	Abused n(%)	Total n(%)
Married	258 (90,8)	26(9,2)	284(100,0)
Separated	2(33,3)	4(66,7)	6(100,0)
Divorced	10(45,5)	12(54,5)	22(100,0)
Widow	22(81,5)	5(18,5)	27(100,0)
Engaged	30(93,8)	2(6,3)	32(100,0)
In a Relationship	58(85,3)	10(14,7)	68(100,0)
Not in a Relationship	41(78,8)	11(21,2)	52(100,0)

x^2=52,856 df=6 p=0,000

When distribution of marital status of abused and non-abused women are compared with chi-square analysis, statistically significant difference was found (p=0,000). Women who are separated and divorced declare to be exposed to partner abuse more often than the participants who are married, widow, engaged, in a relationship or not in a relationship.

Table 6. Comparison Of Partners' Age İntervals Between Abused And Non-Abused Women

	Non-abused n(%)	Abused n(%)	Total n(%)
16-25	53(82,8)	11(17,2)	64(100,0)
26-35	100(81,3)	23(18,7)	123(100,0)
36-45	89(89,0)	11(11,0)	100(100,0)
46-55	69(85,2)	12(14,8)	81(100,0)
56 and above	85(94,4)	5(5,6)	90(100,0)

x^2= 9,090 df=4 p=0,059

When distribution of partners' age intervals of abused and non-abused women are compared with chi-square analysis, no statistically significant difference was found (p=0,059).

Table 7. Comparison Of Educational Level Between Abused And Non-Abused Women

	Non-abused n(%)	Abused n(%)	Total n(%)
Illiterate	13(86,7)	2(13,3)	15(100,0)
Literate	3(75)	1(25,0)	4(100,0)
Elementary School	81(94,2)	5(5,8)	86(100,0)
Secondary School	32(72,7)	12(27,3)	44(100,0)
High School	141(84,4)	26(15,6)	167(100,0)
University	150(86,2)	24(13,8)	174(100,0)

x^2=11,746 df=5 p=0,038

When distribution of educational level of abused and non-abused women are compared with chi-square analysis, statistically significant difference was found (p=0,038). Women whose educational level's secondary school and literate declared to be exposed to partner abuse more often than the participants whose educational level's elemantary school, iliterate, university and high school.

Table 8. Comparison Of Partners' Educational Level Between Abused And Non-Abused Women

	Non-abused n(%)	Abused n(%)	Total n(%)
Not Literate	7(87,5)	1(12,5)	8(100,0)
Literate	5(100)	0(0,0)	5(100,0)
Elementary School	70(87,5)	10(12,5)	80(100,0)
Secondary School	48(78,7)	13(21,3)	61(100,0)
High School	121(89,0)	15(11,0)	136(100,0)
University	157(85,8)	26(14,2)	183(100,0)

x^2=4,737 df=5 p=0,449

When distribution of partners' educational level of abused and non-abused women are compared with chi-square analysis, no statistically significant difference was found (p=0,449).

Table 9. Comparison Of Employee Or Non-Employee Between Abused And Non-Abused Women

	Non-abused n(%)	Abused n(%)	Total n(%)
Employee-Worker	166(79,8)	42(20,2)	208(100,0)
Non-Employee/Worker	255(90,0)	28(9,9)	283(100,0)

x^2=10,401 df=1 p=0,001

When distribution of employee or non-employee of abused and non-abused women are compared with chi-square analysis, statistically significant difference was found (p=0,001). Women who are employee declare to be exposed to partner abuse more often than the participants who are non-employee/worker.

Table 10. Comparison Of Monthly Personal İncome Between Abused And Non-Abused Women

	Non-abused n(%)	Abused n(%)	Total n(%)
No income	125(88,7)	16(11,3)	141(100,0)
1300 and under	102(85,0)	18(15,0)	120(100,0)
1300-3000	127(84,1)	24(15,9)	151(100,0)
3000-5000	57(82,6)	12(17,4)	69(100,0)
5000 and above	3(100,0)	0(0,0)	3(100,0)

x^2=2,370df=4 p=0,668

When distribution of monthly income intervals of abused and non-abused women are compared with chi-square analysis, no statistically significant difference was found (p=0,668).

Table 11. Comparison Of Number Of Children Between Abused And Non-Abused Women

	Non-abused n(%)	Abused n(%)	Total n(%)
No child	119(83,8)	23(16,2)	142(100,0)
1	72(81,8)	16(18,2)	88(100,0)
2	103(85,1)	18(14,9)	121(100,0)
3	75(89,3)	9(10,7)	84(100,0)
4	36(94,7)	2(5,3)	38(100,0)
5 and above	15(88,2)	2(11,8)	17(100,0)

x^2=5,039 df=5 p=0,441

When distribution of number of children of abused and non-abused women are compared with chi-square analysis, no statistically significant difference was found (p=0,441).

Table 12. Comparison Of Number Of People Living-With Between Abused And Non-Abused Women

	Non-abused n(%)	Abused n(%)	Total n(%)
1	17(81,0)	4(19,0)	21(100,0)
2	90(82,1)	19(17,4)	109(100,0)
3	115(82,1)	25(17,9)	140(100,0)
4	135(88,8)	17(11,2)	152(100,0)
5 and above	64(92,8)	5(7,2)	69(100,0)

x^2=6,725 df=4 p=0,151

When distribution of number of people living-with of abused and non-abused women are compared with chi-square analysis, no statistically significant difference was found (p=0,151).

Table 13. Comparison Of Abused And Non-Abused Women According To Whether Their Parents And Siblings Live İn TRNC Or Not

	Non-abused n(%)	Abused n(%)	Total n(%)
Yes	333(85,6)	56(14,4)	389(100,0)
No	88(86,3)	14(13,7)	102(100,0)

x^2=0,030 df=1 p=0,863

When distribution of abused and non-abused women are compared according to whether their parents and siblings live in TRNC or not with chi-square analysis, no statistically significant difference was found (p=0,863).

Table 14. Comparison Of Frequency Of Visiting The Nuclear Family(Parents And Siblings) Between Abused And Non-Abused Women

	Non-abused n(%)	Abused n(%)	Total n(%)
Often	324(85,9)	53(14,1)	377(100,0)
Sometimes	25(83,3)	5(16,7)	30(100,0)
No	71(85,5)	12(14,5)	83(100,0)

x^2=0,157 df=2 p=0,925

When distribution of frequency of visiting the nuclear family of abused and non-abused women are compared with chi-square analysis, no statistically significant difference is found (p=0,925).

Table 15. Comparison of financial or emotional support from the nuclear family between abused and non-abused women

	Non-abused n(%)	Abused n(%)	Total n(%)
Often	269(86,2)	43(13,8)	312(100,0)
Sometimes	62(87,3)	9(12,7)	71(100,0)
No	90(83,3)	18(16,7)	108(100,0)

x^2=0,716 df=2 p=0,699

When distribution of financial or emotional support from the nuclear family of abused and non-abused women are compared with chi-square analysis, no statistically significant difference was found (p=0,699).

Table 16. Comparison Of How The Participants Describe Their Relationship Between Abused And Non-Abused Women (WAST Question 1)

	Non-abused n(%)	Abused n(%)	Total n(%)
A lot of tension	0(00,0)	51(100,0)	51(100,0)
Some tension	197(92,9)	15(7,1)	212(100,0)
No tension	224(98,2)	4(1,8)	228(100,0)

x^2=344,826 df=2 p=0,000

When distribution of how the participants describe their relationship between abused and non-abused women are compared with chi-square analysis, statistically significant difference was found (p=0,000). Abused women declared to have more tension in their relationship than non-abused women.

Table 17. Comparison Of How Often The Participant And Her Partner Work Out Arguments Between Abused And Non-Abused Women (WAST Question 2)

	Non-abused n(%)	Abused n(%)	Total n(%)
Great difficulty	0 (00,0)	51(100,0)	51(100,0)
Some difficulty	218(94,4)	13(5,6)	231(100,0)
No difficulty	203(97,1)	6(2,9)	209(100,0)

x^2=342,963 df=2 p=0,000

When distribution of how often the participant and her partner work out arguments of abused and non-abused women are compared with chi-square analysis, statistically significant difference was found (p=0,000). Abused women declared to have more difficulty when they work out arguments with their partners.

Table 18. Comparison Of How Often The Arguments Ever Result İn Feelings Down Or Bad About Oneself Between Abused And Non-Abused Women (WAST Question 3)

	Non-abused n(%)	Abused n(%)	Total n(%)
Often	10(25,6)	29(74,4)	39(100,0)
Sometimes	153(83,6)	30(16,4)	183(100,0)
Never	257(95,9)	11(4,1)	268(100,0)

x^2=138,291 df=2 p=0,000

When distribution of how often the arguments ever result in feelings down or bad about oneself of abused and non-abused women are compared with chi-square analysis, statistically significant difference was found (p=0,000). Abused women declared to feel down or bad after arguments with their partners more than non-abused women.

Table 19. Comparison Of How Often The Arguments Result İn Hitting, Kicking Or Pushing Between Abused And Non-Abused Women (WAST, Question 4)

	Non-abused n(%)	Abused n(%)	Total n(%)
Often	0(00,0)	10 (100)	10(100,0)
Sometimes	14(45,2)	17(54,8)	17(100,0)
Never	407(90,4)	43(9,6)	450 (100,0)

x^2=110,044 df=2 p=0,000

When distribution of how often the arguments result in hitting, kicking or pushing of abused and non-abused women are compared with chi-square analysis, statistically significant difference was found (p=0,000). Abused women declared that the arguments with their partners resulted in hitting, kicking or pushing more than non-abused women.

Table 20. Comparison Of How Often The Participant Feel Frightened By What Her Partner Says Or Does Between Abused And Non-Abused Women (WAST Question 5)

	Non-abused n(%)	Abused n(%)	Total n(%)
Often	3(17,6)	14(82,4)	17(100,0)
Sometimes	66(72,5)	25(27,5)	91(100,0)
Never	352(91,9)	31(8,1)	383(100,0)

x^2=89,389 df=2 p=0,000

When distribution of how often the participant feel frightened by what her partner says or does of abused and non-abused women are compared with chi-square analysis, statistically significant difference was found (p=0,000). Abused women declared that the feel frightened by what her partner says or does more than non-abused women.

Table 21. Comparison Of How Often The Participant Was Physically Abused By Her Partner Between Abused And Non-Abused Women (WAST Question 6)

	Non-abused n(%)	Abused n(%)	Total n(%)
Often	0(00,0)	8(100)	8 (100,0)
Sometimes	16(48,5)	17(51,5)	33(100,0)
Never	405(90,0)	45(10,0)	450(100,0)

x^2=92,260 df=2 p=0,000

When distribution of how often the participant was physically abused by her partner of abused and non-abused women are compared with chi-square analysis, statistically significant difference was found (p=0,000). Abused women declared that physically abused by her partner more than non-abused women.

Table 22. Comparison Of How Often The Participant Was Emotionally Abused By Her Partner Between Abused And Non-Abused Women (WAST Question 7)

	Non-abused n(%)	Abused n(%)	Total n(%)
Often	12(35,3)	22(64,7)	34(100,0)
Sometimes	99(78,0)	28(22,0)	127(100,0)
Never	310(93,9)	20(6,1)	330(100,0)

x^2=95,230 df=2 p=0,000

When distribution of how often the participant was was emotionally abused by her partner of abused and non-abused women are compared with chi-square analysis, statistically significant difference was found (p=0,000). Abused women declared that emotionally abused by her partner more than non-abused women.

Table 23. Comparison Of How Often The Participant Was Sexually Abused Between Abused And Non-Abused Women (WAST Question 8)

	Non-abused n(%)	Abused n(%)	Total n(%)
Often	1(20,0)	4(80,0)	5 (100,0)
Sometimes	9(40,9)	13(59,1)	22(100,0)
Never	411(88,6)	53(11,4)	464(100,0)

x^2=56,904 df=2 p=0,000

When distribution of how often the participant was was sexually abused by her partner of abused and non-abused women are compared with chi-square analysis, statistically significant difference was found (p=0,000). Abused women declared that sexually abused by her partner more than non-abused women.

Table 24. Comparison Of The Father Of The Participant Abused Her Mother Between Abused And Non-Abused Women

	Non-abused n(%)	Abused n(%)	Total n(%)
Yes	51(75,0)	17(25,0)	68(100,0)
No	310(89,3)	37(10,7)	347(100,0)
I don’t know	60(78,9)	16(21,1)	76(100,0)

x^2=12,958 df=2 p=0,002

When distribution of the father of the participant abused her mother was compared between abused and non-abused women with chi-square analysis, statistically significant difference was found (p=0,002). Non-abused women stated their father did not abuse their mother significantly more than abused women.

Table 25. Comparison Of The Partner's Father Abused His Mother Between Abused And Non-Abused Women

	Non-abused n(%)	Abused n(%)	Total n(%)
Yes	43(66,2)	22(33,8)	65 (100,0)
No	218(92,0)	19(8,0)	237(100,0)
I don't know	160(84,7)	29(15,3)	189(100,0)

x^2=28,137 df=2 p=0,000

When distribution of partner's father abused his mother of abused and non-abused women are compared with chi-square analysis, statistically significant difference is found (p=0,000). Non-abused women stated their partner's father did not abuse their mother significantly more than abused women.

Table 26. Women Abuse Tool (WAST) İtem Responses (İn Percentages) And Overall Test Score

WAST Item	Non-Abused (n=420)	Abused (n=70)
1. In General, how would you describe your relationship?		
A lot of tension	0	72.9
Some tension	46,8	21,4
No tension	53,2	5,7
2. Do you and your partner work out arguments with		
Great difficulty	0	72,9
Some difficulty	51,8	18,6
No difficulty	48,2	8,6
3. Do arguments ever result in you feeling down or bad about yourself?		
Often	2,4	41,4
Sometimes	36,4	42,9
Never	61,2	15,7
4. Do arguments ever result in hitting, kicking, or pushing?		
Often	0	14,3
Sometimes	3,3	24,3
Never	96,7	61,4
5. Do you ever feel frightened by what your partner says or does?		
Often	0,7	20,0
Sometimes	15,7	35,7
Never	83,6	44,3
6. Has your partner ever abused you physically?		
Often	0	11,4
Sometimes	3,8	24,3
Never	96,2	64,3

7. Has your partner ever abused you emotionally?		
Often	2,9	31,4
Sometimes	23,5	40,0
Never	73,6	28,6
8. Has your partner ever abused you sexually?		
Often	0,2	5,7
Sometimes	2,1	18,6
Never	97,6	75,7
9. To your knowledge, did your father abuse your mother?		
Yes	12,1	24,3
No	73,6	52,9
I do not know	14,3	22,9
10. To your knowledge, in your partner's home, did his father abuse his mother?		
Yes	10,2	31,4
No	51,8	27,1
I do not know	38,0	41,4

We compared the responses for each item between abused and non-abused women.

The percentage of non-abused women who stated that there was a lot of tension in their relationship was 0, some tension 46,8 and no tension 53,2. While the abused women reported a lotoftension 72.9%, some tension 21,4% and no tension 5,7%.

The percentage of non-abused women who work out argument, with their partners with great difficulty 0, some difficulty 51,8 and no difficulty 48,2. While the percentage of abused women who work out argument, with their partners with great difficulty 72,9, some difficulty 18,6 and no difficulty 8,6.

The percentage of non-abused women whose arguments result in feeling down or bad about themselves often 2,4, sometimes 36,4 and 61,2. While the percentage of

abused women whose arguments result in feeling down or bad about themselves often 41,4, sometimes 42,9 and 15,7.

The percentage of non-abused women whose arguments result in hitting, kicking or pushing often 0, sometimes 3,3, never 96,7. While the percentage of abused women whose arguments result in hitting, kicking or pushing often 14,3, sometimes 24,3, never 61,4.

The percentage of non-abused women who feel frightened by what their partner says or does was often 0,7, sometimes 15,7 and never 83,6. While the percentage of abused women who feel frightened by what their partner says or does was often 20,0, sometimes 35,7 and never 44,3.

The percentage of non-abused women whose partner abused her physically often 0, sometimes 3,8 and never 96,2. While the percentage of abused women whose partner abused her physically often 11,4, sometimes 24,3 and never 64,3.

The percentage of non-abused women whose partner abused her emotionally often 2,9, sometimes 23,5 and never 73,6. While the percentage of abused women whose partner abused her emotionally often 31,4, sometimes 40,0 and never 28,6.

The percentage of non-abused women whose partner abused her sexually often 0,2, sometimes 2,1 and never 97,6. While the percentage of abused women whose partner abused her sexually often 5,7, sometimes 18,6 and never 75,7.

The percentage of non-abused women whose father who abused her mother was 12,1, was not 73,6 and do not know 14,3. While the percentage of abused women whose father who abused her mother was 24,3, was not 52,9 and do not know 22,9.

The percentage of non-abused women whose partner’s father who abused his mother was 10,2, was not 51,8 and do not know 38,0. While the percentage of abused women whose partner’s father who abused her mother was 31,4, was not 27,1 and do not know 41,4.

Table 27. Comparison Of WAST Subscores Between Abused And Non-Abused Participants

	Abused	Non-abused	t df p
WAST-Total	16,34±3,50 (n=70)	22,04±1,75 (n=420)	-13,348 74,817 0,000**
WAST-Physical	5,00±1,35 (n=70)	5,92±0,31 (n=421)	-5,724 70,257 0,000**
WAST- Psychological	5,95±1,74 (n=70)	8,12±1,06 (n=420)	-10,063 77,757 0,000**
WAST-Sexual	2,70±0,57 (n=70)	2,97±0,17 (n=421)	-3,965 71,124 0,000**
WAST-Factor 1	8,64±2,16 (n=70)	13,13±1,62 (n=420)	-16,591 82,488 0,000**
WAST-Factor 2	7,70±1,71 (n=70)	8,90±0,38 (n=421)	-5,846 70,176 0,000**

*p ≤0,05 **p < 0,001

When WAST-Total mean scores of abused and non-abused women were compared with t-test analysis, significant difference was found. Abused group had significantly lower mean scores than the non-abused group indicating higher frequency of abuse (p=0.000).

When WAST- Physical mean scores of abused and non-abused women were compared with t-test analysis, significant difference was found. Abused group had significantly lower mean scores than the non-abused group indicating higher frequency of physical abuse (p=0.000).

When WAST- Psychological mean scores of abused and non-abused women were compared with t-test analysis, significant difference was found. Abused group had significantly lower mean scores than the non-abused group indicating higher frequency of psychological abuse (p=0.000).

When WAST- Sexual mean scores of abused and non-abused women were compared with t-test analysis, significant difference was found. Abused group had significantly lower mean scores than the non-abused group indicating higher

frequency of sexual abuse (p=0.000).

When WAST- Factor 1 mean scores of abused and non-abused women were compared with t-test analysis, significant difference was found. Abused group had significantly lower mean scores than the non-abused group indicating higher frequency of verbal abuse (p=0.000).

When WAST- Factor 2 mean scores of abused and non-abused women were compared with t-test analysis, significant difference was found. Abused group had significantly lower mean scores than the non-abused group indicating higher frequency of physical abuse (p=0.000).

Table 28. Comparison Of SCL-90 Subscores Between Abused And Non-Abused Participants

	Abused	Non-abused	t df p
SOM	0,94±0,82 (n=70)	0,76±0,63 (n=417)	1,742 83,221 0,085
OC	1,23±0,75 (n=70)	0,91±0,60 (n=419)	3,268 84,457 0,002*
INS	1,05±0,87 (n=70)	0,77±0,67 (n=416)	2,543 83,370 0,013*
DEP	1,17±0,84 (n=70)	0,83±0,67 (n=419)	3,243 84,456 0,002*
ANX	0,81±0,73 (n=70)	0,59±0,61 (n=417)	2,336 85,807 0,022*
HOS	1,12±0,95 (n=70)	0,66±0,66 (n=421)	3,898 80,715 0,000**
PHO	0,57±0,67 (n=70)	0,36±0,51 (n=419)	2,407 82,983 0,018*
PAR	1,24±0,75 (n=70)	0,93±0,69 (n=421)	3,371 489 0,001**
PSY	0,61±0,65 (n=69)	0,38±0,49 (n=416)	2,862 81,644 0,005*
Additional Items	1,08±0,76 (n=70)	0,86±0,63 (n=415)	2,292 85,884 0,024*
GSI	0,97±0,66 (n=69)	0,71±0,52 (n=397)	3,155 83,282 0,002*
PST	43,01±22,27 (n=69)	35,85±20,11 (n=397)	2,684 464 0,008*
PSDI	1,93±0,55 (n=69)	1,69±0,47 (n=397)	3,831 464 0,000**

*$p \leq 0,05$ **$p < 0,001$

When SCL-90 subscale mean scores and index values of abused and non-abused women were compared with t-test analysis, besides somatization subscale, all the values were found to be significantly higher at abused group ($p \leq 0.05$).

4. DISCUSSION

The aim of this study is to show the prevalence of IPV against women in TRNC, and related risk factors and psychological symptoms. Violence against women is an important health problem in the world. However, people do not prefer to talk about this problem and they choose to keep this problem as a private issue. This study enables us to see the dimensions of IPV in TRNC and related risk factors so that effective prevention programs can be designed.

The present study demostrates 14.3% IPV against women in TRNC. According to a study which has been done with 500 women in TRNC demostrated that VAW is common in TRNC which also shows that 86% of female participants suffered from psychological and 75% of them suffered from physical abuse (Çakıc et. al., 2007). Even though our study includes only ipv scores, results still show that it is accepted at high rate. A study which was conducted among 333 Spanish women states that 18% of women were victims of IPV (Diez et. al., 2009, 411). Another research about IPV including 1152 female participants aged 18 to 65 years showed that 53.6% ever experienced any type of IPV (Coker et. al., 2000, 260). According to WHO's (2013) report, IPV is the most common type of VAW which results with a health problem effecting 30% of women in the world, and a cause of 38% of women murdered. According to the data of Human Right Association of Turkey, in the first 9 months of 2013, 199 women were killed and 182 women were wounded as a result of attempted murder. In addition, 162 of the perpetrators of these women murders turn out to be the husbands, both civil and religious, and husband/partner that live with them (Human Right Association, 2013).

In the present study younger women were found to be exposed to higher rates of IPV. Women younger than 35 declared to be exposed to partner abuse more often than the participants older than 35. The special report of USA bureau of justice showed among 671,110 violent crimes that women experienced from their current or former spouse in 1999 that younger women were exposed to higher rates of IPV (Rennison, 2001). IPV rates were found higher for younger women among 3568 English speaking women aged 18-64 who had applied to a US health maintenance organization (Thompson et. al., 2006, 447). WHO (2013) stated that life prevalance of IPV among ever-partnered women is already high among young women aged 15 –

19 years, asserting that violence frequently starts early in women's relationships. Therfore, the results of this study support other researches made before in other countries.

In the present study 348 (70.3%) of the participants are from TRNC, 142 (28.7%) from Turkey, 5 (1.0%) from other nationalities and 5 (1.0%) did not mention their nationality. No significant difference was found about IPV frequency among particpants from Turkey and TRNC. Similarly, Mertan et. al. (2012) did not find any significant effect of nationaly on domestic violence against women in their study which was made among 305 women in TRNC (Mertan, 2012, 1). Literature shows that VAW is more prevalent among immigrants as they might have more economic problems and have less social support. We could expect higher rates of IPV among women from Turkey in this respect but in our demographic form, only the birthplace of the participants were asked and it is not clear how long they have been in TRNC. Most of the participants with origin of Turkey might have been in TRNC for many years and have already settled the problems related with migration (Çakıcı et. al.2001). According to a study examining physical and mental health effects of IPV among 8001 men and 8005 women participants, no significant difference was found among different ethnic groups (Coker et. al., 2002, 260).

The present study demonstrates that, there was significant relationship between IPV and marital status. It has been reported that women who are separated and divorced declare to be exposed to partner abuse more often than the participants who are married, widow, engaged, in a relationship or not in a relationship. Parallel to present study, a research about IPV includes of 1152 female participants whose aged 18 to 65 years showed that divorced and seperated female participants reported higher IPV than participants who has other kinds of marital status (Coker et. al., 2000, 451).

However, the special report of USA bureau of justice showed among 671,110 violent crimes in 1999 that only seperated women were exposed to higher rates of intimate partner violence from their current or former spouse (Rennison, 2001). On the other hand, a research about VAW consists of 100.000 individuals in North America indicated that separated participants reported three times more IPV than divorced participants and 25 times more IPV than married participants (Bachman & Saltzman, 1995). Similarly, a research about IPV includes of 1.442 female participants in

Maputo City, Mozambique reported that divorce and separation were important factors in explaning sustained IPV (Zacarias, 2012, 491). Interestingly, Jewkes et. al. (2002) reported no significant associations between maritial status and IPV among 1306 female participants in South Africa (Jewkes, 2002, 1603).

The present study shows there is no relationship between partners' age and IPV frequency. In addition, no relationship is found between partners' educational level and IPV frequency. Parallel to these findings, a study which was conducted among 333 Spanish women showed no significant difference between IPV and partners's age or partners' educational level (Diez et. al., 2009, 411). Another study made in Philippines among 2050 participants indicates that partner's educational level does not effect IPV frequency significantly but partner's age being younger than 40 years old significantly increases IPV frequently (Hindin & Adair, 2002, 1358).

The present study reports that women whose educational level is secondary school and literate declared to be exposed to partner abuse more often than the participants whose educational level is elemantary school, illiterate, university and high school. In support of this finding, a research about IPV among 373 female participants in Nigeria also illustrated that secondary school education to be exposed to partner abuse more often than the other educational level of participants (Mapayi et. al., 2011). However, another study that was made in Philippines among 2050 participants, indicated that educational level was not significantly effective on the IPV (Hindin & Adair, 2002, 1358). For TRNC, possible reason of this result might be related to educational level of country because we know that TRNC has high level of literate therefore, this study represents limited sample size for illiterate female participants.

According to the indications of the present study, there was significant difference between employee or non-employee and IPV. Women who are employee declare to be exposed to partner abuse more often than the participants who are non-employee/worker. Interstingly, a research about IPV consists of 373 female participants in Ile Ife, in Nigeria found significant relation between being employee and IPV (Mapayi et. al., 2011). According to literature review, it was reported that being employee do not protect women from IPV also it effects their work performance negatively (Swanberg et. al., 2005, 1). Morever, a research aimed to

examine differences between being employee and not being employee did not show significant relations among abused women in TRNC (Düşünmez, 2005).

The present study indicated that there was not significant relationship between monthly income and IPV. In the literature there are inconsistent results. Bent-Goodley (2004) investigated about African American women's perceptions towards domestic violence and results suggested no significant relation between monthly income and IPV (Bent-Goodley, 2004, 307). Similarly, a study consisted of 143 economically disadvantaged African American women ranging in age from 21 to 64 years old who were receiving services at an urban public health system, found that there was not significant relationship between monthly income and IPV (Mitchell et. al., 2006, 1503). On the other hand, a research found women who had economical disadvantages to be exposed to partner abuse more often than the other women who had economically advantages (Hampton & Gelles, 105, 1994; Rennison & Welchans, 2000).

According to the results of the present research, there was not any relationship between number of children and IPV. Literature has contradictory findings. For instance; a study which was conducted with 333 Spanish women showed there was a significant relationship between number of children and IPV (Diez et. al., 2009, 411). Also Mapayi et. al. (2011) found similar result suggesting that having children significantly correlated with IPV.

According to the indications of the present study, there was not any relationship between number of people living-with and IPV. Diez et. al. (2009) could neither found any significant relationship between number of people living-with and IPV among Spanish women (Diez et. al., 2009, 411).

According to the indications of the present study, there was not any significant relationship between support from family of origin and IPV. It was found that the existence of women's parents and siblings did not protect her from IPV. Also there was not any relationship between frequency visiting the nuclear family and IPV, and financial or emotional support from the nuclear family and IPV. In literature there are different findings. According to a study which was conducted among 519 abortion patients in Iowa, it was reported that lack of social support has been identified as a major correlate of IPV (Baydoun, 2009). Also, a review of domestic

violence (2008) stated that women who have not got social, financial or emotional support from their friends or family were at a higher risk of victimization than women who have got social, financial or emotional support from their friends or family (Page & İnce, 2008, 81). A qualitative study conducted in TRNC with key persons related with family violence against women showed that in some areas family VAW seem to be normal. The neighbours do not show any reactions, even the attitude of the police is to calm the couple and send them back to their homes without any legal procedure (Çakıcı et. al., 2001).

According to the indications of the present study, we compared the responses of each item of WAST between abused and non-abused women. There was significant difference at every items of WAST. There was significant difference in subscales of WAST (physical abuse, psychological abuse, and sexual abuse subscales) between abused and non-abused women.

Abused women declared to have more tension in their relationship than non-abused women and abused women declared to have more difficulty when they work out arguments with their partners. In this study, it was reported that abused women declared that the arguments with their partners resulted in hitting, kicking or pushing more than non-abused women, and abused women declared that physically abused by her partner more than non-abused women. Also it was stated that abused women declared to feel down or bad after arguments with their partners more than non-abused women, additionally, abused women declared that the feel frightened by what her partner says or does more than non-abused women, and abused women declared that emotionally abused by her partner more than non-abused women. Further, this study reported that abused women declared that sexually abused by her partner more than non-abused women.

As another indication of the present study, abused group had significantly lower mean scores of WAST- Factor 1 (verbal abused subscale) than the non-abused group indicating higher frequency of emotional abuse. Abused group had significantly lower mean scores of WAST- Factor 2 than the non-abused group indicating higher frequency of physical abuse.

Rabin et. al. conducted a meta-analyses suggesting the WAST was associated with IPV highly in terms of physical, emotional and sexual violence (Rabin et. al., 2009,

439). Furthermore, Vivilaki et. al. (2010) examined the significant correlation between WAST and IPV by using 579 Greek female participants in Athens, and their results identified the validitation of Greek version of WAST including postpartum emotional also physical abuse (Vivilaki et. al., 2010, 467).

In this present study abused women stated significantly more than non-abused women that 'their father abused their mother' and 'their father-in law abused their mother in law'. However, another study that was made in 2009, indicated that whether the participants' mothers were abused or not by their partners was not significantly effective on the IPV but the presence of IPV within the partner's parents was effective (Diez et. al., 2009, 411). Page & İnce (2008) states that Turkish culture has strong family relationships and people show tendency to model their family members specially their father and mother. Strong family bonds and regarding IPV as a normal way of conflict solution might be effective (Page & İnce, 2008, 81).

The present study indicated that there was relationship between Global Severity Index, Positive Symptom Total, and Positive Symptom Distress Index of SCL-90-R and IPV. Abused group had significantly higher mean scores than the non-abused group indicating increased psychiatric symptoms. It can be concluded that IPV causes distress and psychiatric symptoms. In a study which was conducted with 165 female participants showed there was also a significant relationship between GSI of the SCL-90 and IPV (Kaufman, 2009, 1).

Abused women had significantly higher scores of subscales of OC, INS, DEP, ANX, HOS, PHO, PAR, PSY and additional items of SCL-90-R in the present study. However, only SOM did not show any significant difference within groups. In contrast, a study which was made in Maputo City, Mozambiqua among 1.442 female participants, somatization was found significantly more among women exposed to IPV (Zacarias et. al., 2012).

According to a study examining physical and mental health effects of IPV among 8001 men and 8005 women participants, both physical and psychological IPV are found to be related with significant physical and mental health consequences for both male and female victims (Coker et. al., 2002, 260).

Partner violence is a major contributor to health problems and women who experience partner violence show a 16% increased risk of having a low birth-weight baby. In addition, women who have experienced partner violence have higher risk of being in depression and usage of alcohol than women who have not experienced any violence. A research about IPV includes of 1.442 female participants in Mozambique reported that there was a relationship between IPV and, depression and anxiety (Zacarias, 2012, 491). Campell (2002) mentions at her review article that IPV increases the risk of health problems such as injury, chronic pain, gastrointestinal, PTSD and depression (Campell, 2002, 1157).

5.CONCLUSION

The aim of the present study is to find the prevalence of IPV against women in TRNC, related risk factors and psychological symptoms. The prevalence of IPV among 497 female participants representing women aged 18 and older in TRNC is found to be 14.3%. They were exposed to psychological, physical and sexual abuse from their intimate partner more often than non-abused participants. Women who are younger than 35, who are seperated or divorced, who have secondary education or literate, and who have occupation were exposed to IPV more. However, partner's age and educational level did not indicate significant associations with women's IPV scores. SCL-90-R show significantly higher scores of OC, INS, DEP, ANX, HOS, PHO, PAR, PSY and additional items of SCL-90-R among abused women compared to nonabused participants except for somatization.

WHO reports that IPV is the most common type of VAW (WHO, 2013) which causes health problems effecting 30% of women in the world, and a cause of 38% of women murdered. A health problem affecting so many people and causing morbidity attracts attention but when we mention this health problem is IPV, people tend to regard it as a private issue rather than a health problem. This study shows the presence of IPV as an important health problem in TRNC and preventive measures should be taken.

This study shows the prevalence of IPV in TRNC, however causality can not be understood because of its methodology. Longitudinal studies can be planned to investigate the risk factors for IPV and the efficiency of prevention programs. Multidisciplinary prevention programs should be applied to increase awareness about this health problem and to take precautions.

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Bölüm 1: Genel Bilgiler

1. Yaşınız : …….

2. Uyruğunuz : a-Kıbrıs b-Türkiye c-Diğer;……

3. Medeni durumunuz nedir?
   a-evli b-evli ama ayrı yaşıyor c-boşanmış d-dul e-nişanlı-sözlü
   f-ilişkisi var g-ilişkisi yok

4. Eşinizin (nişanlı, erkek arkadaş, sözlü vb.) yaşı nedir? ……

5. Eğitim durumunuz nedir?
   a-okur-yazar değil d-ortaokul
   b-okur-yazar e-lise
   c-ilkokul f-üniversite

6. Eşinizin eğitim durumu nedir?
   a-okur-yazar değil d-ortaokul
   b-okur-yazar e-lise
   c-ilkokul f-üniversite

7. Mesleğiniz: ……..

8. Size ait ortalama aylık geliriniz (maaş, kira, vb.) ne kadardır?
   a-geliri yok d-3000-5000
   b- asgari ücret (1600TL) ve altı e-5000 ve üzeri
   c- 1600-3000

9. Kaç çocuğunuz vardır?

   a-0 b-1 c-2 d-3 e-4 ve üzeri

10. Evde toplam kaç kişi yaşıyorsunuz?

    a-1 b-2 c-3 d-4 e-5 ve üzeri

11. Çekirdek ailenizden (anne,baba,kardeşler) Kıbrıs'ta yaşayanlar var mı?

    a-Evet b-Hayır

12. Eğer varsa görüşebiliyor musunuz?

    a-Sık sık b-Bazen c-Hayır

13. Size maddi veya manevi destek olduklarını düşünüyor musunuz?

    a-Sık sık b-Bazen c-Hayır

Bölüm 2.

1.Genel olarak ilişkinizi nasıl tamınlarsınız?

a) çok gerilimli b) biraz gerilimli c) gerilimsiz

2.Siz ve eşiniz anlaşmazlıklarınızı nasıl çözümlersiniz?

a) büyük zorlukla b) biraz zorlukla c) hiç zorluk çekmeden

3.Tartışmalar kendinizi aşağılanmış veya kötü hissetmenizle hiç sonuçlanır mı?

a) sık sık b) bazen c) hiçbir zaman

4.Tartışmalar vurma, tekmeleme ya da itmekle hiç sonuçlanır mı?

a) sık sık b) bazen c) hiçbir zaman

5.Eşinizin söyledikleri ya da yaptıkları sizi hiç korkutur mu?

a) sık sık b) bazen c) hiçbir zaman

6.Bugüne kadar eşiniz sizi hiç fiziksel olarak istismar etti mi?

a) sık sık b) bazen c) hiçbir zaman

7.Bugüne kadar eşiniz sizi hiç duygusal olarak istismar etti mi?

a) sık sık b) bazen c) hiçbir zaman

8.Bugüne kadar eşiniz sizi hiç cinsel olarak istismar etti mi?

a) sık sık b) bazen c) hiçbir zaman

-Bildiğiniz kadarıyla babanız annenizi istismar etti mi?

a)evet b)hayır c) bilmiyorum

-Bildiğiniz kadarıyla eşinizin babası annesini istismar etti mi?

a)evet b)hayır c) bilmiyorum

Bölüm 3.

Açıklama: Aşağıdaki zaman zaman herkeste olabilecek yakınmalar ve sorunların bir listesi vardır. Lütfen her birini dikkatle okuyunuz. Sonra her bir durumun, bu gün de dahil olmak üzere son on beş gün içinde sizi ne ölçüde huzursuz ve tedirgin ettiğini göz önüne alarak, cevap kağıdında belirtilen tanımlamalardan (Hiç / Çok az / Orta derecede / Oldukça fazla / İleri derecede) uygun olanının (yalnızca bir seçeneğin) altına bir X işareti koyunuz. Düşüncenizi değiştirirseniz ilk yaptığınız işaretlemeyi tamamen silmeyi unutmayınız. Lütfen anlamadığınız bir cümleyle karşılaştığınızda uygulamacıya danışınız.

	Hiç	Çok az	Orta Derece	Oldukça Fazla	İleri Derecede
1. Baş ağrısı	0	1	2	3	4
2. Sinirlilik ya da içinin titremesi	0	1	2	3	4
3. Zihinden atamadığınız yineleyici (tekrarlayıcı) hoşa gitmeyen düşünceler	0	1	2	3	4
4. Baygınlık ve baş dönmeler	0	1	2	3	4
5. Cinsel arzu ve ilginin kaybı	0	1	2	3	4
6. Başkaları tarafından eleştirilme duygusu	0	1	2	3	4
7. Herhangi bir kimsenin düşüncelerinizi kontrol edebileceği fikri	0	1	2	3	4
8. Sorunlarınızdan pek çoğu için başkalarının suçlanması gerektiği fikri	0	1	2	3	4
9. Olayları anımsamada (hatırlamada) güçlülük	0	1	2	3	4
10. Dikkatsizlik veya sakarlıkla ilgili endişeler	0	1	2	3	4
11. Kolayca gücenme, rahatsız olma hissi	0	1	2	3	4
12. Göğüs veya kalp bölgesinde ağrılar	0	1	2	3	4
13. Caddelerde veya açık alanlarda korku hissi	0	1	2	3	4
14. Enerjinizde azalma veya yavaşlama hali	0	1	2	3	4

Appendix 4

	Hiç	Çok az	Orta Derece	Oldukça Fazla	İleri Derecede
15. Yaşamınızın sona ermesi düşünceleri	0	1	2	3	4
16. Başka kişilerin duymadıkları sesleri duyma	0	1	2	3	4
17. Titreme	0	1	2	3	4
18. Çoğu kişiye güvenilmemesi gerektiği düşüncesi	0	1	2	3	4
19. İştah azalması	0	1	2	3	4
20. Kolayca ağlama	0	1	2	3	4
21. Karşı cinsten kişilerle ilgili utangaçlık ve rahatsızlık hissi	0	1	2	3	4
22. Tuzağa düşürülmüş veya tuzağa yakalanmış hissi	0	1	2	3	4
23. Bir neden olmaksızın aniden korkuya kapılma	0	1	2	3	4
24. Kontrol edilmeyen öfke patlamaları	0	1	2	3	4
25. Evden dışarı yalnız çıkma korkusu	0	1	2	3	4
26. Olanlar için kendini suçlama	0	1	2	3	4
27. Belin alt kısmında ağrılar	0	1	2	3	4
28. İşlerin yapılmasında erteleme düşüncesi	0	1	2	3	4
29. Yalnız hissi	0	1	2	3	4
30. Karamsarlık hissi	0	1	2	3	4
31. Her şey için çok fazla endişe duyma	0	1	2	3	4
32. Her şeye karşı ilgisizlik hali	0	1	2	3	4
33. Korku hissi	0	1	2	3	4
34. Duygularınızın kolayca incitilebilmesi hali	0	1	2	3	4

Appendix 5

	Hiç	Çok az	Orta Derece	Oldukça Fazla	İleri Derecede
35. Diğer insanların sizin düşündüklerinizi bilmesi hissi	0	1	2	3	4
36. Başkalarının sizi anlamadığı veya hissedemeyeceği duygusu	0	1	2	3	4
37. Başkalarının sizi sevmediği ya da dostça olmayan davranışlar gösterdiği hissi	0	1	2	3	4
38. İşlerin doğru yapıldığından emin olabilmek için çok yavaş yapmak	0	1	2	3	4
39. Kalbin çok hızlı çarpması	0	1	2	3	4
40. Bulantı veya midede rahatsızlık hissi	0	1	2	3	4
41. Kendini başkalarından aşağı görme	0	1	2	3	4
42. Adele (kas) ağrıları	0	1	2	3	4
43. Başkalarının sizi gözlediği veya hakkınızda konuştuğu hissi	0	1	2	3	4
44. Uykuya dalmada güçlük	0	1	2	3	4
45. Yaptığınız işleri bir ya da birkaç kez kontrol etme	0	1	2	3	4
46. Karar vermede güçlük	0	1	2	3	4
47. Otobüs, tren, metro gibi araçlarla yolculuk etme korkusu	0	1	2	3	4
48. Nefes almada güçlük	0	1	2	3	4
49. Soğuk ve sıcak basması	0	1	2	3	4
50. Sizi korkutan belirli uğraş, yer veya nesnelerden kaçınma durumu	0	1	2	3	4
51. Hiç bir şey düşünmeme hali	0	1	2	3	4
52. Bedeninizin bazı kısımlarında uyuşma, karıncalanma olması	0	1	2	3	4
53. Boğazınıza bir yumru tıkanmış hissi	0	1	2	3	4
54. Gelecek konusunda ümitsizlik	0	1	2	3	4

	Hiç	Çok az	Orta Derece	Oldukça Fazla	İleri Derecede
55. Düşüncelerinizi bir konuya yoğunlaştırmada güçlülük	0	1	2	3	4
56. Bedeninizin çeşitli kısımlarında zayıflılık hissi	0	1	2	3	4
57. Gerginlik veya coşku hissi	0	1	2	3	4
58. Kol ve bacaklarda ağırlık hissi	0	1	2	3	4
59. Ölüm ya da ölme düşünceleri	0	1	2	3	4
60. Aşırı yemek yeme	0	1	2	3	4
61. İnsanlar size baktığı veya hakkınızda konuştuğu zaman rahatsızlık duyma	0	1	2	3	4
62. Size ait olmayan düşüncelere sahip olma	0	1	2	3	4
63. Bir başkasına vurmak, zarar vermek, yaralamak dürtülerinin olması	0	1	2	3	4
64. Sabahın erken saatlerinde uyanma	0	1	2	3	4
65. Yıkanma, sayma, dokunma gibi bazı hareketleri yineleme hali	0	1	2	3	4
66. Uykuda huzursuzluk, rahat uyuyamama	0	1	2	3	4
67. Bazı şeyleri kırıp dökme isteği	0	1	2	3	4
68. Başkalarının paylaşıp kabul etmediği inanç ve düşüncelerin olması	0	1	2	3	4
69. Başkalarının yanında kendini çok sıkılgan hissetme	0	1	2	3	4
70. Çarşı, sinema gibi kalabalık yerlerde rahatsızlık hissi	0	1	2	3	4
71. Her şeyin bir yük gibi görünmesi	0	1	2	3	4
72. Dehşet ve panik nöbetleri	0	1	2	3	4
73. Toplum içinde yer içerken huzursuzluk hissi	0	1	2	3	4
74. Sık sık tartışmaya girme	0	1	2	3	4

Appendix 7

	Hiç	Çok az	Orta Derece	Oldukça Fazla	İleri Derecede
75. Yalnız bıraktığınızda sinirlilik hali	0	1	2	3	4
76. Başkalarının sizi başarılarınız için yeterince takdir etmediği duygusu	0	1	2	3	4
77. Başkalarıyla birlikte olunan durumlarda bile yalnızlık hissetme	0	1	2	3	4
78. Yerinizde durmayacak ölçüde rahatsızlık duyma	0	1	2	3	4
79. Değersizlik duygusu	0	1	2	3	4
80. Size kötü bir şey olacakmış duygusu	0	1	2	3	4
81. Bağırma ya da eşyaları fırlatma	0	1	2	3	4
82. Topluluk içinde bayılacağınız korkusu	0	1	2	3	4
83. Eğer izin verirseniz insanların sizi sömüreceği duygusu	0	1	2	3	4
84. Cinsellik konusunda sizi çok rahatsız eden düşüncelerinizin olması	0	1	2	3	4
85. Günahlarınızdan dolayı cezalandırılmanız gerektiği düşüncesi	0	1	2	3	4
86. Korkutucu türden düşünce ve hayaller	0	1	2	3	4
87. Bedeninizde ciddi bir rahatsızlık olduğu düşüncesi	0	1	2	3	4
88. Başka bir kişiye karşı asla yakınlık duymama	0	1	2	3	4
89. Suçluluk duygusu	0	1	2	3	4
90. Aklınızda bir bozukluğun olduğu düşüncesi	0	1	2	3	4

AYDINLATILMIŞ ONAM

Bu çalışma, Yakın Doğu Üniversitesi Sosyal Bilimler Enstitüsü Klinik Psikoloji Yüksek Lisans Programı çerçevesinde düzenlenen bir çalışmadır.

Bu çalışma da eş ilişkilerinde kadına dönük şiddetinin yaygınlığını ve bunun risk faktörleri ve psikolojik sonuçlarını araştırmakla birlikte bunun mahrem bir sorun değil önemli bir sağlık sorunu olduğunu ortaya koymak ve bu soruna yönelik önleyici programlar geliştirmek amaçlanmaktadır.

Anket tamamen bilimsel amaçlarla düzenlenmiştir. Anket formunda kimlik bilgileriniz yer almayacaktır. Size ait bilgiler kesinlikle gizli tutulacaktır. Yanıtlarınızı içten ve doğru olarak vermeniz bu anket sonuçlarının toplum için yararlı bir bilgi olarak kullanılmasını sağlayacaktır.

Telefon numaranız anketörün denetlemesi, anketin uygulandığının netleşmesi amacıyla istenmektedir.

Yardımınız için çok teşekkür ederim.

Psikolog,
Meryem Karaaziz.

İsim:

İmza:

Telefon:

BİLGİLENDİRME FORMU

KUZEY KIBRIS'TA EŞ İLİŞKILERINDE KADINA DÖNÜK ŞIDDETIN YAYGINLIĞI, RISK FAKTÖRLERI VE PSİKOLOJIK BELIRTILER

Bu çalışmanın amacı, eş ilişkilerinde kadına dönük şiddetinin, mahrem bir problem değil, önemli bir dünya sağlık sorunu olduğunu ortaya koymakla birlikte Kuzey Kıbrıs'taki yaygınlığını tespit etmek, bunun risk faktörleriyle ilişkisini incelemek ve bu soruna yönelik önleyici programlar geliştirmektir.

Bu çalışmada size bir demografik bilgi formu ve bir dizi ölçek sunduk. Demografik bilgi formu sizin yaş cinsiyet gibi demografik özellikleriniz hakkındaki soruları içermektedir. Ölçekler ise kadına yönelik şiddeti ortaya koymakta ve bunun psikolojik olarak ne gibi risklere yol açtığını ölçmektedir.

Daha önce de belirtildiği gibi, ölçeklerde ve görüşmelerde verdiğiniz cevaplar kesinlikle gizli kalacaktır. Eğer çalışmayla ilgili herhangi bir şikayet, görüş veya sorunuz varsa bu çalışmanın araştırmacılarından biri olan Psk. Meryem Karaaziz'le iletişime geçmekten lütfen çekinmeyin (meryem.karaaziz@yahoo.com, telefon: 0392 22 36 464) (iç hat: 254).

Eğer bu çalışmaya katılmak sizde belirli düzeyde stres yaratmışsa ve bir danışmanla konuşmak istiyorsanız, ülkemizde ücretsiz hizmet veren şu kuruluşlar bulunmaktadır:

Eğer üniversite öğrencisiyseniz, devam ettiğniz üniversitede Psikolojik Danışmanlık, Rehberlik ve Araştırma Merkezine (PDRAM) başvurabilirsiniz.

Eğer öğrenci değilseniz, Barış Sinir ve Ruh Hastalıkları Hastanesine başvurabilirsiniz.

Eğer araştırmanın sonuçlarıyla ilgileniyorsanız, Haziran 2014 tarihinden itibaren araştırmacıyla iletişime geçebilirsiniz.

Katıldığınız için tekrar teşekkür ederim.

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